



FINAL EVALUATION REPORT
Fiji Cash Assistance Project

JULY 2023

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Acronyms

AHP	Australian Humanitarian Partnership
CAP	Cash Assistance Payment
CEDAW	Committee on the Elimination of Discrimination Against Women
COVID-19	Coronavirus Disease
CVA	Cash and Voucher Assistance
DoSW	Department of Social Welfare
FCOSS	Fiji Council of Social Services
FGD	Focus Group Discussion
FJ or FJD	Fijian Dollar
GDP	Gross Domestic Product
IDI	In-Depth Interview
IGA	Income Generating Activity
IRB	Institutional Review Board
IRC	International Rescue Committee
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Questioning (or: Queer), Intersex
MSP	Medical Services Pacific
NCM	Negative Coping Mechanism
NDMO	District Commissioners, and National Disaster Management Office
NGO	Non-Governmental Organisation
PDM	Post-Distribution Monitoring
SNF	Special Needs Fund
UN CRPD	United Nations Convention on the Rights of People with Disabilities
UNEG	United Nations Evaluation Group
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

Executive Summary

Project Background

Save the Children's Fiji Cash Assistance Project was created in response to deepening vulnerability and the urgent needs of Fijian families due COVID-19 and exacerbated by cyclones. A significant philanthropic donation of almost \$20 million USD allowed the project to support 39,000 vulnerable households to receive unconditional cash transfers. These payments were made via mobile money technology in two phases from December 2020 to January 2022.

Phase one ran from December 2020 to June 2021 and provided 14,772 households with cash assistance of FJ\$400 (approximately \$180 USD). An additional 2,000 households were supported through a Special Needs Fund (SNF), which distributed a one-off payment of FJ\$400.

Phase two distributions from August 2021 to January 2022 provided cash assistance of FJ\$600 approximately (US\$270) to both the 16,772 Phase one households and an expanded list of 22,228 additional households.

The project was implemented across Central, North, East and Western divisions by Save the Children Fiji and supporting partners with assistance from Save the Children Australia. In total, the program reached over 22% of Fijian households, including people of different ethnic backgrounds, ages, genders and abilities.

The program objectives were structured against 3 key outcomes:

- (1) Recipient households show a reduction in negative coping mechanisms
- (2) Recipients have an increased understanding of cash assistance and support its use, and
- (3) Local and regional partners have increased capacity to deliver long term sustainable social protection via cash programming.

Study Purpose and Key Questions

This evaluation was conducted by an external consultant between July and December 2022. The purpose of the evaluation report is to address the following objectives:

- Assess the effectiveness and relevance of activities undertaken by the Fiji Cash Assistance Project in relation to the goals and intended outcomes of program activities.
- Determine the program's effects on local markets and groups of interest.
- Assess the effectiveness and relevance of the modality, transfers, and complementary interventions to achieve activity outcomes.
- Identify best practices, lessons learned, strengths, and challenges in the activity design and implementation in contributing toward program achievements.
- Detail lessons from the program to inform and contribute to the following:
 - Sustainable scale-up of CVA via increased organisational capacity of partners and Save the Children in Fiji and the Pacific region, including scope to further incorporate SC tools and common approaches into expanded cash program interventions.
 - Existing national and regional body of evidence on CVA programming.
 - Save the Children's body of knowledge and CVA evidence focused on the Pacific regional context.

Project Details

Name: Fiji Cash Assistance Project

Location: Fiji

Start date: December 2020

End date: December 2022

Total budget: US\$19,878,069

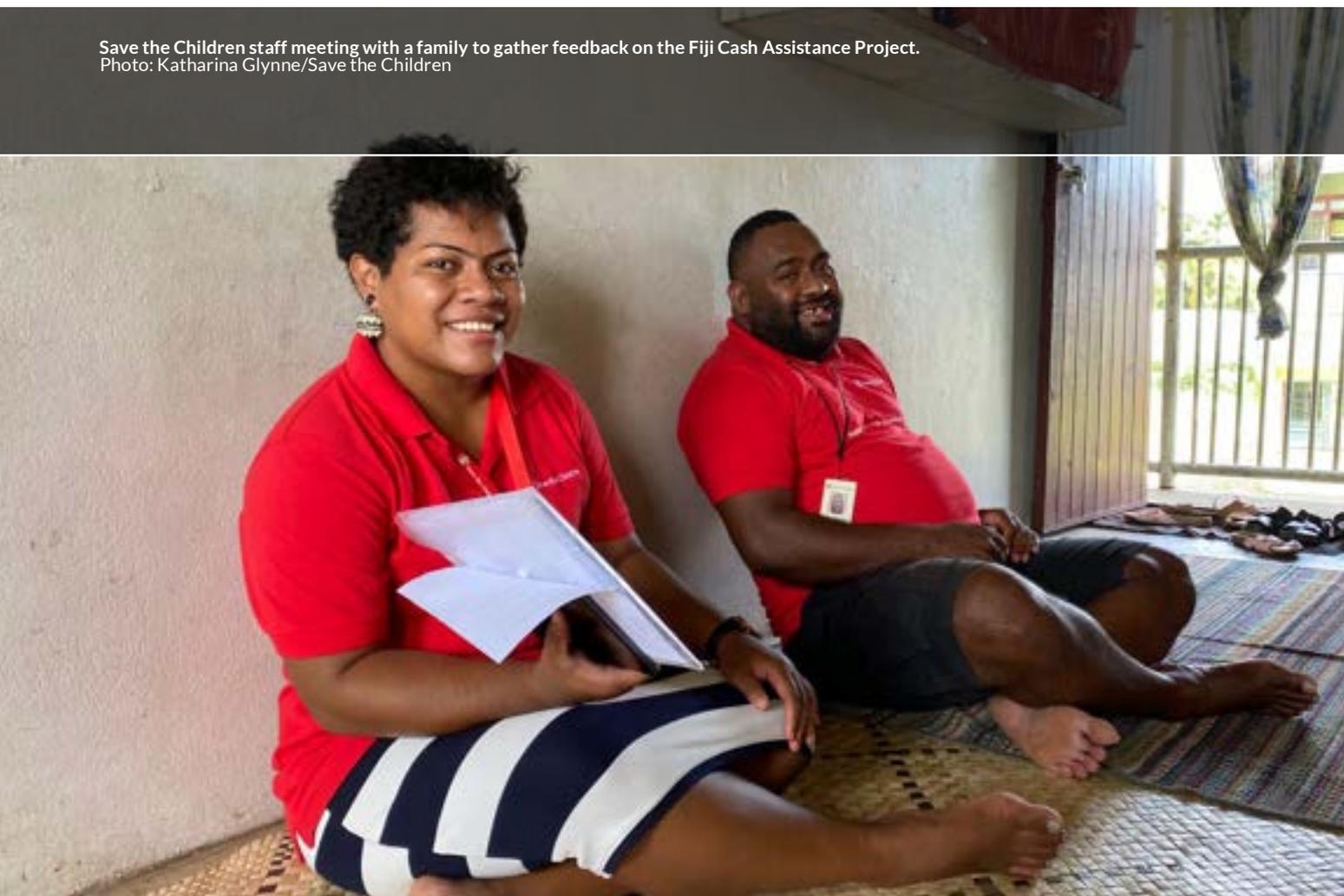
Thematic area: Humanitarian Response

Beneficiaries: 39,000 households

Based on the above study purpose and objectives, the Evaluation Team further refined the key evaluation questions:

1. What **coping strategies**, both positive and negative, have been used by cash recipients in the past and are being used at present? Have there been changes in type or magnitude? Are these changes related to CVA?
2. Do **respondents know about CVA**? How have they engaged with mobile money? Do they have feedback on this modality of aid delivery? How did **recipients use their cash assistance**, and what do their spending habits suggest about **how cash assistance benefits their wellbeing**?
3. Have recipient communities seen a change in tensions between community members that we can link to CVA? How do non-recipients in recipient communities feel about those receiving CVA?
4. Is there evidence of CVA contributing to **changes in gendered household dynamics** or decision making?
5. If so, what has changed?
6. Have dynamics changed between recipient households and local markets/stallholders? Is there **evidence of a multiplier effect**; meaning **impacts of CVA**, delivered at the household-level, similarly being experienced by local shopkeepers and vendors?
7. Have there been **capacity changes in local and regional partners** to deliver long-term sustainable social protection via cash programming?

Save the Children staff meeting with a family to gather feedback on the Fiji Cash Assistance Project.
Photo: Katharina Glynne/Save the Children



Methodology & Limitations

This evaluation was designed and led by a team of methodological, thematic, and regional experts. Attention was given to developing a rigorous methodology that was also attuned to Fiji's cultural context and the diversity of the three Divisions (Central, West, and North) that focused on by this evaluation. To answer the research questions above, the evaluation team employed a mixed methods approach. Existing quantitative data, largely from post-distribution monitoring (PDM) surveys, was combined with primary qualitative data gathered using a process aligned to the 'talanoa' approach of the Fijian Vanua Research Framework¹.

The Evaluation team engaged a sample from 15 recipient communities involved in the project across the Central, North, and West Divisions. In total, primary data included 333 in-depth interviews with people that did and did not receive cash assistance. These interviews were complemented by 35 focus group discussions and interviews with 27 stakeholders from partner organizations and Save the Children teams.

Quantitative data gathered by the project team and included in the evaluation included a total of six PDM surveys based on random selection. PDM one was conducted through phone surveys in May 2021 following Phase one distributions. In Phase two, two PDM phone surveys were conducted in October and November/December 2021. A PDM using Focus Group Discussions (FGD) was also conducted in December 2021, and two further PDMs using phone surveys were completed in January and March 2022².

Our approach to this evaluation included conducting training and hands on learning with Save the Children Fiji staff and a team of 14 local researchers. Training covered ethical concerns (consent, confidentiality, and safeguarding) as well as developing rapport with respondents, asking questions with empathy and compassion, adhering to research protocols, and applying rights-based principles from the Committee on the Elimination of Discrimination Against Women (CEDAW) and the United Nations Convention on the Rights of People with Disabilities (UN CRPD).

As with all research, there were limitations faced in the design and implementation of this study. These limitations included an unusually tight timeline, resource constraints, and the availability of Save the Children staff, all of which impacted the evaluation fieldwork. Across primary and secondary data, sample bias impacted the depth of analysis and generalizability of findings. The evaluation team also faced social desirability and subjectivity bias, along with collaboration resistance in some settings.

¹ Nabobo-Baba, U. (2008), "Decolonising framings in Pacific research: Indigenous Fijian Vanua research framework as an organic response", *AlterNative: An International Journal of Indigenous Peoples* 4, no. 2: 140-154. Available at link.

² See Appendix 1 Table 1 for demographic profile.

Findings

Cash and voucher assistance is often delivered in complex physical, political, and security environments. However, the access restrictions and protracted economic insecurity associated with the global pandemic created additional complexities for the Fiji Cash Assistance Project. The project was initially perceived as a humanitarian response and by phase two, it had evolved to address the needs of vulnerable households experiencing a protracted crisis. Previous investments by Save the Children, including through the Pacific Cash Preparedness Partnership (PCPP) and the Australian Humanitarian Partnership Disaster READY program in Fiji, had helped improve capacities in emergency cash transfer programming in Fiji and thereby facilitated the work of the Fiji Cash Assistance Project. A summary of the key findings of the evaluation is set out below.

1. Coping Strategies

Findings drawn from Post Distribution Monitoring (PDM) survey data indicate that respondents' use of Negative Coping Mechanisms (NCMs) was, on average, much lower at endline than at baseline. Even with the extreme pressure that COVID-19 and inflation placed on cash recipients, the data indicates that the project reduced the use of negative coping mechanisms amongst cash recipients.

✓ Strategies

The most common negative coping mechanisms used in response to the pressures of poverty, COVID-19 restrictions and inflation were eating less preferred or expensive foods (78.6% of respondents) and reducing the number of meals consumed (52.8% of respondents). Small plot farming and sharing food were commonly used, positive strategies that built household resilience.

The findings suggest that cash assistance played an important role in diminishing food insecurity. Eating less preferred or expensive foods decreased in use from 78.6% of respondents to just under 40% by endline.

Evaluation respondents noted that cash assistance helped them reduce the use of negative coping mechanisms associated with food insecurity. One respondent noted, "*the cash assistance came right on time, which was during COVID...the most important thing for us at that time was food.*"³

Cash assistance also helped to equalize differences in the use of coping mechanisms. By endline, the use of negative coping mechanisms was similar for those with (18.5%) and those without (15.8%) a garden, for example.

✓ Changes in Type and Magnitude

Data indicates that negative coping strategies employed by respondents were dropped immediately after cash assistance was received. However, reducing the number of meals, limiting meal size, and adults eating less than children were 'sticky' negative coping strategies. These did not decline in use until the end of 2021. Lowest use of these three strategies was reached in January 2022, corresponding with the final round of cash transfers, which were completed on the 22nd of January, 2022. The use of negative coping strategies was reported to increase again in the period from March-July 2022, which may also be related to inflation which diminished the purchasing power of cash recipients.

The data indicates that movement restrictions caused by the pandemic also played a significant role in the use of negative coping mechanisms and may delayed a decline in use. The data shows that as restrictions increased, so did the use of negative coping strategies. As COVID-19 restrictions fell, so did the use of negative coping strategies.

³ Focus group discussion with women, recipient in the Western Division.

2. Access to and use of Cash Assistance

The evaluation suggests that recipients had low awareness of the number and value of cash transfers they should expect from Save the Children. The overwhelming majority of recipients reported easily receiving their cash and very few experienced difficulties in accessing cash payments. The data shows that cash assistance was overwhelmingly used for food as well as other basic needs.

✓ Respondent knowledge

Knowledge amongst cash recipients of the number of transfers and amount of cash assistance they would go on to receive was lower than ideal. For example, 44% of respondents knew how many transfers they should expect to receive in November 2020. While this number did increase to 65.1% in March 2022, 34.9% of recipients remained unclear on the number of transfers to expect and 54.9% remained unaware of the total amount of cash assistance they should expect to receive.

✓ Mobile Money as a Modality

Results from the first PDM survey indicate that very few recipients reported not receiving their cash assistance or the expected amount of cash assistance. In the first post-distribution monitoring survey, only 4.1% of recipients reported not receiving their cash assistance or noting a difference in the amount of cash assistance received versus what was expected. By the third PDM survey (the last time this question was last asked), no recipients reported this challenge.

Similarly, most beneficiaries reported no difficulty accessing cash assistance. 90% in October 2021 reported no issues, 80.3% in November 2021, 95.7% in January 2022, and 96.4% in March 2022.

✓ Use of Cash Assistance

Nearly 94% of beneficiaries reported using a portion of cash assistance for food, followed by water and electricity bills (32.2%), hygiene items (21.9%), and school fees/education materials (20.6%). Cash was also used to cover transportation costs, which were mentioned by many as a 'basic' or 'family' need on par with food and utilities.

Cash assistance was also used for income generating activities, such as: establishing new local canteens or restocking pre-existing canteens and sewing, baking, catering and handicrafts to sell at church and family events.

The data indicates that working for pay increased by 6.2 percentage points amongst cash recipients, from 11.1% at baseline to 17.3% at endline. A 14.6 percentage point increase was seen in women redefining themselves as other than home makers, pointing to an increase in women working for pay. This data suggests that cash assistance did not have a negative impact on work for pay and perhaps contributed to an increase in this behaviour.

Phila used cash assistance received from Save the Children to start a small business selling kumquat juice.
Photo: Boss/Save the Children



3. Social Cohesion and Inequalities

Data suggests that the project was an equalizing intervention in Fiji. Cash assistance was associated with only a few negative effects on social cohesion between recipient groups.

However, not everyone was informed about the project and therefore unable to equally ask for assistance from Save the Children. Questions around the fairness of the selection process were raised frequently during evaluation consultations.

✓ Neutralising vulnerability differences

Data suggests that the cash assistance reduced the impact of inequalities between more and less vulnerable groups, especially between men and women and between those with and without disabilities. Women and those with disabilities reduced their use of negative coping mechanisms more steeply over time as compared to men and those without disabilities, respectively.

✓ Tensions between community members

PDM data indicates that only 2.7% of cash recipients reported cash assistance caused problems within their community in October 2021, and this figure had reduced to 0.7% by March 2022.

Both recipients and non-recipients (16.6% in interviews and 39.3% of Focus Group Discussions) stated that the selection process was unfair, with some suggesting pre-existing relationships informed recipient selection. Unfair selection processes were mentioned most in the West Division (13.7% of interviews and 46.2% of focus group discussions) and nearly twice as often by women (15.3%) compared to men (8%).

✓ Availability of program information

Community-based Focus Group Discussions (FGDs) and interviews across all three Divisions in August-September 2022 identified that not everyone was informed and able to equally access assistance due to program details not reaching far enough into communities and across households. The evaluation suggests that cultural differences and varying approaches of chiefs in disseminating information affected how often and early program information was shared amongst community members. For example, some community members had a strong practice of sharing information within the community, whereas others did not.

4. Gender Dynamics

The data suggests mixed effects of cash on gendered household dynamics, however, study participants consistently described husbands and wives as working together to sustain their families during the challenges of COVID-19.

✓ Impacts on women

Women benefit greatly from the Fiji Cash Assistance Project, including by being able to access life-saving stopgap funding for those without access to a steady income and struggling to cover unexpected medical costs.

The program was not solely targeted at women. However, women were the majority of recipients; 65.94% of direct recipients were women, 33.66% men, and 0.41% non-binary.

✓ **Gender dynamics in Households**

Data suggests that the pandemic required adjustments to household decision-making and greater collaboration between family members.

Changes in norms and gender dynamics were sometimes reported to occur alongside the cash assistance. One male respondent observed that tension arose when his wife received the cash assistance instead of himself, and this may hold true across other family units. Similar reports were found within PDM Data, with 1.2% of recipients reporting cash assistance caused problems in their home in both October and November 2021.

5. Local Markets and Impact Multiplied

Interviews and FGD data indicate that cash assistance supported the vital relationship of reciprocity between respondents and local shops. Local sales increased despite COVID-19 restrictions and the program's cash grants contributed an estimated US\$27 million¹ in additional GDP to the Fijian economy.

✓ **Local Markets and Households-Dynamics**

A 'dinau' (taking credit) culture in Fiji means small shops allow informal credit accounts to be used to purchase small goods. Respondent feedback suggested an increase in shopkeepers' confidence that cash recipients would service debts on informal lines of credit and that cash assistance was linked to an increase in stallholder sales during the pandemic.

✓ **Multiplier Effect**

The Fiji Cash Assistance Project is estimated to have created a 2.05 multiplier effect with recipient spending causing an estimated FJ\$59,120,045 (\$27,121,853 USD⁴) in additional GDP. The project's emphasis on reaching the economically vulnerable who general spent their money 'faster' meant an estimated FJ\$485,911 (\$222,916⁵ USD) more money circulated back into the economy.

6. Project Design and Partnership Capacities for cash program delivery

The project was ground-breaking in its use of cash as a modality in Fiji and the Pacific and in its scope. The cash assistance reached 22% of Fijian households and allowed a diverse range of people and groups to benefit.

The data indicates that sector trainings on Cash and Voucher assistance were valued by key stakeholders. The evaluation indicates that the development and communication of selection criteria, selection procedures and outcomes and data management systems could have been more thorough with increased transparency and standardisation.

Partners needed greater formality, resourcing and communication to fully actualize their potential to serve communities. Respondents reported that increased consideration of financial support for human resources and logistics was required to engage with and reach recipients appropriately.

⁴ FJD to USD – rate at 31 Jan 2022 OANDA.

⁵ Ibid

✓ **Effectiveness and Capacity Support to Partners.**

Data suggests that partners involved in the project increased their ability to implement cash assistance, their interest in implementing cash programming in the future, and their profile in the communities that they worked in.

A diverse range of people benefitted from cash assistance, included single mothers, survivors of domestic violence, children and youth without guardians or homes, members of the LGBTQI community, people with disabilities, and seasonal workers without means of earning an income.

Stakeholder trainings were unanimously praised and described as relevant and well-structured to create awareness and build capacities around CVA. Respondents indicated that trainings were interactive, hands-on, and contextualized to Fiji.

Data suggests that formal partnership agreements were only reached or signed with a handful of organizations. Only some partners received financial support for their work on the program, despite having spent considerable time and resources vetting and filtering lists of potential recipients and collecting additional participant information.

✓ **Developing and communicating selection criteria**

The evaluation suggests a more robust and standardized processes for selecting and documenting participants was required. General selection guidelines were provided to core partners, but many still expressed confusion or uncertainty about selection criteria.

Recipient lists varied considerably from organization to organization in terms of format, structure, and type of information documented. This caused discrepancies and inaccuracies when attempts were made to aggregate data, efforts which were unsuccessful by the time of writing.

Partners were not informed of the reasoning behind final selection of cash recipients, which meant they could not explain the selection process to disgruntled non-recipients. This created some tension between recipients and non-recipients, with some cases of non-receiving parties confronting partners about why they had not been selected and demanding support.

✓ **Partner Communication and Resourcing**

The evaluation suggests that communication and capacity challenges amongst partners caused some problems for project participants, such as:

- Some selected for participation in the program did not have the equipment (phones or SIMs) necessary to receive payment via M- PAiSA.
- Phone numbers in the Vodaphone system did not always correctly correlate with intended recipients.
- An insufficient number of cash withdrawal locations led to the need for cash recipients to travel long distances, stand in long queues, and endure considerable wait times to access cash. Those with mobility issues (the elderly and those with disabilities, especially) struggled with the need to travel to convert mobile money into physical cash.
- Agents, businesses, and others took advantage of the need for recipients to withdraw their cash payments. There were some reports that more money was charged for withdrawal of cash and some businesses forced recipients to spend everything at one shop or supermarket, sometimes not allowing cash recipients to keep the remaining balance

Recommendations

Based on findings from the evaluation data, the following is recommended for future cash and voucher programming.

Recipient Selection and Communication

- ✓ Create and implement a transparent and consistent selection process, with clearly articulated selection criteria for program participation that is well communicated to communities and implementing partners.
- ✓ Ideally this selection process would involve means testing, but where contextual constraints limit the use of means testing, other selection processes may be used. Whichever process is used, transparency and fairness must be ensured. Do not rely solely on partner organizations, village chiefs, nor the program staff to select beneficiaries based on previous knowledge of need. Once selection decisions have been made, communicate those decisions to both recipients and non-recipients who previously expressed interest in participating in the program.
- ✓ Given the relationship of women to household spending and caretaking, consider delivering cash assistance to the woman in the household, registering her as the recipient.
- ✓ Greater attention must be given to supporting recipients to access mobile money and gain greater knowledge of the program. Consider offering new SIM cards or phones to recipients who need them as part of the program itself.
- ✓ Physically visit recipient households to deliver phones/SIMs, providing an opportunity to build knowledge about the program. While difficult while COVID-19 restrictions were in place, engaging community focal points would improve relationships with communities in future.
- ✓ Engage telecom partners to distribute program registration information more widely. Keep promoting the program on social media but augment that promotion with text messages and community focal points to engage an even wider audience of possible recipients.

Partner Engagement

- ✓ Provide funding, training, and ongoing capacity/knowledge building support to all partner organizations involved with a project.

Community Engagement and Complaints and Response Mechanisms

- ✓ Identify and employ community focal points to serve as liaisons with each recipient community. They can be responsible for one or more community but should visit each often.
- ✓ Increase the number of program and hotline staff members to better handle demand. Ensure the hotline can field multiple calls at once to better accommodate high-demand periods.

Local market engagement and inflation monitoring

- ✓ Where possible, carefully monitor and adjust the amount of cash assistance being distributed to keep abreast of inflation as the project is delivered.
- ✓ Support local canteens and shopkeepers to formally register as M-PAiSA/MyCash agents to facilitate withdrawal of mobile money at the village level. Where liquidity is an issue, SC should support local canteens and shopkeepers in receiving mobile payments rather than physical cash.
- ✓ Conduct an in-depth study of the multiplier effect during the next cycle of cash assistance delivery. This will require planning from the early stages of the program and engaging shopkeepers. See Appendix V for more details.

Data Management and Security

- ✓ Close attention is required to ensure effective data management and security. Clear, consistent, transparent, and easy to use recipient registration forms should be used across implementing partners. A single registration process and database will ensure recipient data is clean and easy to manage.

Introduction

Over the last decade, Cash and voucher assistance (CVA) has grown rapidly as an essential part of humanitarian aid, from comprising less than 8% of international humanitarian assistance in 2015 to being 20% of international humanitarian assistance in 2019.⁶ According to the United Nations High Commissioner for Refugees (UNHCR), between 2015 and 2021 over 34 million people in 100 countries received cash assistance totalling \$3.7 billion USD. 80% of people accessed this assistance through personal bank accounts or mobile money.⁷ Annex VI provides specific examples of the ways cash assistance has been used in large-scale humanitarian responses in many parts of the world and on the impact this has had on vulnerable households.

In the Pacific, however, CVA has not been used to respond to humanitarian crises to a great extent.⁸ A 2016 report noted that governments and agencies in many Pacific countries have been providing social protection (including cash transfers) for decades, however, fewer countries are engaged in providing humanitarian CVA.⁹

The Government of Fiji first used cash for humanitarian response at scale in 2016 in response to the devastating impact of Tropical Cyclone Winston. A three month top up cash transfer was provided to around 120,232 people involved in existing social protection schemes. Evidence showed that this assistance was an effective response that allowed households to access essential goods and enabled quicker recovery from the disaster.¹⁰

Save the Children's Fiji Cash Assistance Project was delivered in the wake of Tropical Cyclone Harold and Tropical Cyclone Yasa in 2019-20, and after the onset of the COVID-19 pandemic. The Fijian economy had experienced a devastating economic contraction due to a downturn in tourism, recovery from recent cyclones and the health impacts of the COVID-19 crisis. In 2020, Fiji's real gross domestic product (GDP) fell by an estimated 15.7%. Following three years of strong, consecutive growth in the sector, travel restrictions caused an 80% reduction in the number of visitor arrivals in 2020 relative to 2019. Tourism earnings in 2020 declined by 84.8% (to \$314.9 million USD).¹¹

Within a complex operating context, Save the Children Fiji and implementing partners were required to navigate strict pandemic restrictions on movement while addressing the needs of vulnerable households dealing with protracted crisis. Delivering cash assistance in an environment of humanitarian crisis, a global pandemic and protracted economic insecurity was incredibly challenging.

Save the Children had previously been involved in the Pacific Cash Preparedness Partnership (PCPP) and delivered the AHP Disaster READY program in Fiji. These programs were designed to enable faster, more efficient and effective emergency cash transfer programming at scale in Pacific Island Countries (PICs), and therefore facilitated the work of the Fiji Cash Assistance Project.

The initiatives delivered:

- ✓ Partnerships and engagement with government departments, UN agencies, INGOs, Civil Society Organisations, Private Sector Companies and community leaders to develop localised CVA mechanisms and approaches
- ✓ CVA training and coaching for cash actors using best practise tools from the Cash and Learning Partnership
- ✓ CVA advocacy and awareness-raising through communication materials to socialise CVA in the region
- ✓ Assessments including cash feasibility and gender and disability inclusion assessments in the region, and
- ✓ CVA evacuation drills in rural and remote locations in Fiji to test and measure the effectiveness of CVA during National Disaster Awareness Week.¹²

⁶ José J. et al. (2020), "The State of the World's Cash 2020", *CaLP*, 28. Available at [link](#).

⁷ UNHCR (2020), "UNHCR and Cash Assistance - 2021 Annual Report", UNHCR. Available at [link](#).

⁸ Save the Children (2019), "Introductory Research on the Feasibility of Cash & Voucher Assistance in Rural Fiji", *Save the Children*, Available at [link](#).

⁹ Christina H. & Rosie J. (2016), "Cash Transfer Programming in the Pacific: A Feasibility Scoping Study", *CaLP*. Available at [link](#).

¹⁰ Mansur, A., Doyle, J., & Ivaschenko, O. (2018), "Cash transfers for disaster response: lessons from Tropical Cyclone Winston", *Development Policy Centre Discussion Paper*, 67. Available at [link](#).

¹¹ OECD (2022), "Towards a Blue Recovery in Fiji - COVID-19 Appraisal Report", OECD. Available at <https://doi.org/10.1787/a3661a09-en>.

¹² Save the Children Fiji, "Cash and Voucher Assistance". Available at <http://www.savethechildren.org.fj/cash-and-voucher-assistance/>

Project Background

Save the Children has worked in Fiji since 1972 to ensure children and families are safe, supported and on track with their learning. During the pandemic, Save the Children Fiji worked closely with local partners to support people affected by the economic downturn and experiencing impacts to their health. The organisation also supported people who had been impacted Tropical Cyclones Harold and Yasa in 2019-20, which caused significant damage to community infrastructure and livelihoods.

An anonymous philanthropic donation of \$20 million USD allowed Save the Children Australia and Save the Children Fiji to deliver almost \$20 million USD in cash assistance to vulnerable Fijian families and children impacted by the pandemic. The Fiji Cash Assistance Project delivered this humanitarian cash assistance in two phases between 2020 and 2022.

Cash Transfers

Save the Children Australia and Save the Children Fiji launched phase one in late 2020, reaching 16,772 households. Transfers were made using mobile money platforms M-PAiSA and MyCash by working in partnership with Vodaphone and Digicel. Vulnerable households received FJ\$100 per month for four months to help meet their basic needs. An additional 2,000 households experiencing significant crises received a one-time mobile money transfer of FJ\$400 through the program's Special Need Fund.

To meet the ongoing needs of households at risk of extreme vulnerability, Save the Children secured additional donor funding to provide further mobile cash transfers to the initial 16,772 households from phase one as well as an additional 22,228 households in phase two. A total of 39,000 households were reached, all of whom had faced significant hardship over the preceding 6-12 months. In phase two, SC provided three transfers of FJ\$200 distributed over a 6-month period.¹³ The size and frequency of these cash transfers were proposed by the Fiji Cash Working Group and informed by advice received from the Ministry of Social Welfare.

Program Partners

The program was implemented in coordination with the Government of Fiji, specifically divisions of the Department of Social Welfare (DoSW) District Commissioners and the National Disaster Management Office (NDMO). Implementation was supported by local partners, including Fiji Council of Social Services (FCOSS), Medical Services Pacific (MSP), and Empower Pacific, amongst others.

Recipient Selection

The identification of cash recipients was achieved through a partnership with 23 other organizations. This included the NDMO who conducted a profiling exercise with FCOSS to identify vulnerable households potentially eligible for the Fiji Cash Assistance Project. The project had a focus on the most vulnerable, including the elderly, women, children and people living with disabilities. Special effort was made to access hard-to-reach groups, including those living in informal communities, orphans and vulnerable children, members of the LGBTIQ+ community, sex workers, the homeless, survivors of violence, families of prisoners, and families with COVID-19 cases. This was achieved in coordination with Australian Humanitarian Partnership (AHP) partners and FCOSS.

Payment Mechanism

Save the Children used Vodafone's M-PAiSA app and Digicel's mobile money MyCash platforms to deliver instant cash transfers to households. Vodafone and Digicel supported the delivery training in M-PAiSA and/or MyCash to cash recipients so they could access their transfers. The partnerships between Vodafone, Digicel and Save the Children were established to ensure agreed service delivery levels, and the efficient and reliable transfer of funds.

¹³ Note each transfer is equivalent to two monthly cash transfers combined.



all aged under 12, Fiji. Photo: Katharina Glynne/Save the Children

Methodology & Limitations

Data Sources

This mixed methods evaluation combined baseline, endline, and PDM survey data (N=3,300) with primary qualitative data from interviews and Focus Group Discussions conducted in August and September 2022. 35 Focus Group Discussions (community 'talanoa') and 333 in-depth interviews were conducted across 15 communities. A series of 1-3 hour Key Informant Interviews were also conducted with 27 stakeholders, including Save the Children staff and implementing partners, to gain further insight into the key evaluation questions.

The quantitative data was collected by the Fiji Cash Assistance Project team through a series of post distribution monitoring (PDM) surveys across Phase one and Phase two.

The qualitative data was gathered using a process aligned with the 'talanoa' approach of the Fijian Vanua Research Framework. Data collection included Focus Group Discussions conducted and in-depth interviews with members of recipient communities. Importantly, the total qualitative sample included those that have (44.9%) and have not (55.1%) received cash assistance. Of these total respondents, 61.4% were women and 32.2% were men. Although the evaluation team engaged in randomization at the household level where possible, care was given to speak with more vulnerable members of each community, including those with disabilities, and from minority clan/ethnic and religious groups where possible.

See 'demographics' for the respondent details and 'study design phase IV' for information about data management and analysis.

Sampling Methods & Sample Size

All recipient households represent the evaluation sampling frame for the quantitative data. These households were originally selected as program participants by partner organizations as described above and discussed in the Findings section of this report. From this sampling frame, a smaller sample of households were selected at random. This selection process mimics a randomized population survey of means-tested households. However, the Fiji Cash Assistance Project team did not undertake means testing but rather relied on partner organization selection. This was largely due to COVID-19 movement restrictions in place during the program.

Qualitative data was collected from a sample of 15 communities and households residing in recipient communities, which were defined as the communities in which cash assistance was delivered during phase one and/or phase two. The sampling frame for this qualitative data was made up of all recipient communities. Using a combination of purposive and random sampling, a sample of nine districts and cities were chosen. From these districts and cities, a smaller subset of communities were chosen using random and convenience sampling. These represented the final sample.¹⁴

Demographics

For the qualitative data collection, respondents included nearly equal numbers of cash assistance recipients (44.9%) and non-recipients (55.1%).

From a gender perspective, the overall sample was biased toward female respondents (64.3% of survey and 61.4% of interview respondents are female).

Geographically, nearly equal proportions of survey data were taken from West (41.7%) and Central (45.1%) divisions, with more interview data gathered in the Central division (56.8%) compared to both West (40.4%) and North (2.7%) divisions.

76.5% of survey respondents were between 25 and 50 years old at the time of data collection.

14.9% and 1.5% of survey and interview participants respectively reported having a disability.

¹⁴ Of note, the original sample of 14 communities provided to Save the Children was chosen using strict randomization, cross-checked for accessibility and diversity. Once the list was presented, the Save the Children Fiji Team contacted selected communities to confirm willingness to participate in the evaluation. Not all selected communities agreed due to existing commitments or what they felt was an insufficient number of recipients. The Save the Children Fiji Team assisted in identifying alternative communities based on geographic access with considerations of timing and feasibility. As such, the final sample of communities involved in this evaluation were not all selected through randomization.

The majority of both survey (81.2%) and qualitative respondents (74.5%) are ethnically iTaukei, with 17.5% of survey and 12.5% of interview respondents being Fijians of Indian descent.

Table 1: Evaluation Sample: Quantitative Data

	DISAGGREGATION	N	%
GENDER	Female	2105	64.3
	Male	825	28.1
	Nonbinary	11	0.5
DIVISION	West	1374	41.7
	Central	1488	45.1
	North	350	10.6
AGE	Age - 18-24	325	9.9
	Age - 25-59	2523	76.5
	Age - 60+	448	13.6
	With Disabilities	143	14.9
ETHNICITY	Itaukei	1896	81.2
	Indo Fijian	408	17.5
	Total	3300	

Source: PDM, Baseline and endline surveys. For more detailed sampling information, please see Appendix I.

Table 2: Evaluation Sample: Qualitative Data

	DISAGGREGATION	N	%
GENDER	Female	202	61.4
	Male	106	32.2
	Unknown	21	6.4
DIVISION	West	133	40.4
	Central	187	56.8
	North	9	2.7
IN DEPTH INTERVIEWS (IDIS)	Business Owner	24	7.3
	Single Mother	16	4.9
	With Disabilities	5	1.5
ETHNICITY	Itaukei	245	74.5
	Indo Fijian	41	12.5
	Unknown (English)	43	13.1
	Total	329	

Study design

The study methodology is best understood in five phases as outlined below. For a more detailed description of the evaluation methodology, please see Appendix I.

Phase I: Desk Review

Phase one began with a detailed review of all background documents and data, including reports and previously collected project data, as well as related academic and practitioner literature. The literature and data review helped the evaluation team to: (1) understand project rationale across contexts, relevant academic and practitioner literature, databases, staff, implementers, stakeholders, target groups, activities, and geographic target areas; (2) frame the study and finalize evaluation questions; and (3) prepare the field data collection plan and data collection tools.

Phase II: Tool Development

Data collection tools were created for qualitative data collection in partnership with the Save the Children team. Data collection tools included:

- ✓ In-depth interview guide (30-45 minute delivery) for adult respondents, built on 'talanoa' techniques
- ✓ In-depth interview guide (30-45 minute delivery) for storekeepers and market stallholders
- ✓ In-depth interviews guide (30-45 minute delivery) for Save the Children staff and partners
- ✓ Focus Group Discussion Guide (1-3 hour delivery) – developed in a community 'talanoa' style, inspired by Fijian Vanua Research Framework

Study tools were piloted during local research team training and data collection in the North division. Data collection tools were consistent across divisions while also considering community-specific social and normative framings. As such, in-depth interview guides were semi-structured and encouraged storytelling.

Phase III: Data Collection

Qualitative data collection began with a two-day training for a team of 14 local researchers. Save the Children provided a meeting space and logistical support. This training covered the study topic, consent, safeguarding, and confidentiality.

Following training, data collection commenced in the North division, followed by the West and ending in the Central division (see Appendix I for more details). Data collection ran in two stages. It began with the Focus Group Discussions which were run in a community 'talanoa' style and then progressed to the in-depth interviews. Save the Children Fiji led introductions and cultural protocols with each community before handing over to the evaluation team to undertake data collection. Translation and transcription of data took place immediately after data collection.

Phase IV: Data Analysis

Analysis began by revisiting all background documents and data, including reports and previously collected project data.

Primary and secondary data analysis followed these key phases: (1) qualitative data was continuously reviewed during the field collection stage to ensure data saturation was achieved; (2) grounded, thematic, and directional analysis of qualitative data using NVivo software was undertaken; and (3) analysis of quantitative data was undertaken using R and Stata software.

Quantitative PDM data was cleaned and then recoded to fit the analysis strategy identified by the evaluation team. A multivariate regression approach was used to analyse any change in key outcomes, such as economic well-being of beneficiaries and business sales over time. All data was analysed with the intent to integrate qualitative and quantitative sources and to triangulate findings in response to the core evaluation questions. During triangulation, four members of the evaluation team reviewed congruencies and discrepancies in emergent findings across qualitative and quantitative data sources, looking for areas of agreement, evidence reinforcement, and disagreement across the data.

Quantitative data analysis relied on secondary data collected by the project team and additional external data sources. The analysis of this data focused on two broad sets of research questions: (1) whether (and to what degree) key outcomes changed for beneficiaries from baseline to endline and (2) whether (and to what degree) there are any detectable benefits of the project to local businesses. Findings were validated with Save the Children team members and partner organizations during a validation workshop in November 2022.

Report writing and presentation followed in Phase V. For more detailed information regarding the methodology please refer to Appendix I.

Ethics & Accountability

Research Ethics

The evaluation team ensured, respected, and protected the rights of research participants in accordance with known standards, such as those outlined in the UNEG Code of Conduct for Evaluation, as well as Save the Children's own safeguarding policies and UNICEF's child safeguarding policies. In addition, the evaluator, Global Insight, has an established set of ethical protocols which their team follows for all projects (see Appendix II).

Community Perspectives & Accountability

The Evaluation Team was dedicated to centring Fijian perspectives and people in the questions asked, the research process itself, and the outputs produced. We did so both out of principle and the belief that situating Fijian people and systems of knowledge from an intersectional lens¹⁵ results in more rigorous research. In line with Nabobo-Baba's Fijian Vanua Research Framework and the methodological principles of 'talanoa', the methodology was underpinned by values of 'veivakabauti' (trust), reciprocity and 'veidokai' (respect) for the knowledge giver and seeker, 'loloma' (love), and 'veivakarokorokotaki' (mutual respect and care) and commitment.¹⁶ Recipients of assistance are recognised as authorities over their own knowledge, experiences, representations, and identities.

Limitations

Key limitations for this study, included:

Logistics Factors

- ✓ **Timeline constraints.** The evaluation team was given four months to complete a large, in-depth evaluation, including data collection in three divisions requiring a team of 14 local researchers and three international researchers. A project of this scale in such a challenging context would normally take 6-8 months. The Evaluation Team agreed to the four-month timeline with the caveat that extension of the timeline may be needed as the research developed and the time needed for data collection and analysis became clearer.
- ✓ **Limited resources and availability of partner team.** The Fiji Cash Assistance Project was in the process of concluding when the evaluation team can onboard, meaning a number of staff had already or were departing from the project team. Remaining team members were also occupied with end of program activities. This created access issues, which were overcome by a combination of persistent interview requests and the noteworthy support of the local Fiji Cash Assistance Project team. Specifically, the support of the remaining team members made local researcher training and primary data collection feasible. The support of Save the Children Australia's Program Quality & Impact Team was a pivotal partnership during the process to secure Save the Children Ethics Review Committee approval.
- ✓ **Restrictions and travel distances.** The data collection teams took all necessary steps to visit all selected research locations, but transportation issues, health issues, complications from COVID-19 and other unforeseen events impacted the data collection plan.

Study Limitations

- ✓ **Sample bias.** While the sampling methodology aimed to minimize bias and provide a representative sample, some bias in the data may still appear. The Save the Children team contacted each community from the original randomly selected list to confirm availability and willingness to participate, however not all communities agreed to participate in the evaluation. The entire Evaluation Team was trained by experts to mitigate bias by ensuring participants of confidentiality and the desire of our team for open, honest answers to all questions regardless of cultural expectations around rudeness.
- ✓ **Social desirability bias.** The evaluation team was trained on and aware of ethics and the importance of reducing bias, and efforts were made to mitigate this bias during both data collection and analysis. However, they may not

¹⁵ Intersectional lense is defined here as understanding that indigeneity, ethnicity, locality, and other identities intersect to create place- and person-specific knowledge

¹⁶ Nabobo-Baba, U. (2008), "Decolonising framings in Pacific research: Indigenous Fijian Vanua research framework as an organic response", *AlterNative: An International Journal of Indigenous Peoples* 4, no. 2: 140-154. Available at [link](#).

have been able to eliminate their influence on study participants, leading to social desirability bias. This is a concern for all research undertaken with human participants.

- ✓ **Collaboration resistance.** Due to the sensitivity of and social norms around the topic of this study, as well as other demands on time, some resistance to sharing details and insights was experienced. Numerous efforts were made to meet respondents at alternative times, days, and locations of their choosing.
- ✓ **Subjectivity bias.** A considerable portion of the data collected by the Evaluation Team was qualitative in nature. While rigorous coding methodologies were used, potential remains for subjectivity in the responses given as well as in the analysis and interpretation of patterns in the data. For mitigation purposes, four researchers independently reviewed the data analysis and findings.

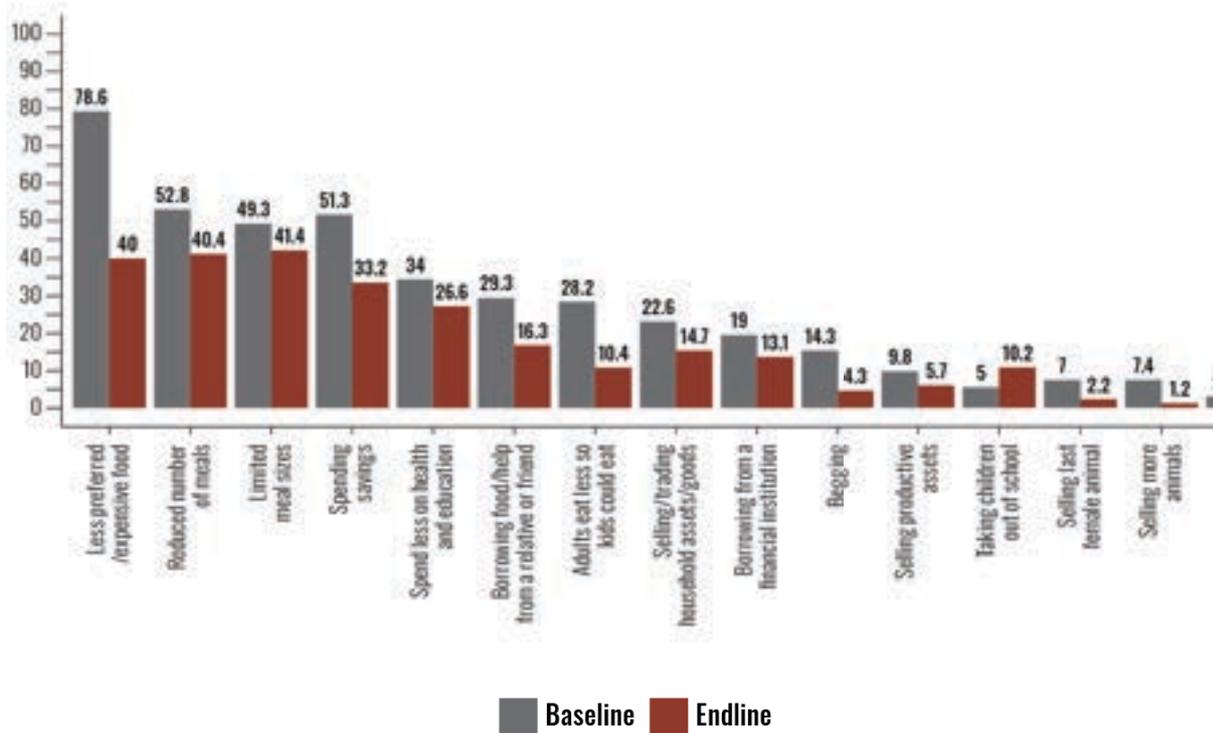
Ravikash and his wife used cash assistance to pay bills and purchase groceries, medicine and school materials for their daughter, Sanchi (12).
Photo: Boss/Save the Children



Findings

Coping Strategies

What coping strategies, both positive and negative, have been used in the past and are being used at present? Have there been changes in type or magnitude? Are these changes related to CVA?



In the wake of consecutive tropical cyclones and with the onset of the pandemic, many Fijian households had to cope with reduced income, inconsistent or lost employment, and limited access to credit and public services.¹⁷

These impacts were reflected on by respondents. One cash recipient noted, “it was very bad as there was no money coming into the household. Although we were farming, our vegetables did not sell as much... It was very hard as food and water was hard to cater for the three meals in a day. I also ran a lot for my baby for his food and medicine as well although there wasn’t enough money...We didn’t get much help as it was COVID.”¹⁸

Food prices in Fiji also rose steeply due to pandemic-related travel restrictions and supply chain issues. Coupled with loss of income, household purchasing power was diminished, pushing already marginalized and poor households further into poverty.¹⁹ To cope with increased insecurity and poverty, households resorted to deploying a wide variety of coping strategies,²⁰ both negative and positive²¹. From Figure 1, we can see that eating less preferred or expensive foods (78.6%) and reducing the number of meals (52.8%) were the most commonly reported negative coping mechanisms (NCMs) used,

¹⁷ Dean, M.R.U. (2020), “COVID-19 and Fiji: A Case Study”, *Oceania*, 90: 96-106. Available at [link](#).

¹⁸ Interview with female, non-recipient in the Western Division.

¹⁹ Dean, M.R.U. (2020), “COVID-19 and Fiji: A Case Study”, *Oceania*, 90: 96-106. Available at [link](#).

²⁰ Using strategies and mechanisms as synonyms when discussing negative/positive coping strategies/mechanisms.

²¹ Positive coping strategies are defined as actions taken to manage or reduce stress in a way that is not detrimental in the long term.

while selling land or a house (2.4%) was the least employed negative coping strategy. A renewed reliance on small-plot farming and sharing food were commonly used, more positive coping strategies across communities visited during data collection.

Common NCMs at baseline and endline mostly revolved around the reduction of spending (first on food, then on education/health) and drawing on savings. Borrowing (first from family, then from institutions). Selling household goods were moderately common while selling productive assets, animals, and land were uncommon NCMs at both baseline and endline. This was likely because ownership of land and animals was also low (~20%) across the two timeframes.

One respondent noted, “the lockdown was up for about two months, all movements were restricted. The money we made was just enough to last us a whole month. After that month had passed, our supply dried up. There was no more rice, flour and sugar. We went back to living like our ancestors. We ate cassava, plantain with water. There were coconuts and that’s how we managed. Life was especially hard, and movements were restricted. All income ceased.”²²

Data drawn from participant interviews suggests that food insecurity was the main reason respondents employed negative coping mechanisms during the pandemic in Fiji. This may explain why the most common NCM employed at baseline was eating less preferred or expensive foods (78.6% respondents) followed by reducing the number of meals (52.8%), spending savings (51.3%), and limiting meal sizes (49.3%). One participant stated, “before COVID, we had big, fancy meals. After COVID hit, we had vegetables and crops...in small quantities, to keep us going.”²³

The prevalence of eating less expensive or preferred foods reduced dramatically (to just under 40%) by endline. The use of this NCM became comparable in frequency to the next two most common NCMs used at endline: reducing the number of meals and limiting meal sizes. Participants noted that cash assistance helped them reduce the use of NCMs associated with food insecurity. One respondent stated, “the cash assistance came right on time, which was during COVID...the most important thing for us at that time was food.”²⁴

Positive coping strategies deployed to counter food insecurity included small-plot or garden farming as well as fishing or collecting clams and mussels to both consume and sell. Those with a garden used fewer negative coping mechanisms at baseline, deploying on average 11.1 percentage points fewer coping mechanisms than those without gardens.²⁵ The data indicates that cash assistance may have helped equalize this difference in negative coping mechanism use, as NCM use at endline was very similar (only 2.7 percentage points difference) for those with and those without a garden (18.5% and 15.8% using NCMs respectively).

Some study participants identified local cultural practices such as relying on community support as a resilience strategy. This included by helping others in the form of cash, food, store credit, and even electricity. One participant stated that asking for this kind of assistance is a part of living in their community. There is some evidence that cash assistance reduced reliance on neighbours and community. This is illustrated by one respondent who noted, “our neighbours used to come and borrow things from us, but when cash assistance came, I can see that they no longer come and borrow.”²⁶

²² Interview with female, non-recipient in the Western Division.

²³ Interview with male, non-recipient in the Western Division.

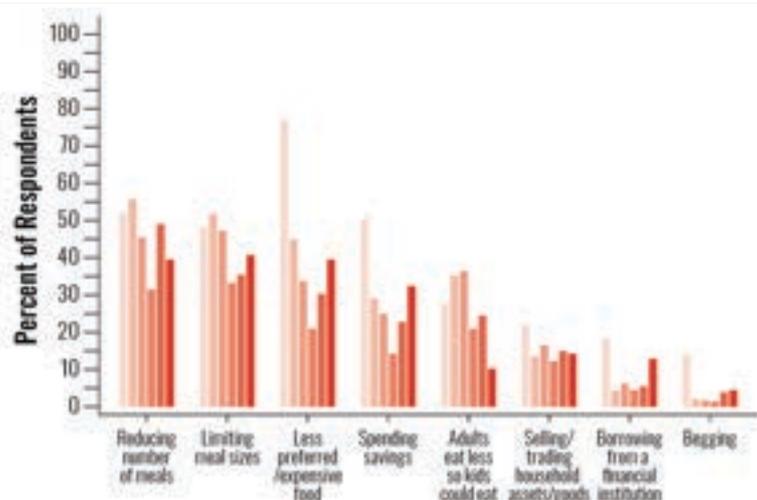
²⁴ Focus group discussion with women, recipient in the Western Division.

²⁵ Figures are predicted values from regression coefficients including other control variables to create more accurate comparisons.

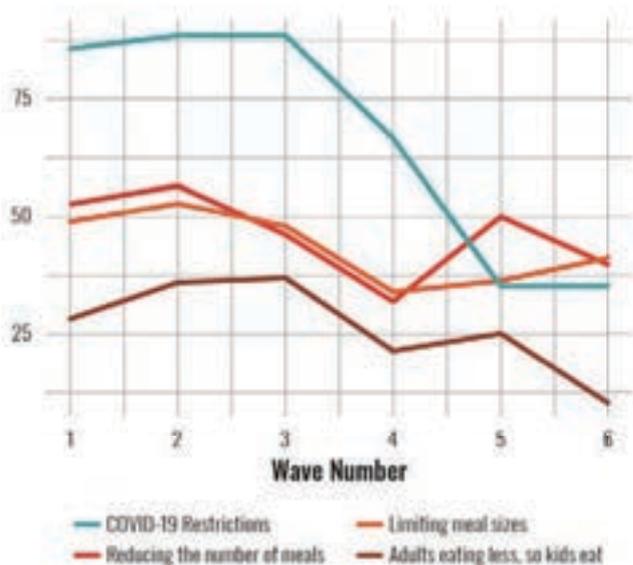
²⁶ Interview with female, non-recipient in the Central Division.

Impact of COVID-19

An interesting pattern is revealed in the use of negative coping mechanisms across the lifecycle of the program (Figure 2). Data²⁷ from September of 2021 to July of 2022 indicates that while the use of some NCMs dropped immediately after cash assistance was received, (including spending savings, begging, and borrowing from a financial institution) other NCMs remained in use until the end of 2021 (including reducing number of meals, limiting meal size, and adults eating less to allow children to eat). The use of NCMs reached a low point in January 2022, but increased soon thereafter. The project was completed on 22 January 2022. Possible explanations for this increase are (1) the COVID-19 pandemic and related restrictions and (2) the rise in inflation and recipient reports of price increases that followed.



An indication of the significant role that pandemic-related restrictions played in the use of NCMs by both recipient and non-recipient households is illustrated in Figure 3 below. The use of some NCMs remained high from September 2021 (survey wave one) to November 2021 (wave 3), even with the injection of cash assistance, which would be expected to generate an immediate decrease in the use of NCMs. Figure 2 illustrates that the use of NCMs (light red, orange, and dark red lines showing % of respondents using NCMs) aligns closely with COVID-19 restriction levels (turquoise line).²⁸



As restrictions increased, so did the use of NCMs, and as COVID-19 restrictions fell, so did the use of NCMs. Interestingly, the use of these NCMs begins to fall prior to the loosening of COVID-19 restrictions, indicating that program cash assistance provided a necessary safety net that eased the effect of especially strict COVID-19 restrictions. Once pandemic restrictions fell, we also see a continued reduction in NCMs.

The use of NCMs, however, does not entirely disappear during this time period. In addition to movement restrictions, the COVID-19 pandemic generated not only a loss of income through reduced or lost employment but also an increase in medical expenses and the loss of family members. The data suggests that this resulted in an increase in single-income households and an overall resistance to let go of seemingly necessary negative coping strategies.

²⁷ Sourced from PDM data gathered in 6 waves across the life of the FiNCaP program.

²⁸ Measured using the Oxford Covid-19 Government Response Tracker's stringency index

One participant illustrated these struggles by stating, “during COVID there were plenty deaths in this village. We were thankful of the cash assistance that helped us patch up some loopholes left by COVID. It also changes the economic situation in each family. The deaths really affect our budget in terms of money contributed towards this.”²⁹

Impact of Inflation

The later increase in NCMs in January 2022 (survey wave 4) indicates that COVID-19 restrictions are not the only factor impacting the use of NCMs. The increased use of NCMs from March to July 2022 may relate to the inflation that followed. As figure four demonstrates, most respondents (between 81%-82%) reported price increases from October 2021 (wave 2) through January 2022 (wave 4). In March 2022 (wave 5), the percent of respondents reporting price increases rose to 89.9%.³⁰

Further emphasizing the relationship between inflation and NCM use, respondents who reported price increases also reported increased use of negative coping mechanisms. One study participant noted, “it was tough especially when the food prices are getting high, and the wages remain the same. It just doesn’t match anymore. There are things we can buy and some we can’t. Now we have to buy only things of importance.”³¹

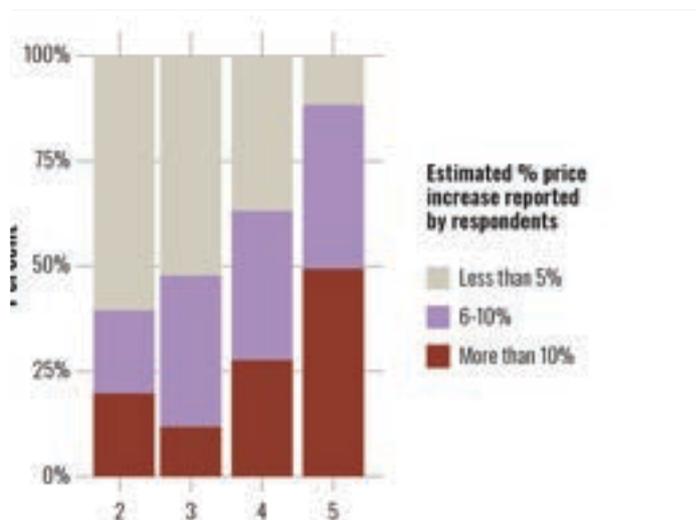
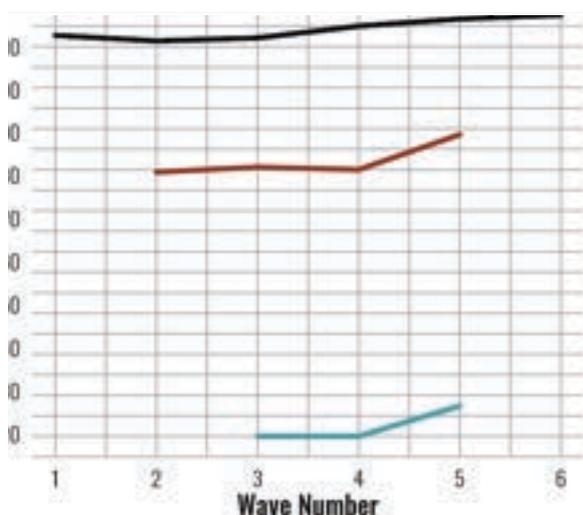


Figure 4: Price Inflation among those reporting price increases, across time



While the official inflation rate began rising in November 2021, inflation was at its highest between March and July 2022, as is indicated by the black line in figure five, when the prevalence of NCMs also increased.³² Data suggests that assistance was able to soften the impact of inflation initially (during increases in November 2021 to January 2022). However, that same assistance was unable to come to the rate of inflation experienced later in the program period, as indicated by the turquoise and dark red showing % of respondents reporting in Figure 5. We also note negative shifts in the reported ‘usefulness’ of cash assistance as inflation rises. Indeed, more respondents rated assistance as only ‘somewhat useful’ in the PDM survey conducted in March 2022 as compared to previous surveys (6 versus 0.3% - 0.9%). Overall satisfaction with the program reduced at that time as well, with 92.1% respondents ‘very satisfied’ versus at least 98.6% ‘very satisfied’ in previous waves).

While participants overwhelmingly appreciated the Fiji Cash Assistance Project, data suggests program impact was challenged first by COVID-19 restrictions and later by inflation conditions. Most (83%) of interview participants who employed coping mechanisms stated that they used NCMs in response to COVID-19 and inflation. Despite these challenges, findings from PDM survey data indicates that the use of NCMs was, on average, much lower at endline than at baseline. Even in the face of COVID-19 and inflation, the data suggest the project reduced the use of negative coping mechanisms.

²⁹ Focus group discussion with women, recipient in the Central Division.

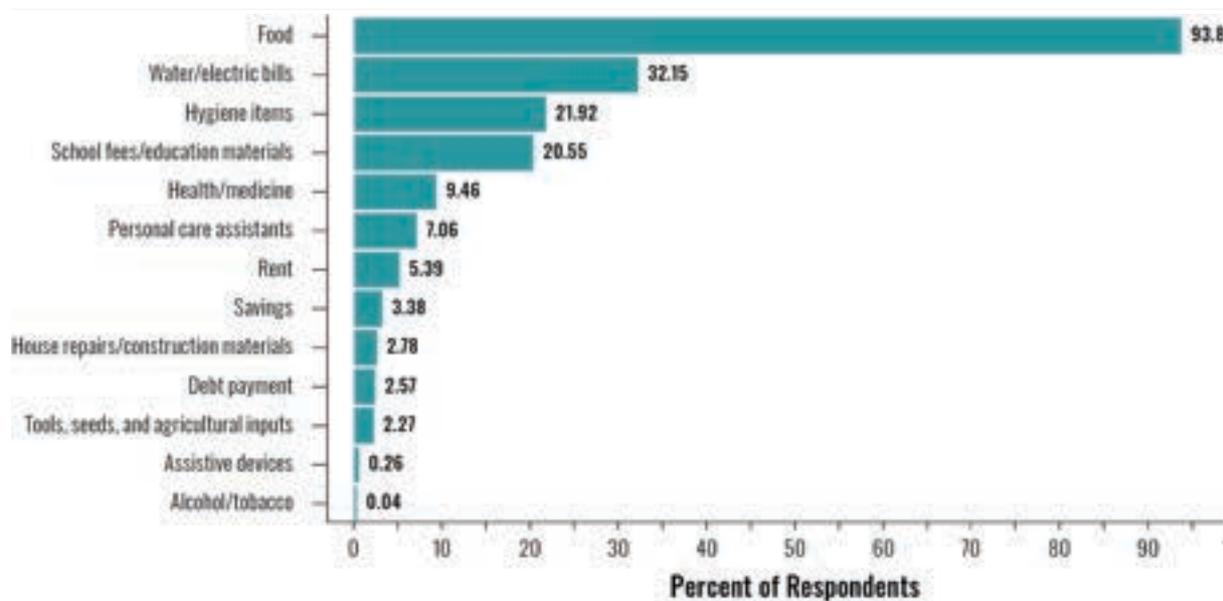
³⁰ Waves 1 and 6 (baseline and endline) are not included in the figure because the question on price increases was not part of those survey tools.

³¹ Interview with female, recipient in the Western Division.

³² Consumer Price Index inflation reported 8/24/2022 at <https://tradingeconomics.com/fiji/consumer-price-index-cpi>, data source: Fiji Bureau of statistics

Access & Use of Cash Assistance

Do respondents know about CVA? How have they engaged with mobile money? Do they have feedback on this modality of aid delivery? How did recipients use their cash assistance, and what do their



Use of Cash Assistance

Cash assistance was overwhelmingly used for food. Nearly 94% of people used some cash assistance for food, followed by water and electricity bills (32.2%), hygiene items (21.9%), and school fees/education materials (20.6%). As the price of food items increased (especially imported goods), cash assistance was most frequently used to stock up on essential food rations, such as oil, rice, and sugar. This prevented families from running out of basic food and ensured consumption smoothing³³.

In households with children, cash was mostly prioritised for school lunches, uniform, transport and supplies. This spending prioritization is evident in responses from many study participants who also suggested child and school-related aid could have been a helpful alternative to cash assistance. Transportation, bus or taxi fares were also mentioned by many respondents as a 'basic' or 'family' need along with food and utilities costs. A considerable amount of transportation expenses were related to medical needs, including travel to and from hospitals and pharmacies, which became both more difficult and expensive during the pandemic. Respondents also noted that groceries were often priced higher at village canteens and local supermarkets, forcing them to set aside cash assistance to travel to larger cities to shop for food. One participant noted, "Everyone uses cash assistance the same way in this community, to meet household needs such as buying groceries. But for me and my family, when assistance is given, we mostly buy groceries, pay utility bills, and save some money for unforeseen circumstances and transport. If I have to go from here to town, it is like a [FJD] \$4 fare and then additional costs for transport to get groceries home."³⁴

³³ Consumption smoothing refers to the adjustments one makes in spending, savings, and/or consumption to maintain a similar standard of living despite changes in costs over time. In this case, purchasing more essential goods in advance of increased prices allowed households to slowly use their surplus supply rather than purchasing smaller amounts more frequently, at higher cost (or with lower purchasing power) each time.

³⁴ Interview with female, recipient in the Western Division.

While spending on food stayed consistently high over time, other spending categories varied. School fees became an important spending category in January to March 2022. In comparison, spending on water and electricity bills was especially high (40.5%) in October 2021, as was spending on personal care assistants (20.2%) and health/medicine (16.8%).

Many study participants pointed to the importance of holding aside cash assistance for savings, having expended any other savings they had to cope with pandemic and cyclone related challenges. One respondent noted, “when I received the money, I bought the essential things and the leftover money I put aside for emergency purposes.”³⁵

In terms of food production, many respondents reported that they used cash assistance to start small-plot farming, planting, and their own garden, both in urban and rural areas. This involved buying seedlings and agricultural tools to meet

their own consumption needs, then producing food for other families and trying to expand to bigger plots so they could sell surplus produce at the market.

Cash assistance was also used by recipients for income generating activities (IGAs). Common examples include starting new businesses or enhancing existing businesses using cash assistance to increase stock in otherwise empty minimarts or canteens. Other IGAs included sewing, baking, catering, making handicrafts, decorations, and flower arrangements for events, such as for church and family events. One respondent stated, “I bought some household items, food supplies, and some things for my small business. I am now able to sell baked goods at Denarau all because of the Save the Children fund’s cash assistance.”³⁶

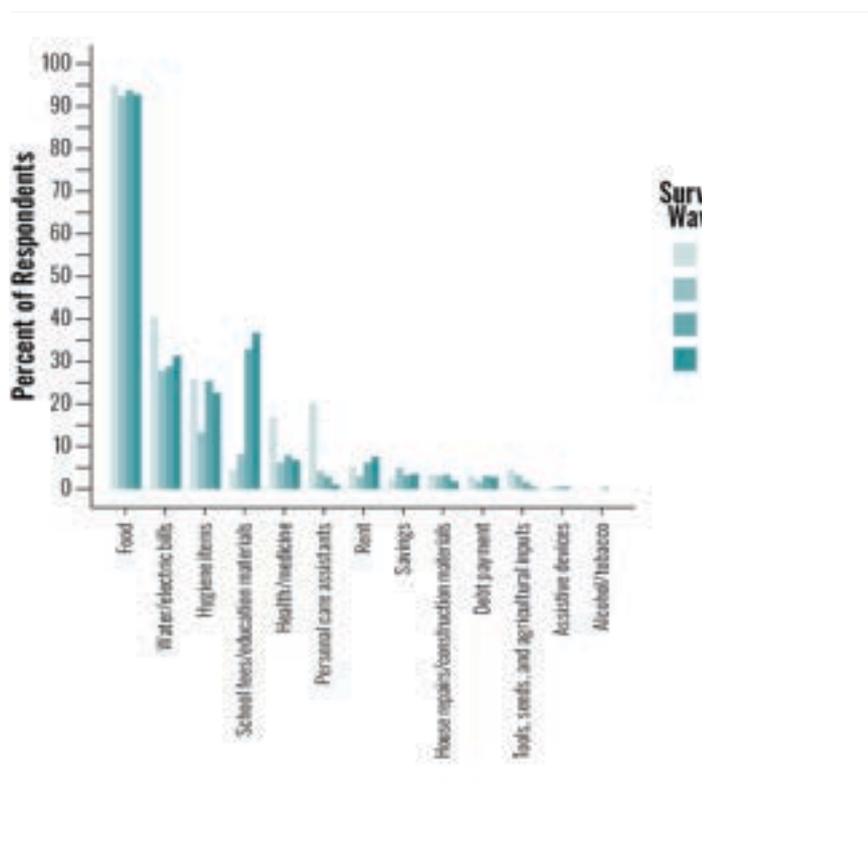
Work Patterns

Work patterns shifted over time. As COVID-19 restrictions lifted and the Government of Fiji officially reopened the nation’s borders in late 2021, tourism returned.

Program participants were eager to return to work as well. The data illustrates this, with more respondents reporting working for pay at endline (17.3%) compared to baseline (11.1%).

Fewer participants also indicated that they were acting as homemakers rather than working for pay (18.0% versus 32.6% respectively), suggesting that women increased their likelihood of working for pay by the end of the program period.

The data suggests that cash assistance offered lifesaving stop-gap funding, without reducing the need and desire to engage work for pay or innovative income generating activities.



³⁵ Focus group discussion with male, non-recipients in the Central Division.

³⁶ Interview with female, recipient in the Western Division.

Accessing Cash Assistance

Very few recipients reported not receiving their cash assistance or the expected amount of cash assistance in PDM data, with only 4.1% reporting any issues in October 2021. By January 2022, there was no evidence of issues with receipt or expected amount of cash assistance. Similarly, most respondents reported no difficulty accessing cash assistance (90% in October 2021, 80.3% in November 2021, 95.7% in January 2022, and 96.4% in March 2022).

In addition, feelings of safety at cash distribution points grew from 84% in October 2021 to 99% by March 2022.

Mobile money transfers were considered

the safest way to receive cash assistance at both baseline and endline, as reported by 80.3% at baseline and 81.9% of respondents at endline, while the fewest respondents felt cash-in-hand was the safest cash assistance modality (7.6% at baseline and 5.1% at endline).

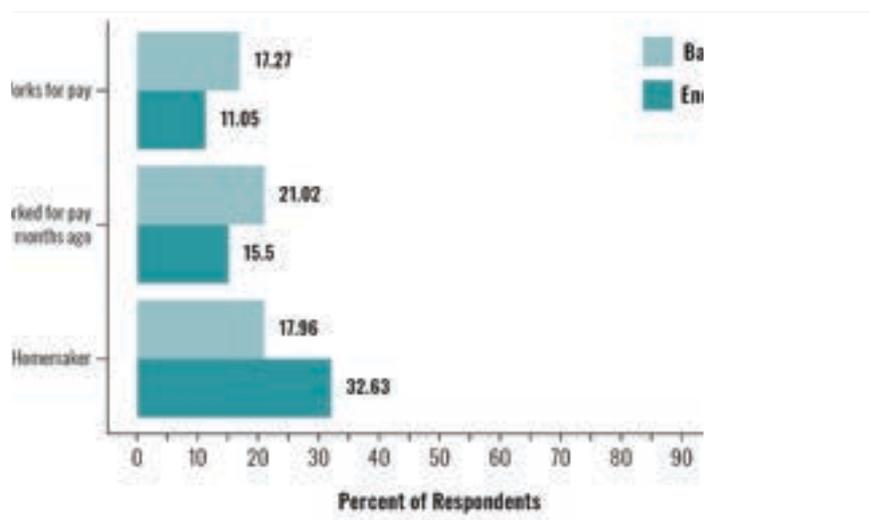
In contrast to ease of access and feeling safe, recipients' knowledge of the number of cash assistance transfers to expect remained lower than is ideal. Less than half (44%) reported knowing how many transfers to expect in November 2021, which was the low point for this knowledge. While this number increased to 65.1% by March 2022, 34.9% of respondents remained unclear on how many transfers they could expect. Moreover, in October 2021 (the only time this question was asked in survey data), 54.9% of beneficiaries were unaware of the total cash assistance they were expected to receive.

Qualitative data from interviews and Focus Group Discussions held from August to September 2022 suggests cash recipients faced three major challenges: (i) convenience fees when redeeming cash, (ii) identification as recipients by shopkeepers, and (iii) increased prices charged for known recipients of cash. A respondent from the North noted that recipients immediately withdraw their cash and/or shop directly with the assistance when they received their payment. They explained, "In town in front of M-PAiSA shops and grocery shops there will be long lines of people rushing to withdraw money or buy groceries."³⁷ A large number of recipients cashing their assistance at the same time signalled more clearly to shopkeepers and cash points that assistance payments had arrived, leaving recipients vulnerable to extra fees exacted on recipients. One respondent disclosed the variation in withdrawal fees charged across distribution rounds, noting, "For the first batch, they charge FJ\$2 and for the second time, it was FJ\$3."³⁸

A number of shopkeepers and recipients noted the benefits that conveniently located canteens with flexible terms offered to both recipients and shopkeepers. However, some shopkeepers charged for this convenience and flexibility. One business owner explained, "yes, I also allow [recipients] to buy from the store through M-PAiSA...some of them just redeemed their M-PAiSA money from here and also spend it here...I just charged them a certain amount of money if they wanted to redeem their M-PAiSA here. For example, if they wanted to withdraw 50 dollars, I will charge them two dollars for their withdrawal fees."³⁹

Some cash recipients saw benefit in the convenience, even if they were charged additional fees at times. A respondent in the Central Division noted that, "[it is easier] for us to buy using M-PAiSA at the canteen than going all the way to town...there is fee of \$5, \$10 and some \$2...even though the fee is quite expensive but it is still easy for us because if you go to town, you have to wait on the line and that [is] a very long line."⁴⁰

Many respondents stated that local shops and canteens raised the price of goods when the shopkeeper knew a customer received cash assistance. A study participant from a community in the North Division explained, "Yes, [shopkeepers] increased



³⁷ Interview with female, non-recipient in the Northern Division.

³⁸ Interview with female, non-recipient in the Western Division.

³⁹ Interview with male, business owner in the Central Division.

⁴⁰ Interview with female, recipient in the Central Division.



Single mother Melaia used her cash assistance to buy food and farming tools. Photo: Kelly Vacala/Save the Children Fiji

*the price...mostly groceries like rice, flour it was increased by FJ\$4 or FJ\$3.*⁴¹ A respondent from a village in the Central Division noted that the same, explaining, *“they increase food prices...[because] they see people coming in numbers to shop.”*⁴²

*“When [shopkeepers] know cash assistance is given out, they increase the price of food... tin fish before cash assistance around \$3.00, when cash assistance is given out this goes up by 50 cents to \$3.50...this is how they make money...people don’t care and just buy it because they need food to eat and survive.”*⁴³

Most shopkeepers were able to easily identify cash assistance recipients for several reasons. First, shopkeepers and recipients have existing relationships due to their close physical and cultural proximity. Shopkeepers already know their customers and have a clear view of their buying patterns. The news of cash assistance, along with who received assistance, spread quickly across most communities. Finally, recipients often immediately increased the amount and frequency of spending at local shops, with some spending larger amounts than usual and others paying off debt they had accrued using informal shopkeeper-approved credit accounts.

⁴¹ Interview with male, non-recipient in the Northern Division.

⁴² Interview with female, non-recipient in the Central Division.

⁴³ Interview with female, non-recipient in the Western Division.

Social Cohesion & Inequalities

Have recipient communities seen a change in tensions between community members that we can link to VA? How do non-recipients in recipient communities feel about those receiving CVA?

Neutralizing Vulnerability Differences

The evaluation suggests that the Fiji Cash Assistance Project was an equalizing intervention in Fiji. Data suggests that the cash assistance reduced inequalities between more and less vulnerable groups, especially between men and women and between those with and without disabilities.

Figure 9, right, looks at the use of negative coping mechanisms, which overall decreased from baseline to endline.

From a gender perspective, the decrease in NCM use was greater for women than for men. By endline (May-July 2022), women used fewer negative coping mechanisms compared to men.

A similar trend in the reduced use of NCMs is visible when comparing people with differing abilities. Those with disabilities reduced their use of negative coping mechanisms more steeply over time as compared to those without disabilities. By endline people with disabilities used almost the same number of negative coping mechanisms as people without, and this held constant across other demographic characteristics.

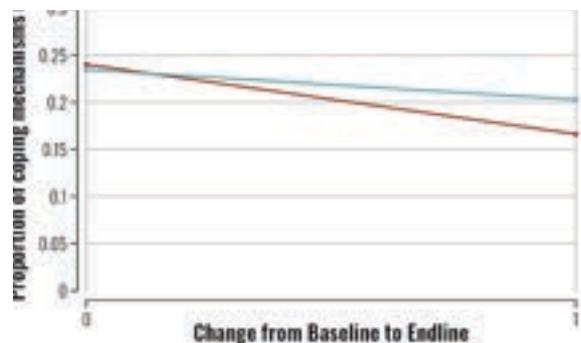


Figure 9: Change in Use of Negative Coping Strategies, by gender, by disability status

Kinship Ties & Participant Selection

Cash assistance was associated with only a few negative effects on social cohesion between recipient groups, and these effects were fairly common across communities. PDM data from October 2021 indicates that only 2.7% of respondents reported cash assistance causing problems within their community, a figure that fell to 0.7% by March 2022.

However, primary data collected across all three Divisions in August-September 2022 offers a different and more nuanced story. Recipient selection was a hot topic across communities. There were cultural differences in how often and how early program information was shared amongst community members. In some villages and settlements, strong kinship ties led to frequent information sharing between households.

One respondent explained that while they felt cash assistance was “not distributed fairly” in their village, where “things are very communal, we contribute to whatever the village is involved in, the church, Fijian customs and traditions, events...so even if we get little, we must always share amongst ourselves.”⁴⁴ In contrast, a respondent in a different community with weaker kinship ties noted, “in this area when people know things like that they don’t tell others...they just keep it to themselves...no one shares things and helps each other in those kind of things.”⁴⁵

Many non-recipients noted that communication about program details needed improvement so that everyone was well informed and able to equally seek assistance from the project. As one study participant explained, “the channel of communication of this assistance wasn’t clear and families who didn’t receive it were not aware of what to do - the forms and things like that.”⁴⁶ Another noted that channelling communication solely or primarily through the village chiefs created problems.

⁴⁴ Interviews and focus group discussions conducted August-September 2022.

⁴⁵ Interview with male, non-recipient in the Western Division.

⁴⁶ Interview with female, non-recipient in the Central Division.

They stated, “the communication was not clear because they (chiefs) did not inform all the members of the community...the communication from the village headman to the members of the community is poor and they should look into this because there are some families out there that really need assistance and needed to be helped.”⁴⁷

Understandings of selection criteria varied widely, largely attributed to poor quality and/or inconsistent communication about the program. Illustrating this point, one person believed the Fiji Cash Assistance Project was only for single mothers, while another believed the program was only for widows. Some study participants were confused when families without young children received cash assistance because they believed the program was intended for children.⁴⁸

Data suggests that some recipients and non-recipients (16.6% in interviews and 39.3% of Focus Group Discussions) found the selection process to be unfair. Some respondents indicated that people with pre-existing relationships with those selecting recipients was beneficial, suggesting a bias existed. Unfair selection processes were mentioned most in the West Division (13.7% of interviews and 46.2% of Focus Group Discussions) and nearly twice as often by women (15.3%) compared to men (8.0%).

Many study participants stated that those people and organizations selecting recipients had intentionally included several members of their own families and friends. Two respondents went so far as to suggest that one selection agent engaged in bribery during the selection phase. PDM data also captured four instances of recipients being asked for ‘fees or favours’ in exchange for inclusion in the program. One man stated that a particular church in his village was responsible for the selection of recipients and that other church groups felt discriminated against as they were excluded from the selection process. He felt it unfair that he was excluded even though he cares for his elderly father and sick wife.⁴⁹

Some non-recipients, including single mothers and widows who applied for project assistance, followed up with Save the Children through the Fiji Cash Assistance Project helpline after being declined for the program. They were told to simply wait, but never received funds in the end. One woman said, “I was so angry because I did not receive it...I am a widow and a single mum and I needed this money but it never came.”⁵⁰ Tensions broke out in another community, with one respondent explaining, “some received [cash assistance] and some didn’t...some who filled their application late, but their assistance came in first than others...this is where the heated exchange of words came about as people were in desperation.”⁵¹

Is there evidence of CVA contributing to changes in gendered household dynamics or decision-making? If so, what has changed?

Cash assistance can be lifesaving and lifechanging, especially for the most vulnerable women and children. In Fiji, vulnerable groups, such as single mothers, widows, elderly and disabled women, and female-headed households are often left out of key decision-making and lack the resources to enhance their economic position. In this context, women can benefit greatly from cash assistance programs, in particular, rural women, many of whom may not have access to a steady income before. The Fiji Cash Assistance Project was not solely targeted to women, but women were the majority of recipients. 65.94% of recipients were women, 33.66% men, and 0.41% identified as non-binary.

Fiji is a patriarchal society where traditionally men make the decisions. A male respondent explained, “In this community it’s usually the men that make decisions about money...it’s the same case when cash assistance was introduced, men make decisions while pushing women down and not seen as equals... even during the night, if there is anything that needs to be bought, women are the ones who have to go and actually buy it.”⁵² While underpinned by a patriarchal social structure, women are at the centre of families and communities in Fiji. Given the ‘stickiness’ of these gender norms in Fiji, qualitative data suggests cash payments had mixed effects on shifting gendered household dynamics.

⁴⁷ Interview with male, non-recipient in the Central Division.

⁴⁸ Interviews and focus group discussions conducted August-September 2022.

⁴⁹ Interviews and focus group discussions conducted August-September 2022.

⁵⁰ Focus group discussion with female, non-recipients in the Central Division.

⁵¹ Interview with female, non-recipient in the Central Division. Note that the application mentioned was not a standardized SC application but refers to a tool used by partner organizations in their outreach and participant registration processes.

⁵² Interview with female, non-recipient in the Western Division.

Changes in norms and gender dynamics did sometimes occur. This was acknowledged by one female respondent who explained, “yes, [cash assistance] does change a community in the sense when money is given out, the men are the ones who take the money and decide...this needs to change...if money is to be given out, the mothers need to be the only ones by law to use the money for children.”⁵³ Another key variable was the intersecting norms around gender and ethnicity that make some women especially vulnerable. One woman explained, “I think it’s pretty equal when people receive assistance however to some extent it does become difficult to access assistance because I am an Indo-Fijian woman.”⁵⁴

Gender dynamics, especially those related to gender-based violence, were challenging to discuss in the FGDs. Many respondents did not elaborate on the most sensitive topics like the effect of cash assistance on violence in the home, instead focusing on the use of cash assistance within the home. One man observed that tensions could arise if wives received the cash assistance instead of husbands. He noted, “I don’t get it, my wife gets it...there’s jealousy there.”⁵⁵ Similar reports are found in PDM data, with 1.2% of recipients reporting cash assistance caused problems in their home in both October and November 2021.

Even with tension in the air, most respondents asked felt women are better household managers. A male respondent from the Central Division noted, “in this village I could see that only women make the decision financially because it involves the family and women know what a family needs to survive...if it was the men making decisions we might just be drinking grog and families suffer or fall apart...it’s better that women [make spending decisions] because they think of the families’ livelihood and the kids are well fed.”⁵⁶ Another man explained, “when I received the cash assistance through my phone I sent it to her and she decided because I know she will buy what the family really needs.”⁵⁷ A female respondent in turn reported, “when the cash assistance came, especially for us mothers, the most important things were education, food

Despite the tensions detailed above, study participants consistently described husbands and wives working together to sustain their families during the challenges of COVID-19. The pandemic demanded adjustment to household decision-making and greater collaboration. One male recipient said he discussed the cash assistance with his wife and his whole family benefitted. He explained, “When the money comes both [of us] make decision on how to spend that money and it really helped a lot...whenever I received the notification message on my phone, I would take my children and my wife for a treat in town...I mostly spent that money on my children.”⁵⁹ Another male respondent explained he immediately gave the cash assistance to his wife, saying, “when I received that money I gave it to my wife because I know that she won’t misuse it...for us men, as soon as we receive any amount of money like that, we spend it unnecessarily.”⁶⁰



Single mother, Maria, received cash from Save the Children and purchased food and school supplies for her six children. Photo: Katharina Glynne/Save the Children

⁵³ Interview with female, non-recipient in the Western Division.

⁵⁴ Interview with female, recipient in the Western Division.

⁵⁵ Interview with male, non-recipient in the Western Division.

⁵⁶ Interview with male, non-recipient in the Central Division.

⁵⁷ Interview with male, recipient in the Western Division.

⁵⁸ Focus group discussion with female, recipients in the Western Division.

⁵⁹ Interview with male, non-recipient in the Central Division.

⁶⁰ Interview with male, non-recipient in the Central Division.

Local Markets and Impact Multiplied

ave dynamics changed between recipient households and local markets/stallholders?

Dinau Culture

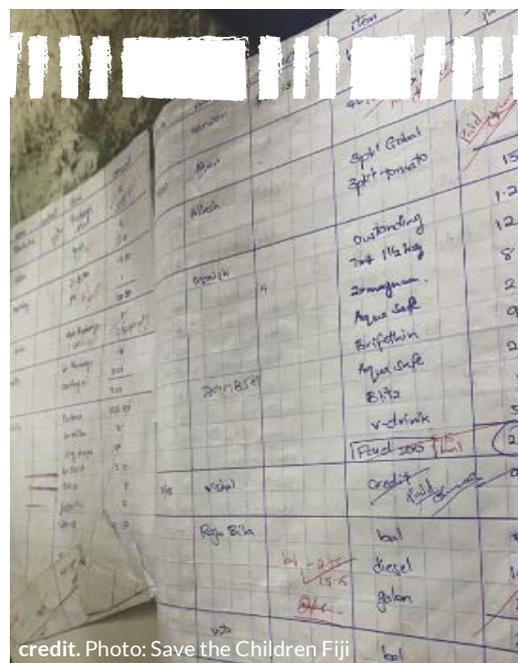
In Fiji, a 'dinau' or taking credit culture is in place. Many shops allow informal credit accounts to be opened and these often operate interest-free for small goods. This creates a relationship between the customer and shopkeeper, who becomes intimately familiar with the customer's shopping habits. As this relationship develops, trust is built and shopkeepers extend credit to other family members in the customer's home. For example, one study participant mentioned that a shopkeeper in their area allows children to purchase items on credit if they come up short while paying.

From interviews and FGDs, there is evidence that cash assistance supported this vital, reciprocal relationship between respondents and local shops, referred to as 'canteens' at the most local level. One respondent described how cash assistance increased shopkeepers' confidence that cash recipients would service debts carried on informal lines of credit. He stated, "Since they know that the cash assistance will be coming next week... they allow you to purchase on credit from now until you receive your cash assistance...so when the customers received the cash assistance from Save the Children's fund, they went and pay up their credit at the store."⁶¹

The easy accessibility of mobile money in Fiji makes this modality attractive for both the consumer and the shopkeeper. One shopkeeper disclosed that when his customers received cash assistance, his sales increased as his shop was close to the village and easy to access despite the restrictions on movement. One respondent further emphasized this, stating, "it is easier for us to buy using M-PAiSA at the canteen than going all the way to town."⁶² However, this experience may not have been universal. One shopkeeper in the Central Division stated that he did not benefit from the Fiji Cash Assistance Project as recipients did not spend large amounts at his shop. He stated, "as I said that cash assistance is not favourable... my customers are the low-income earners... my main customers are people in the housing, and they can spend as low as (FJD) \$5 for fish heads and that is enough for the family."⁶³

Multiplier Effect

In addition to improvements in being able to better meet their basic needs with cash assistance, there is evidence that the economy also benefited from recipient spending. A 'multiplier effect' refers to economic benefit that 'multiplies' beyond the recipient alone across the economy. One approach to measuring a multiplier effect involves answering the question: "how much additional income was created by each dollar distributed in cash assistance?". In the case of the Fiji Cash Assistance program, we estimate that each dollar of cash assistance spent by recipients created FJ\$2.05 (\$0.94 USD)⁶⁴ of additional gross domestic product (GDP) for the Fijian economy, known as the national multiplier effect. That's an estimated FJD 59,120,045.91 (\$27,121,380 USD)⁶⁵ in additional GDP created by the Fiji Cash Assistance Project.



⁶¹ Interview with female, non-recipient in the Central Division.

⁶² Interviews and focus group discussions conducted August-September 2022.

⁶³ Interview with male business owner in the Central Division.

⁶⁴ OANDA rate calculated at 30 January 2022

⁶⁵ ibid

To generate these figures, the evaluation team used two key pieces of information:

1. How much of distributed cash did recipients spend (rather than save)?⁶⁶
2. How much of distributed cash is spent (rather than saved) by the businesses or service providers who are paid by cash recipients?

While savings support economic growth in the medium to long term, spending has a more immediate effect on stimulating the economy, especially during a crisis. This spending makes more income available to more people up and down the supply chain, helping many people meet their needs during crises. For example, a recipient might buy groceries at a local canteen. The canteen owner might then spend that money to refill their stock of grain. The grain farmer or distributor can then spend that money to restock farm materials or maybe buy food for themselves, and the cycle continues from there.

The Fiji Cash Assistance Project distributed FJ\$28,910,000 (\$13,262,491 USD)⁶⁷, at least FJ\$25,658,099 (\$11,770,679 USD) of which recipients spent. Data from Fiji and other countries suggests that most people will spend approximately 56 cents for every new dollar they receive.⁶⁸ Accounting for how each actor across the supply chain spends a reducing amount of cash (as some cash is saved) as the cash passes from person to person, the final amount of spending generated by each dollar of distributed cash is the “multiplier effect”, which is FJ\$2.05 for the period reviewed.⁶⁹

There is also an indication that the program created a larger multiplier effect through targeting recipients who spent ‘faster,’ likely because they were more economically vulnerable and therefore had more immediate spending needs. According to the spending exercise conducted during the FGDs⁷⁰, non-recipients saved more than recipients during the programming period. This could be equated to FJ\$485,911 more money circulated through recipient spending as compared to non-recipients. The data suggests there is a positive impact on the economy when those most likely to spend cash assistance immediately are targeted. Data indicated that more immediate spending seems to translate into a faster boost to the economy during crises.

The project multiplier effect calculated here (2.05) is similar to those of other cash assistance programs. For example, an International Rescue Committee (IRC) report documented multiplier effects between 1.78-2.59 for Brazil, Kenya, Lebanon, Malawi, Zimbabwe, and Ethiopia⁷¹

⁶⁶ Estimates for the amount spent vs saved come from the spending exercise during FGDs, in which participants were given an imitation FJ\$100 and asked to allocate that money into 10 different buckets of spending & savings based on how they would use those funds if they received them in “real life.” We also adjusted the calculation of the multiplier effect slightly to account for recipients who did not receive their cash distribution (4.7% based on the PDMs), so could not spend those funds into the economy.

⁶⁷ OANDA rate calculated at 30 January 2022

⁶⁸ Singh (2004) provided an estimate of 0.43 cents on the dollar spent (the marginal propensity to consume or MPC) in Fiji, while Alaní (2022) suggested the MPC falls between 0.5 and 0.7 in most economies. We averaged that high (0.7) and low (0.43) and used 0.56 cents on the dollar for our estimate.

⁶⁹ The actual calculation includes 2 stages. First, calculating the amount of GDP beneficiaries generate based on the amount of cash received & spent: $25,658,099.93 / (1 - 0.56) = 59,120,045.91$. Next, dividing that amount of GDP by initial amount of cash distributed: $59,120,045.91 / 28,910,000.00 = 2.05$.

⁷⁰ See Appendices 1 and 3 for further details on the spending exercise.

⁷¹ This figures from other contexts gives us greater confidence in Fiji estimate and suggests the FiNCaP program performed comparably to other cash distribution programs. Figures from: International Rescue Committee, (IRC). 2014. “Emergency Economies: The Impact of Cash Assistance in Lebanon.” Accessed November 9, 2022. <https://www.rescue.org/report/emergency-economies-impact-cash-assistance-lebanon>.



from Save the Children's project in Fiji, stand in the doorway of their home. Photo: Coletta King/Save the Children Fiji

Partnerships & Program Design ⁷²

Have there been capacity changes in local and regional partners to deliver long-term sustainable social protection via cash programming?

Effectiveness and Partner Capacity

The Fiji Cash Assistance Project design was ground-breaking both in using humanitarian cash assistance in Fiji and the Pacific, the scope of its reach and the overall funding envelope. While the Government of Fiji has multiple schemes designed to provide both regular benefits as well as an immediate cushion in times of economic distress to the vulnerable, this is the first time a program of this scale and nature was implemented in Fiji and the Pacific through non-governmental organization (NGO) programming. Stakeholders reported that the program successfully met key needs of vulnerable populations during the challenging times of COVID-19 and post-tropical cyclones. In this way, the timing of program support was attuned to the needs of the communities and those most vulnerable in Fiji.

The project reached 22% of Fijian households⁷³ and allowed a diverse range of people and groups to benefit from cash assistance. The program also created awareness about cash and voucher assistance (CVA) in Fiji, with recipients mentioning that previously hadn't known NGOs could provide this kind of support. As one partner respondent explained, many people were "surprised but thankful", especially as this was the first time some recipients had received such a large amount of money at once.⁷⁴

Data suggests that partners increased their ability to implement cash assistance, their interest in implementing cash programming in the future, and their profile in the communities where they worked. Stakeholders that attended trainings led by Save the Children unanimously praised these efforts. They described trainings as relevant and well-structured to create awareness and build capacities around CVA. The trainings were reportedly interactive, hands-on, and contextualized to Fiji.

In addition to building capacities in Fiji, the project has also generated interest in CVA in the country and across the region. Respondents from partner organizations said the experience was "eye-opening" and "showed that we need to get CVA ready."⁷⁵ Some now feel ready to run their own cash assistance project, and all expressed interest in additional training for more of their staff and other organisations not yet exposed to CVA as a modality. The evaluation suggests this is a significant project success given how much scepticism initially existed about cash assistance, especially as a mechanism susceptible to misuse and logistically challenging to implement. Despite initial reservations, the project is largely seen as a success in terms of community impact, capacity building, and generating awareness and support. One respondent went so far as to say cash assistance is "how humanitarian aid should be: it empowers people."⁷⁶

All partner organizations felt engagement with the program boosted their profile and trust in the communities they worked in. They attributed this to cash assistance being helpful, timely, and reaching large segments of the target communities. Additionally, telecom partners reported that the program contributed to awareness around M-PAiSA and MyCash services. Those partners reported that the demand from local merchants to register as M-PAiSA and MyCash agents also increased, with many asking for QR codes so they can receive digital payments and service community members.

Program Design

With these successes came a number of challenges. Firstly, the data indicates that the program design needed more thorough, transparent, and standardized processes in the areas summarised below.

- Communicating clear and understandable eligibility criteria with partners so they could subsequently explain this criterion within communities. While general selection guidelines were provided and core partners such as FCOSS

⁷² All information from this section is from stakeholder interviews unless otherwise noted.

⁷³ Assuming average household sizes of five people, and one cash recipient for every household.

⁷⁴ Stakeholder interview conducted August-September 2022.

⁷⁵ Stakeholder interview conducted August-September 2022.

⁷⁶ Stakeholder interview conducted August-September 2022.

and MSP were trained on eligibility criteria, many partners still expressed confusion or uncertainty about the program selection criteria.

- Collecting information from applicants. As partners compiled lists of recommended cash recipients, they lacked a central database and a standardized format for documenting those selected and how they met the criteria for selection. The recipient lists provided to Save the Children Fiji varied considerably from organization to organization in terms of format, structure, and type of information documented, as selection criteria and methods for enrolling recipients and updating and keeping records was inconsistent across partners. Creating a single program enrolment/recipient list required extra data cleaning work and caused discrepancies when data aggregation was attempted, efforts which were unsuccessful by the time of this evaluation.
- Communicating enrolment decisions both to partners and to communities and individuals. Because partners were not informed of the reasoning behind the final selection of cash recipients, they could not explain the selection process to disgruntled non-recipients. When word spread of who received cash, this sometimes created tension between recipients and non-recipients, with non-receiving parties confronting partners about why they had not been selected and demanding support. Initial selection also likely biased Vodafone users, as not having a Vodafone SIM may have led to some exclusions in phase one. While Digicel was ready when the project was initially designed, its mobile money systems were only formally integrated when staff capacities increased during phase two.
- Addressing grievances and complaints. No formal customer relationship management strategy or complaint mechanism was in place in phase one. This was addressed in phase two with the introduction of a multi-purpose program hotline. The hotline was considered a success, with an estimated 3,000 to 4,000 phone calls recorded.

Secondly, the evaluation suggests that partnerships needed greater formality, resourcing, and communication to fully actualize their potential to serve communities. Formal partnership agreements were only reached or signed with a handful of organizations.

While some partners received some financial reimbursement for their cooperation, but many did not. As partner organizations reached out to the targeted communities and identified potential project participants, they used considerable time and resources in vetting and filtering lists and collecting additional information where required. Partners ultimately managed community relationships long into implementation, as they dealt with grievances from communities, especially from households who did not receive assistance and did not understand why. The main partner organizations including FCOSS, MSP, and NCA who provided most recipient names received some financial support to cover human resources, logistical, administrative costs. These organisations considered this financial support enough and important, given the scope of the work.

The evaluation suggests that better data management and communication would have helped address many of the challenges outlined. All partner organizations highlighted that they were not updated on the status of the recipient lists they provided and the subsequent steps of program implementation and payments. When asked for recipient lists and individualized selection rationale, Save the Children did not initially have this information to share with partners, in part due to insufficient standardization and data management of applicant and recipient lists.⁷⁷

Addressing these issues could have eased challenges in the process and helped partners communicate with community members as questions and confusion arose related to this novel process of cash assistance. Communication challenges were also faced by the program team as both local partner organizations and communities were reported to think of any SC team as connected to and responsible for SC work as a whole. This meant that any visiting staff were seen as responsible for the Fiji Cash Assistance Project, even if they were not directly involved.

Data suggests that communication with recipients and the larger community did not sufficiently prepare recipients for who would receive cash. Batched payments, which were necessary due to technology limitations, caused some confusion as some eligible households received their payments earlier than others. In some cases, recipients had to wait additional weeks to receive their payment. Given this was not clearly understood by recipients nor communicated by the project team, recipients reported feeling stress, confusion, frustration. This resulted in additional pressure and requests from communities on SC and partner organizations. Partner organizations reported that it was challenging to field recipient or community complaints, especially given their lack of knowledge about how recipient selection ultimately occurred.

⁷⁷ The Evaluation Team experienced similar during sample selection and fieldwork planning.

Distribution Modality

While the selected modality had the advantage of reaching recipients quickly and at scale, the distribution modality at times created challenges for recipient access and understanding of cash assistance. Distribution of cash assistance faced several key challenges:

- Some selected recipients did not have the equipment necessary to receive payment via M-PAiSA. To combat this, Vodafone provided hundreds of their most basic phones sold at the lowest price possible (FJ\$15). This amount was deducted from recipients' first payment to ensure that they could enrol in the project and access cash assistance. Unfortunately, this solution did not fully address the issue.
- Recipients did not always have their names attached to what they considered their phone number, causing confusion during distribution. As pointed out by Vodafone, the system would pick up when names and numbers did not match, and the payment would not go through as a result.
- An insufficient number of cash withdrawal locations and vendors that would accept mobile money payments led to some people needing to travel long distances to access cash. In some instances, this resulted in long queues and wait times. Many respondents indicated that they were forced to travel to town to find a Vodafone or Digicel agent to withdraw funds or to shop using their mobile money. This meant recipients incurred some costs to access and/or use their cash assistance. It was commonly reported that recipients spent significant time and money (amounting to average FJ\$30-50) on transport to access funds. People with mobility issues such as the elderly and those with disabilities struggled to travel to convert mobile money into physical cash or to find places that would accept digital payments. Moreover, agents had security concerns and limited cash distributions to avoid holding large amounts of physical cash at once. This contributed to long lines and difficulty faced by recipients in making withdrawals⁷⁸
- Some evidence exists to suggest that agents, businesses, and others took advantage of recipients needing to withdraw cash. The data indicates that agents charged more for withdrawal of cash. A few businesses reportedly forced recipients to spend everything at one shop or supermarket, sometimes not allowing cash recipients to keep the remaining balance. Moreover, some respondents reported that private individuals with surplus funds within the community charged fees (up to FJ\$10) to change recipients' electronic money to cash.



⁷⁸ Spending in communities outside of major cities in Fiji is still most often done using physical cash rather than electronic transfer of mobile funds.

Discussion & Conclusions

The Fiji Cash Assistance Project provided life-saving stopgap funding to Fijians in crisis. The project assistance reduced the use of negative coping mechanisms in an especially complex environment of protracted crisis and social protection issues. Strict COVID-19 restrictions limited Save the Children Fiji's access to local communities, opening greater opportunity for partnership with local actors. Implementing partners responded to Save the Children's call to action, gathering recipient lists and managing local relationships where able and these implementing partners were supported with training. By working closely with communications providers, Vodafone and Digicel, mobile cash transfers reached recipients in even the most remote locations.

The following are noteworthy project achievements:

1. The Fiji Cash Assistance project supported more than 22% of Fijian households, targeting the most vulnerable during a time of crisis and protracted vulnerability. A special effort was made to reach those with children, those in the LGBTQIA+ community and people living with disabilities.
2. Cash assistance did not reduce the need nor desire to engage in work for pay. In fact, working for pay increased by 6.2 percentage points amongst respondents, from 11.1% at baseline to 17.3% at endline. This included active engagement of women in paid work as well.
3. Cash assistance enabled recipients to create innovative income generating activities, including establishing new businesses such as local canteens or restocking of their already established canteens. Recipients also engaged in income generating activities such as sewing, baking, catering, making handicrafts, decorations, and flower arrangements which were sold to the general public.
4. COVID-19 restrictions and inflation created additional vulnerability for all households, but cash assistance diminished food insecurity. The Negative Coping Mechanism of eating less preferred or expensive foods decreased in use from 78.6% of respondents to just under 40.0% by endline.
5. Cash assistance helped to equalize differences in Negative Coping Mechanism use across vulnerable groups. While women and those with disabilities used negative coping mechanisms more frequently at baseline, by endline these groups used negative coping mechanisms at similar rates to men and those without disabilities.
6. Cash assistance strengthened local relationships, encouraging shopkeepers to extend informal credit to their customers who received cash assistance.
7. Each dollar of program cash spent resulted in an additional FJ\$2.05 contributed into Fiji's economy. The project generated a total of FJ\$59,120,045.91 in additional GDP for Fiji.
8. The project built partner capacity in the delivery of Cash and Voucher Assistance, while also generating awareness and support for this unique and especially impactful modality.

Three main opportunities for improvement of future delivery of cash programming have been identified:

- Firstly, in a context where most purchases require physical cash, mobile money transfers considerably increase demand for cash-out points. The discrepancy between high demand for and low supply of cashing agents is exacerbated by the especially low number of cash withdrawal locations in remote communities. Supporting the registration of more cashing agents would facilitate easier use of cash transfer funds for recipients.
- Secondly, data management and security would benefit from greater attention, as was noted in the Fiji Cash Assistance Project's phase one evaluation. The project design needed to include more robust and standardized processes for recipient selection and data management. Recipient lists varied considerably from organization to organization in terms of format, structure, and type of information documented and this caused discrepancies and inaccuracies when attempts were made to aggregate data for evaluation.
- Finally, some implementing partners, recipients and communities expressed confusion, uncertainty, and some concern about the recipient selection process. All partners were not well-informed of the reasoning behind final selection of project participants which meant they could not explain the selection process to disgruntled non-recipients. This created some tension between recipients and non-recipients. Prior to selection, not everyone was informed and able to equally seek assistance due to project details not reaching far enough into communities and across households.

Recommendations

1. Create and implement a transparent and consistent selection process, with clearly articulated selection criteria for program participation that is well communicated to communities and implementing partners. Ideally this selection process would involve means testing, but where contextual constraints limit the use of means testing, other selection processes may be used. Whichever process is used, transparency and fairness must be ensured. Do not rely solely on partner organizations, village chiefs, nor the program staff to select beneficiaries based on previous knowledge of need. Once selection decisions have been made, communicate those decisions to both recipients and non-recipients who previously expressed interest in participating in the program.
2. Given the relationship of women to household spending and caretaking, consider delivering cash assistance to the woman in the household, registering her as the recipient.
3. Greater attention must be given to supporting recipients to access mobile money and gain greater knowledge of the program. Consider offering new SIM cards or phones to recipients who need them as part of the program itself.
4. Physically visit recipient households to deliver phones/SIMs, providing an opportunity to build knowledge about the program. While difficult while COVID-19 restrictions were in place, engaging community focal points would improve relationships with communities in future.
5. Engage telecom partners to more widely distribute program registration information. Keep promoting the program on social media but augment that promotion with text messages and community focal points to engage an even wider audience of possible recipients.
6. Provide funding, training, and ongoing capacity/knowledge building support to all partner organizations involved with a project.
7. Identify and employ community focal points to serve as liaisons with each recipient community. They can be responsible for one or more community but should visit each often.
8. Increase the number of program and hotline staff members to better handle demand. Ensure the hotline can field multiple calls at once to better accommodate high-demand periods.
9. Where possible, carefully monitor and adjust the amount of cash assistance being distributed to keep abreast of inflation as the project is delivered.
10. Support local canteens and shopkeepers to formally register as M-PAiSA/MyCash agents to facilitate withdrawal of mobile money at the village level. Where liquidity is an issue, SC should support local canteens and shopkeepers in receiving mobile payments rather than physical cash.
11. Conduct an in-depth study of the multiplier effect during the next cycle of cash assistance delivery. This will require planning from the early stages of the program and engaging shopkeepers. See Appendix V for more details.

Close attention is required to ensure effective data management and security. Clear, consistent, transparent, and easy to use recipient registration forms should be used across implementing partners. A single registration process and database will ensure recipient data is clean and easy to manage.

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cash transfer initiative, stands outside her home in Fiji.
Photo: Katharina Glynnne/Save the Children

Appendix I: Detailed Methodology

Sampling Strategy

Qualitative data gathering demands less structure and quota-like bounds. Instead, an evaluation of this sort must take into account (1) culturally resonate data collection methods like those outlined in the Fijian Vanua Research Framework, (2) data that mimics the diversity in the population, and (3) topic saturation, or the point at which the Evaluation Team is confident data collection has reached an adequate number of communities, households, and key stakeholders so as to develop robust findings. Finally, qualitative data takes much longer when gathered with care. Budget and timeline were considered in choosing the final sample outlined in Table 2.

The evaluation's qualitative sampling strategy relied on a combination of randomized and purposive sampling, stratified by division (Central, North, and West). A subset of cities and district locations were chosen at random from a sampling frame of recipient communities. This subset was reviewed for ethnic, geographic, and cultural diversity. Using purposive sampling methods, this subset of cities/districts was narrowed to nine locations. There are many recipient communities and villages within each of the 9 cities and districts. The data collection team was unable to visit all recipient communities, instead a randomized sample of communities/villages was selected from within each of the nine cities and districts. An original sample of 14 communities was provided to Save the Children, chosen using strict randomization and cross-checked for accessibility and diversity. Once the list was presented, Save the Children staff were in touch with the selected communities to confirm the visit and not all of the selected communities agreed due to existing commitments or insufficient numbers of household recipients. Save the Children staff assisted in identifying alternative communities based on geographic access with considerations of timing and feasibility. Because the original list of 14 communities changed so much from the initial selection process, in the end, the majority of communities visited for primary data collection were selected by Save the Children, not through the randomization process.

Once in each community, the Evaluation Team engaged in the Fijian Vanua Research Framework and 'talanoa' approaches to iteratively conduct community discussions and interviews with a random sample of households. Snowball sampling was used to expand the sample of research participants beyond those initially chosen. Thus, qualitative data collection included community 'talanoa' and in-depth interviews (IDIs) with members of recipient communities. Importantly, this sample included those that had and had not received cash assistance. We endeavoured to have a 50:50 male/female split in the final sample of qualitative data gathered for this evaluation. Although the Evaluation Team engaged in randomization where possible, care was given to speak with more vulnerable members of each community, including those with disabilities, from minority clan/ethnic or religious groups where possible. Ultimately, qualitative data collection included 23 community 'talanoa' and 318 in-depth interviews (IDIs) with members of recipient communities. The sample included those that have (44.9%) and have not (55.1%) received cash assistance and women (68.9%) and men (31.1%). The Evaluation Team also conducted a series of in-depth interviews with Save the Children staff and implementing partners (listed below).

Table 1: Evaluation Sample, Quantitative Data

	DISAGGREGATION	N	%
GENDER	Female	2105	64.3
	Male	825	28.1
	Nonbinary	11	0.5
DIVISION	West	1374	41.7
	Central	1488	45.1
	North	350	10.6
AGE	Age - 18-24	325	9.9
	Age - 25-59	2523	76.5
	Age - 60+	448	13.6
	With Disabilities	143	14.9
ETHNICITY	Itaukei	1896	81.2
	Indo Fijian	408	17.5
	Total	3300	

Source: PDM, Baseline and endline surveys.

Stakeholders List

- ✓ Save the Children Fiji
- ✓ Save the Children Australia
- ✓ World Bank
- ✓ Department of Social Welfare, Ministry of Women, Children and Poverty Alleviation
- ✓ National Disaster Management Office
- ✓ Cash Working Group Secretariat- WFP
- ✓ Fiji Council of Social Services
- ✓ Medical Services Pacific
- ✓ Fiji Disabled People's Federation and Pacific Disability Forum
- ✓ Vinaka Fiji Trust Fund
- ✓ Fiji Women's Crisis Centre – Labasa Branch
- ✓ Adventist Development and Relief Agency – Fiji
- ✓ UN Women
- ✓ DCOSS
- ✓ Gospel School for the Deaf
- ✓ Rainbow Pride Foundation- SOGIESC
- ✓ Aruka Fiji
- ✓ Live n Learn
- ✓ PLAN International
- ✓ Vodafone
- ✓ Digicel

Detailed Methodology

The study methodology is best understood in five phases as outlined below.

Phase I: Desk Review

Phase one began with a detailed review of all background documents and data, including reports and previously collected project data, and related academic and practitioner literature. The aims of the literature and data review were to: (1) familiarize the Evaluation Team with program rationale across contexts, relevant academic and practitioner literature, databases, staff, implementers, stakeholders, target groups, activities, and geographic target areas; (2) frame the study and finalize evaluation questions; (3) prepare a detailed field data collection plan and data collection tools.

Phase II: Tool Development

Data collection tools were developed with an eye toward intended analytical methods in partnership with the Save the Children team. Data collection tools included:

- ✓ In-depth interview guide (30-45 minute delivery) – Adult respondents, built on 'talanoa' techniques
- ✓ In-depth interview guide (30-45 minute delivery) – storekeepers and market stallholders
- ✓ In-depth interviews guide (30-45 minute delivery) – SC staff and partners
- ✓ Community 'talanoa' guide (1-3 hour delivery) – inspired by Fijian Vanua Research Framework and 'talanoa' approaches

Final study tools were piloted during research assistant training. It was important that these data collection tools were consistent across divisions while also taking into account community-specific social and normative framings. As such, in-depth interview guides were semi-structured and encouraged storytelling.

Phase III: Data Collection

Data collection began with a two day training for the team of 13 research assistants, which the Evaluation Team partnered with Save the Children to deliver. This training covered the study topic, consent, safeguarding, and confidentiality. Following training, data collection ran in two stages— firstly, community 'talanoa' (similar to focus group discussions) were conducted

and secondly came the in-depth interviews, which followed the Fijian Vanua Research Framework process. Save the Children Fiji led on introductions and cultural protocols with each community, then handing over to the Evaluation Team to undertake data collection. Translation and transcription of data took place immediately after data collection.

Phase IV: Data Analysis

Step 1: Desk Review

Analysis began by revisiting of all background documents and data, including reports and previously collected project data.

Step 2: Qualitative & Quantitative Data

Primary and secondary data analysis included several key phases: (1) qualitative data was continuously reviewed during the field collection stage to ensure data saturation was achieved (takes place during Phase III above); (2) grounded, thematic, and directional analysis of qualitative data using Atlas.Ti software was conducted; and (3) quantitative analysis of survey data was undertaken using R and Stata (software). Quantitative data was cleaned and recoded to fit the analysis strategy identified by the Evaluation Team. Then, the Evaluation Team used multivariate regression approaches to analyse change in key outcomes (economic well-being of beneficiaries and sales for businesses) over time. All data was analysed by the study team with the intent to integrate qualitative and quantitative sources to triangulate findings in response to the core evaluation questions.

Quantitative data analysis relied on secondary data collected by the project, as well as data from a spending exercise conducted during the community 'talanoa'. This analysis focused on two broad sets of research questions: 1) whether (and to what degree) key outcomes changed for beneficiaries from baseline to endline and 2) whether (and to what degree) there are any detectable economic benefits of the project to local businesses and the national economy.

Regarding the first research question, the team used multivariate regression approaches to identify the relationship between project interventions and results for respondents. Specifically, using the first wave of post-distribution monitoring data as a proxy baseline and using the endline data, the Evaluation Team analysed differences between baseline and endline responses for the following outcome variables:

- ✓ Food insecurity (skipping meals and the number of days w/o certain food groups)
- ✓ Number of negative coping strategies used
- ✓ Access to health services, soap/clean water, and electricity
- ✓ Weekly spending
- ✓ Savings access
- ✓ Work patterns (to check if cash assistance reduced the probability of working)
- ✓ Having debt

Additionally, for those questions captured in the post-distribution monitoring and endline surveys, we analysed change in outcome variables at each stage of project monitoring.

When modelling these relationships, this analysis included 'time' (available baseline data vs endline data, as well as the post distribution monitoring survey data) as a variable. The coefficient associated with this variable indicates (1) whether or not the values on outcome variables are significantly different at endline (or over smaller units of time for each post-distribution monitoring survey) compared to available baseline data (eg. this revealed if the number of negative coping strategies is significantly lower at endline as compared to baseline) and (2) the size of that change in outcomes over time.

Models also included at least the following 'control' variables: gender, age, region, headship status, education, number of children, number of disabled household members, number of elderly household members, and family assets (animals, land/garden ownership). When the values of outcome variables are significantly different at endline compared to baseline, even controlling for these factors, this suggests that any individual benefits from the project do not depend on people's status relative to any of the control variables. In other words, this analysis indicates if improvements to outcome variables exist regardless of, for example, how many children someone has or how old they are, etc.

For certain variables of explicit interest based on the research questions—for example, gender, female headed household status, and ability status—models included an interaction term between variables capturing those characteristics and 'time.' This analysis approach reveals if the size of the change from baseline to endline varies significantly (and by how much) based

on those characteristics. So, for example, these models reveal if men experience greater reduction in negative coping strategies compared to women (while controlling for all the other variables listed above). Importantly, the use of gender (or any other characteristic) as a control variable reveals whether benefits of the project exist regardless of gender. If benefits from the project exist regardless of gender, the interaction term then tells us if men and women experience different degrees of benefit/change from baseline to endline.

Regarding the research question - whether (and to what degree) there are any detectable benefits of the project to local businesses - the team answered this question both using spending data from the community 'talanoa' and through interviews with shopkeepers. The spending exercise asked participants to indicate how (at what types of businesses and in what amounts) they spend their cash assistance and facilitated the calculation of a national multiplier effect estimate. Specifically, multiplier effects can be calculated by the formula: $dY=C/(1-MPC)$. In this formula, dY = total amount of additional Gross Domestic Product generated by one recipient household. This is calculated by dividing the amount of cash that the household spends (C) by one minus the marginal propensity to consume (MPC).

To calculate the amount of cash spent, we used the Focus Group Discussion exercise where respondents estimated how much of each dollar they spent versus saved. We subtracted the percentage of cash saved as part of estimating C . We also used the PDM data on how many respondents reported issues receiving their cash to subtract out an estimated number of people who did not get a cash transfer to spend. Marginal propensity to consume (MPC) measures how much more individuals will spend for every additional dollar of income. MPC is calculated as the ratio of marginal consumption to marginal income. We used literature to determine the MPC . Past research has suggested that the MPC for Fiji over the long run was 0.432 from 1979 to 2001 (Singh 2004). This appears to be the most recent estimate for Fiji. However, Recent research (Alani 2022) suggests that the MPC for most countries ranges from 0.5-0.7. We averaged the high and low of these to estimates and used 0.56 as the MPC .

All data was analysed by the study team with the intent to integrate qualitative and quantitative sources to triangulate findings in response to the core research questions. Initial findings were presented for validation and for deeper reflection and dialogue around what these findings mean for Save the Children Fiji staff and implementing partners.

Phase V: Report Writing

A final report (35 pages) and 5-page summary were produced, including a detailed description of the methodologies used and all findings and recommendations. The main findings of the evaluation were linked to our central evaluation questions. Actionable and specific recommendations were supported with evidence.

The draft report was shared with Save the Children staff and stakeholders to ensure that the scope, breadth, and language used are aligned with needs and expectations. Following feedback from Save the Children on a first draft, the final report was developed.

Phase VI: Dissemination of Findings

Dissemination of findings is pivotal to the uptake of evidence, findings, and recommendations. As such, the research team was available for virtual or in-person presentations.

Appendix II: Ethical Protocols

“Do no harm ethic”

The anonymity and protection of vulnerable populations requires all members of the study team to take responsibility for the safety and ethical treatment of participants. As such, a do no harm ethic is paramount to this work. Recognizing a fundamental duty of care towards participants, we are committed to:

- ✓ Assessing risks and putting in place proportionate safeguarding measures, including but not limited to: personally training and vetting team members, closely monitoring data collection techniques, and daily debriefings with the research team, partner staff, and security personnel.
- ✓ Providing clear project content, ethics, and safety training to all team members who undertake fieldwork on behalf of this research.
- ✓ Considering the short- and long-term impacts on children and vulnerable adults when making arrangements to meet with participants, store data, and publish this research.
- ✓ Valuing and respecting participants, which begins with the presumption of legitimacy and includes listening to their views and integrating their feedback on the research topic as well as ethical and security constraints of this work.
- ✓ Ensuring compliance with US and UN evaluation policies and relevant laws in country.
- ✓ Ensuring compliance with research ethics regulations and processes in country.

Working with Vulnerable Populations Protocol

Working with vulnerable populations presents a number of risks. These risks fall disproportionately on participants, but also affect the study team. The following procedures will be followed to mitigate these risks:

- ✓ Receiving consent prior to engaging with all participants. Verbal consent will be received using a consent script and form. The consent process will include:
 - Offer adequate/sufficient and appropriate information to make a decision. This will be done through a consent form and script provided to each participant. A verbal discussion between the researcher/enumerator and participant will be encouraged per the wishes of the participant.
 - Ensure no pressure or coercion applied for participation.
 - Explicitly inform all participants that participation in the study will not influence their good standing with project in any way.
 - Search for subtle signs of refusal.
 - Provide participants with adequate time to think about the decision to participate and ask questions before giving verbal consent.
- ✓ Participants will be provided plenty of space to pause or stop the conversation as well as withdraw from the interview at any point, without question.
- ✓ Interviewers will make sure participants are in a safe, private space where participants feel comfortable and anonymity can be ensured before beginning the interview.
- ✓ Only the researcher/enumerator, an interpreter or notetaker as needed, and the participant will be within listening distance during the interview/survey. Guests of the participant may join only with permission of the participant.
- ✓ The Evaluation Team is a mix of both women and men to account for any gender and cultural sensitivities. Given that it is customary in many places for men and women to interact and socialize in separate settings, it is important to have a mixed gender representation of enumerators to maximize the comfort of participants who may wish to speak with only women, or not be in the presence of men without another woman present.
- ✓ Interviews will be recorded (audio only) on an encrypted device if, and only if, the participant agrees without hesitation.
- ✓ No additional identifying information – name, date of birth, village or specific location of residence, etc – will be gathered unless the participant expressly requests to be identified. If the participant wishes to be identified, the team will go over the risks of doing so in clear and concrete terms. The participant will then be asked to confirm their desire to be identified a second time.

- ✓ No video or photos will be taken of participants to ensure confidentiality, unless the participant wishes to have their image taken.
- ✓ Study team will inform participants at the outset that they can change their mind and withdraw their consent at any point during the data gathering period.

Safeguarding Children and Young People Protocol

Supporting and respecting children's and young people's rights to be protected from harm and providing a safe and protective environment for children and young people during data collection are central to this study. As such, and in addition to abiding by the Working with Vulnerable Populations Protocol, detailed above, the following procedures are used to safeguard children and young people during research and evaluation activities. These procedures see prevention as paramount – all activities will be oriented toward minimize risk to prevent abuse and exploitation before it occurs.

- ✓ **Code of Conduct:** personnel will avoid any conduct that compromises the safety and protection of children and/or young people. For research activities, this includes ensuring enumerators or other staff are not alone with children or young people, involving children and young people in informed consent processes, greater sensitivity to children's and young people's level of comfort during data collection, and ensuring parents or guardians are available for support should that be necessary.
- ✓ **Informed Consent:** as with all research activities, children and young people and parent(s)/legal guardian(s) will be informed of all data collection details, including associated risk, to make an informed decision regarding their participation. The consent script will cover how voice recordings, video, or photographs (as applicable to each study) will be taken and how they will be used. No data collection will occur prior to informed consent. As noted above, videos and photographs of study participants are typically not part of the data collection process and this type of data will only be gathered at the express request and consent of each participant, and their legal guardian in the case of children.
- ✓ **Participation of Children and/or Young People:** children and/or young people will be treated as more than simply objects of concern. Research efforts will gain independent consent from children and young people and will consider children's and youth's views as valid data contributed by unique and autonomous individuals.
- ✓ **Protection of Personal Information:** All data collected will be treated confidentially. The data security protocol below details how data will be protected. Special care will be taken to protect information that can be used to identify a child or young person or link their identity to responses.
- ✓ **Equality & Non-Discrimination:** research practices will be informed by the reality that children and young people face different risks based on age, sex, gender, gender identity, sexual orientation, nationality, ethnic origin, colour, race, language, religious or political beliefs, marital status, disability, physical or mental health, family, socio-economic or cultural background, or class. Plans for data collection will take into account these vulnerability factors and make adjustments to ensure safety and protection for all types of children and young people.
- ✓ **Screening Procedures:** all personnel who will come into contact with children and/or young people (directly or indirectly) will be screened to identify any potential risk. This will include as appropriate police reference checks or equivalent, verification that applicants are not listed in national registries of child offenders, rigorous application and interview processes, and references checks.
- ✓ **Awareness & Training:** all personnel, sub-contractors or consultants involved with children and young people will be made aware of this protocol and trained on code of conduct expectations and how to prevent, detect, report and respond to safeguarding concerns during research activities. Children and/or young people and their parents or guardians will be informed of what behaviour is expected of personnel and how to report any concerns.
- ✓ **Reporting Mechanisms for Children and/or Young People and Staff:** mechanisms for safe reporting of safeguarding concerns will be established prior to contact with children and youth. Children, youth, parents, and guardians will be informed of these mechanisms using appropriate language. Mechanisms will ensure confidentiality and include how to report concerns to Global Insight and the appropriate authorities.
- ✓ **Response & Follow Up:** when safeguarding concerns arise, responses will take into account the best interest of the child or young person, endeavour to minimize additional harm from the response, and be sensitive to the vulnerabilities detailed in the section on equality and non-discrimination. Concerns will be documented and kept confidential, aside from reporting to necessary authorities. Follow-up will also include organisational learning to prevent future protection risk or harm.

- ✓ Sanction & Discipline of Organisation Personnel: to ensure children and young people are protected from further potential harm, personnel involved in allegations will be removed from all ongoing activities. Where personnel are convicted of abusing a child or young person, the said personnel will be immediately terminated with cause from his or her position.
- ✓ Working with Partners: safeguarding screening procedures will be part of due diligence processes when integrating any third-party entities into research activities. All third-party entities will be subject to the same safeguarding requirements outlined here.

Data Security Protocol

To ensure the security of data and anonymity of participants, data will be stored according to the following procedure:

- ✓ Verbal consent will be received.
- ✓ Any identifiable information gathered during recruitment – name, phone number, or other contact details – will be securely deleted when recruitment is complete. Names will never be directly linked to the participants' responses.
- ✓ Interview notes, recordings, and transcripts will only include an ID number connecting these documents. Participants' confidentiality and privacy will be protected by the fact that their responses and names will never appear on the same document.
- ✓ During interviews, participants will never be asked for nor referred to by their name.
- ✓ A password-protected encrypted file will contain names and ID numbers. The Team Lead will have access to this document. Other study team members may be granted access under the supervision of the Team Lead. This linking file along with all interview notes, recordings, and transcripts will be stored on a secure device. When data collection is complete, this linking file – containing names and ID numbers – will be securely deleted since there will be no need to retain participant names.

Appendix III: Data Collection Instruments

1. Adult Respondents (Recipients) Community 'talanoa' Guide
2. Adult Respondents (Recipients) In-Depth Interview Guide
3. Adult Respondent (Storekeeper and Stallholders) In-Depth Interview Guide
4. SC Staff and Partners KII Guide

1. Community 'talanoa' Guide - Adult Respondents (45-60 minutes)

Recipients & non-recipients from recipient communities; Men and women separate groups were possible

Community 'talanoa' Instructions: Ask everyone if they would like to join a group conversation. Explain we are looking for 8-12 volunteers for a conversation about cash assistance. We want a diverse group of people, so look for those that are not represented in the discussion and invite them to participate. Sometimes we need to offer a personal invitation to encourage less represented or more reserved people to participate. Try to involve a minimum of 8 and maximum of 12 people, but more can join if they insist.

We want those who have and those who have not received cash assistance to join each focus group discussion. Separate men and women into different groups where you are able. If they insist on being in a mixed-gender group, that is no problem.

Ask everyone to sit in a circle or comfortably near enough to hear what the others are saying. We want everyone to stay COVID-19 free. Remind everyone that a safe distance is good to maintain, but we need them close enough that they can hear everyone else in the FGD. If anyone is having trouble sitting on the ground or chair, help them find a more comfortable place to sit while they participate. Take note for yourself of anyone that might need assistance so that you can offer them support to participate.

Use the consent script to explain the study and why we have asked them to have a group discussion with us. Ask them for their consent to have the discussion and to record the discussion. You can give them physical consent forms to review, if they would like. We are using verbal consent, but they can review the consent form if they wish. For those that offer verbal consent, make note of the consent given. If anyone does not consent or decides later that they do not want to participate, they are welcome to leave the group and not participate. You can replace anyone that does not consent, if they decide to leave at the beginning of the FGD.

Script: "Thank you everyone, I would like to start with an activity."

Spending Activity

Purpose: To ascertain where (in terms of types of businesses) participants **spend or service debt**, and with what amount of money. This will enable rough estimates of what kinds of businesses benefit more, and by what amount, from cash assistance.

Instructions: Facilitators arrange a set of 8 boxes in one part of the room. Each box is labelled with one of the spending categories listed below.

Boxes:

1. Food
2. Water/electricity/gas/wood fuel
3. Rent
4. Education materials
5. Health/medicine
6. Agriculture/Farming/Fishing
7. Savings
8. Alcohol/tobacco/kava
9. Transportation
10. Community/family obligations or events

Instructions: Facilitators give each participant a stack of 10 notecards (or fake dollars) and 1 pen. Ask the participants to draw a circle/dot on the dollars if they received cash assistance. When everyone is ready, ask them to stand up as a group and each person puts their money into the boxes as they would normally spend it.

Everyone should do this at the same time. Some people will take longer than the others. Some people might want to discuss. All of that is welcome.

After everyone has put their money into the boxes, count the money in each box. Write down how much money was in each box, and how much of that money was marked with a circle or dot. No need to discuss how much money had a circle or dot, just make note of this for each box.

Script: “Thank you everyone, now we are going to discuss how you all spent your money.”
Which category had the most money? Which had the least money?

Questions for participants:

1. How do you decide what to spend money on?
2. Who decides what money is spent on which things in your household?
3. As a group, you spent the most money on [category]. Do each of you normally spend the most money on [category]? Is it normal for you to spend the most on [category] or is it only at certain times or for special reasons?
4. As a group, you spent the least money on [category]. Do each of you normally spend the least money on [category]? Is it normal for you to spend the least on [category] or is it only at certain times or for special reasons?
5. Over the last two years, has your spending changed at all? If so, how? Tell me more.
 - a. Probe on how COVID-19, the cyclone, and any assistance, including cash assistance, changed their spending.
6. What do you do if you do not have enough money to buy the things you need?
7. *[If needed to generate discussion, probe on changing the number or quality of meals, taking on debt, having more family members work, selling belongings or property, spending less money on school supplies or medicine, using savings, accepting unsafe working conditions, etc.]*
8. How often do those in your community not have enough money to buy the things they need?
9. What does the community do when someone does not have enough money to buy the things they need?
10. Tell me about a time when someone you know did not have enough money to buy the things they needed. What did they do? Did others help them? Did they get a loan?
11. How does cash assistance work?
12. What do you think about cash assistance?
 - a. Does cash assistance help people meet their daily needs? How so, can you tell me more?
 - b. What would happen for people if they weren't able to receive economic support, like cash assistance, during hard times?
13. Does cash assistance change a community? Tell me more, how did cash assistance change things in your community?
14. Do you think everyone in the community who receives cash assistance benefits from that assistance in the same way?
 - a. Probe: Have you ever noticed differences based on gender, ability status, or location?
15. Tell me about how men and women usually make decisions about money in your community?
16. Does cash assistance change a family? Tell me more, how did cash assistance change things in your families?
17. Is there any other support that could have been paired with, or even given instead of, the cash assistance to make it more helpful to you? If so, what kind of support?
18. Anything else you would like to share, including any feedback you would like to give to those leading cash assistance programs?

2. In-depth Interview guide - Adult Respondents (30-60 minutes)

Recipients & non-recipients from recipient communities.

Ask every 3rd house if they would like to participate. Minimum 4 interviews per day, but more are most welcome.

Alternate between choosing a woman or a man to participate at each household.

IDI Instructions: Ask the person if they would like to participate in a short interview. We want a diverse set of people for IDIs, so at times you will need to look for those that may be more reserved, marginalised, less accessible due to disability. Invite them to participate. Sometimes we need to offer a personal invitation to encourage someone to participate.

Use the consent script to explain the study and why we have asked them to sit for an interview. Ask the respondent for their consent to have the interview and to record the conversation. You can give them a physical consent form to review, if they would like. We are using verbal consent, but they can review the consent form if they wish. For those that offer verbal consent, make note of the consent given. If someone does not consent or decides later into the interview at any point that they do not want to participate, stop the interview, thank them for their time, and move to the next respondent.

1. A lot has happened in the last 2 years in the world. How have the last two years been for you and your family?
 - What major events have happened in your life since 2020?
 - Have there been any big changes in your life or with your family in the last 2 years?
2. Tell me about how your economic situation now compares to your situation before the recent cyclone and COVID-19.
 - Has the amount or frequency of meals in your household changed?
 - Have you or your family had to take on any debt?
 - Did more members of your household get involved in earning money (e.g. partner, kids, etc.) and how so?
 - [Additional probes (if needed): selling belongings or property, spending less money on school supplies or medicine, using savings, accepting unsafe working conditions]
3. Did you receive cash assistance? [If no, skip questions a-d below and move to question 4]
 - a. How did you use your cash assistance most often?
 - b. Did cash assistance help you meet your daily needs? How so, can you tell me more?
 - a. How do you think your economic situation would have been different if you hadn't received cash assistance?
 - c. Did you use cash assistance to pay for any debt that you had?
 - d. Did the cash assistance come when you needed it, or could it have come at a better time?
 - e. What happened when you no longer received cash assistance?
4. Tell me about a time when someone you know did not have enough money to buy the things they needed. What did they do? Did others, including you, help them? Did they get a loan?
5. What do you do if you do not have enough money to buy the things you need?
6. Do you think everyone in the community benefits from cash assistance in the same way? How come? Tell me more.
 - Have you ever noticed differences based on gender, ability status, or location?
 - This question is a bit sensitive, so feel free not to answer. Was there ever a time when your identity made it harder to benefit from the project, thinking in terms of your gender, any disabilities, immigration status, or any other aspect of who you are. If yes, can you tell me what happened?
7. If you want to buy something at the market but your (husband/wife) does not, who decides if you spend the money? Has that changed at all in the last 2 years?
8. Tell me about how men and women usually make decisions about money in your community? Do you think that has changed since cash assistance has been introduced here?
9. Have you seen any conflict or rising tension in your community over the last 2 years? Why do you think that is?
10. Do you think cash assistance changes a community? Tell me more, how did cash assistance change things in your community?
 - Thinking in particular about storekeepers in the community, do you think the storekeepers benefited from people receiving cash assistance? If so, how?
11. Where do you buy most of the things you need?
12. What happens when you do not have enough money to buy the things you need at the markets around your house?
13. When you go to the market, do they let you purchase on credit?
14. Did you ever feel like storekeepers and markets are able to identify which customers received cash assistance?
15. Anything else you would like to share?

For cash assistance recipients only:

16. How did you usually access the cash assistance?
17. How clear was the communication you received about the cash assistance, especially how to access the cash and how much you would receive?
18. Was there ever a time you didn't receive the expected amount? If yes, how did you handle that?
19. Has anyone ever tried to take your cash assistance from you, or asked you for additional money, like a fee at a shop, because you receive cash assistance? If so, can you tell me more about that?
20. Should you have any problems with your cash assistance, who should you contact?
 - Do you know of any ways to reach out to those who are in charge of cash assistance?
 - Did you ever need to use those communication tools? If yes, what happened?
 - When you access assistance through M-PAiSA/MyCash systems, how safe do you feel? If you have ever felt unsafe, what made you feel that way?
 - Is there anything the project could have done differently to ensure cash assistance reached you in a timely and safe way?
21. Is there any other support that could have been paired with, or even given instead of, the cash assistance to make it more helpful to you? If so, what kind of support?
22. Anything else you think we should know about the project?

3. Adult respondents (storekeepers and market stallholders)

In-depth interview guide (30-45 minute delivery)

1. We know the project had a communications campaign with local communities. From your experience, what kind of information did you receive about the cash assistance initiative from the project?
 - Probe: How well did that information help you understand the purpose and activities of the project?
2. In your community, when people have a hard time getting enough money to buy the things they need, how do they cope with that?
 - Probe: Do you think people coped in different ways during COVID as compared to other hard times?
 - Probe: Based on your knowledge and experience, what do you think about cash assistance as a way of helping people meet their basic needs?
 - Probe: Are any of the other ways people cope better than receiving cash assistance from outside the community?
3. Tell me about your normal sales, thinking in particular about the number of customers you have each day and what they buy.
 - Probe: Have sales been different at all since the project started [OR since X date], thinking both about the volume and type of purchases.
 - Probe: What about the lines of credit you keep with people, if you keep them? Have people been paying off their debts better or more frequently recently?
4. To make this a little bit more concrete, could you tell me the top 3 most common goods or services people buy from you?
5. Good/service 1: By about how many [insert currency units] have sales changed for this good/service during [timeframe]?
6. Good/service 2: By about how many [insert currency units] have sales changed for this good/service during [timeframe]?
7. Good/service 3: By about how many [insert currency units] have sales changed for this good/service during [timeframe]?
8. Do you know who in your community has been receiving cash assistance?
 - Probe: To your knowledge, how well as the project reached people who most need help to meet their basic needs?
 - Probe: Are any of your customers receiving cash assistance, again, to your knowledge?
 - Probe: If yes, do you think they've been able to better service any debts with you or buy more from you?
9. Have you seen any changes (increases or decreases) in conflict or tension in your community over the last 2 years? Why do you think that is?
 - Probe: Do you think cash assistance ever causes conflict in communities?
 - Probe: Do you think cash assistance reduced any conflicts? Can you give an example?

4. SC staff and partners

In-depth interview guide - (30-45 minute delivery)

1. What do you think are the main successes of this project?
 - Probe: What kinds of changes did/could you observe in beneficiaries meeting basic needs? Relying less on negative coping mechanisms?
 - Probe: What kind, if any, of evidence emerged of changes in gender equality and women's empowerment.
2. What do you think about the amount of cash assistance beneficiaries received?
3. Tell me about the mechanisms for communicating information about cash assistance to beneficiaries.
 - Probe: What about the community? How did they receive messages about the project?
4. What systems are in place to ensure beneficiaries receive cash in a safe and timely manner?
 - Is there anything the project could have done differently to improve this?
5. What kind of process was followed if beneficiaries didn't receive their cash on time? Can you explain with an example, if this happened at all?
 - Probe: Tell me about the establishment of the Complaints and Response Mechanism (CRM). How does it work, and how systematic and consistent would you say it is in processing complaints?
6. What did you think about the beneficiary selection criteria and process??
 - Probe: Tell me about any safeguards put in place to ensure women, people with disabilities, and those identifying themselves in any marginalized groups had equal access to the program.
 - Probe: Were there any delays or challenges with this process?
7. In general, do you think everyone benefited from this project in the same way?
 - Probe: Have you ever noticed differences based on gender, ability status, or location?
 - Probe: What can we learn from any differences in experience for the next phase?
8. In what ways did you observe the project affecting the broader community, beyond beneficiary households?
 - Probe: What kinds, if any, of spillover effects, good or bad, do you think manifested for local businesses?
9. What systems were in place for beneficiary registration and validation, reconciliation, and monitoring?
 - Probe: What could be done to improve these systems?
10. Let's talk a bit about budget. How well were human and financial resource allocations planned and used?
 - Probe: Was there anywhere money could have been saved and better spent elsewhere?
11. What other livelihoods projects do you know of that were operating in the project implementation area?
 - Probe: How well did this project fill any critical gaps in cash assistance coverage?
 - Probe: What kind of risks of duplication did the project encounter, if any?
12. Tell me about the Cash Assistance Program Quality Toolbox, especially how you expect it will affect the quality of future cash or voucher assistance efforts.
 - Probe: What kinds of systems and skills are now in place for supporting cash-based modalities for local partners
13. What could the project have done differently (or better) to align with principles and objectives of localization?
14. Thinking about complementary approaches to cash assistance, what do you think could have been added to this project to enhance the effectiveness of the cash assistance?
15. What would you hope to see happen in the future to build off of the foundation of this project?
16. What would you like to see done the same way in terms of project strategies?
17. What should be done differently if this approach is applied again in Fiji?
18. What should be done differently if this approach is applied again elsewhere in the Pacific?
19. Anything else we should know about the project?

Appendix IV: Evaluation Terms of Reference

Terms Of Reference Fiji Cash Assistance Program Evaluation

Background

Save the Children is committed to Cash and Voucher assistance as a movement-wide priority, recognising its proven effectiveness in supporting people to access essential goods and services and impacting directly on the lives of children. Cash and Voucher assistance to progress humanitarian and development objectives is increasingly a priority in the Pacific region.

The Fiji Cash Assistance Program was set up in response to urgent needs and deepening vulnerability in Fiji caused by cyclones and the COVID-19 pandemic. A significant philanthropic donation enabled a large-scale cash assistance program whereby over 39,000 vulnerable households have received unconditional cash payments via mobile phone cash transfers, in two phases from late 2020 to mid 2022.

The Project Goal is to Support vulnerable families affected by the economic impact of COVID-19 in Fiji to meet their basic needs. The Program has three key outcomes:

- 1: Beneficiary households show a reduction in negative coping mechanisms
- 2: Beneficiaries have an increased understanding and support of cash assistance
- 3: Increase capacity of local and regional partners to deliver long term sustainable social protection via cash programming

Phase one was implemented from December 2020 to June 2021, providing 14,772 households with cash assistance of Fijian Dollar (FJD) 400 (US\$ 196). A further 2,000 households, received FJD400 as a Special Need Fund payment. Phase two, from June 2021 to June 2022 provided cash assistance of FJD 600 (US\$ 286) incorporating these Phase one Households and expanding reach to an additional 22,230 beneficiary households. The project is being implemented by Save the Children Australia and Save the Children Fiji with supporting partners.

An independent review of Phase one was commissioned in late 2021. The Final report highlighted key achievements and provided recommendations to inform planning for Phase two, as well as broader considerations for future Pacific based cash and voucher initiatives. An Evaluation assessing overall program outcomes and focused on Phase two delivery mechanisms is now planned.

Evaluation Scope

This independent Evaluation aligns with an organizational commitment to continuous learning, improvement, and accountability. It is planned to commence in May 2022, with completion by September 2022. The purpose is to measure program impact, document lessons learned and provide recommendations for future Cash and Voucher assistance (CVA) in Fiji and the wider Pacific region.

The primary audiences for the evaluation are.

- Save the Children Fiji and Save the Children Australia
- Project implementing partners
- The principal project donor, (through a Philanthropic Grant) as well as supporting donors
- Fiji Government Agencies
- Beneficiary Communities, including Household recipients of cash payments.

Secondary audiences include

- Local agencies, represented through the Pacific Islands Association of Non-Governmental Organisations (PIANGO)
- Members of the Fiji Cash Working Group (CWG), the Pacific Regional Cash Pacific WG (PRCWG), Food Security and Livelihoods, Education and Health and Nutrition Clusters.
- Donors and implementing agencies engaged in cash programming and related social support programs in Fiji and the Pacific region
- Save the Children regional and internal teams

The objectives of the evaluation are to:

- Assess the Effectiveness and Relevance of cash programming activities in relation to the Activity's goal and intended outcomes.
- Determine the activity's effects on local markets, and how it affected certain groups of interest.
- Assess the effectiveness and relevance of the modality, transfers and complementary interventions to achieve activity outcomes.
- Identify best practices, lessons learned, strengths and challenges in the activity design and implementation in contributing toward project achievements.

- Detail lessons from the project to inform/contribute to the following:
 - Sustainable scale up focused on organisational capacity in CVA for partners and for Save the Children in Fiji and the Pacific region, including scope to further incorporate SCI tools and common approaches, into expanded cash program interventions.
 - Existing national and regional body of evidence on CVA programming
 - SCI body of knowledge and CVA evidence focused on the Pacific regional context

Overall, the evaluation field consultations will reach an appropriate scale, aligned to the total program reach of 39,000 Households in Phase two⁷⁹ incorporating respondents in locations across central, northern and western divisions. In addition to beneficiary households representatives, respondents will include community representatives, as well as Save the Children staff, local partners and relevant government and agency representatives.

The study will take a mixed methods approach, incorporating existing Post Distribution Monitoring (PDM) and vulnerability assessment data.

Participants will represent the diversity that exists within the population with specific attention given to gender, diverse SOGIE, disability, Indigeneity, ethnicity, refugee/migrant status and other aspects of identity that impact on discrimination when accessing development programs.

Key Evaluation Questions (KEQ)

The KEQ are aligned to Development Assistance Committee (DAC) criteria as well as a Lessons Learned category as follows:

Priority Area	Proposed Key Evaluation Questions ⁸⁰
Relevance Link between end of program outcomes and needs and priorities of the affected communities and local actors.	Did communities receive the assistance they most needed, when they most needed it, in a way that was most useful and accessible for them? How appropriate was the coverage (number of people, and geographic disbursement, as well as the targeting criteria to identify the most vulnerable households? Was the intervention experienced as relevant by both women and men, girls and boys, and what can we learn from this for the next phase? To what extent did people with disabilities benefit, and what do we know about their perception related to relevance? Were there any broader financial implications for community members who were not direct household beneficiaries, including local traders.
Coherence How well does the intervention align with other interventions?	How well did this intervention complement existing, informal social support safety networks at the extended household/community level. How well did this intervention complement other actors interventions in the same context. Specifically, did it address critical gaps or was there any duplication or other compounding effects. How well did this program complement the objectives and organisational mandates of supporting local partners
Effective: Delivery of end of program outcomes	To what extent have end of program outcomes been achieved? Did the program result in a reduction of negative coping mechanisms for beneficiary HHs? What were the most significant results achieved? Did all beneficiaries, particularly women, female headed households and men, and people with a disability and those identifying themselves in the marginalized group have equal access to partner programs and were their unique needs met? Did they feel safe accessing assistance through M-Paisa/MyCash systems? What barriers were experienced, if any, and how can we mitigate these in future phases? Did the assistance promote/protect the safety, dignity and rights of the beneficiaries? Did the assistance make a difference to gender equality and empowering women and girls?

⁷⁹ An illustrative scale of consultations to be included as part of proposed methodology in submission

⁸⁰ Suggestions for further consolidation of these KEQs can be set out in the Inception report, with alignment of each final KEQ to specific data collection method(s)

Efficient: Operational and financial efficiency and timeliness	Was the beneficiary selection process accurate and timely? Was the beneficiary distribution process accurate and timely? Were human and financial resource allocations well planned and appropriately and fully utilised.
Sustainable Systemic and/or household level financial changes are in place	Is there evidence that, the Beneficiary Management System (BMS) provided greater efficiency for data collection, beneficiary registration and validation, reconciliation and monitoring How has the BMS left a legacy for the national social protection system? What systems and skills are now in place for supporting cash based modalities for local partners. For Targeted Households, what evidence is there, if any, of 'financial resilience'
Impact Positive, negative intended and/or unintended high level effects.	How has the cash and voucher system more broadly impacted the communities in which the National Philanthropic Trust (NPT) -funded programs have operated? What was the effects (negative or positive) on harmony/cohesion at the household and community levels Did the intervention in any way affect gender or power dynamics within households or communities, either in positive or adverse manner? Was there a broader multiplier effect at either a local economic or a macro-economic level. (Link to Lessons Learned section)- What information would be needed for future programming in similar context to determine multiplier economic effects at a local and/or macro level.
Lessons Learned Addressing both Accountability and Scale up	What aspects of the program worked well? What required improvement? What should be done differently if this approach is applied again in Fiji? And/or elsewhere in the Pacific? What adjustments could be made to progress these programming interventions in line with principles and objectives of localisation. What is the logical "next level" to leverage successes & build on impact How can the program improving links to Cash Best Practice including "Cash Plus" approaches to be integrated into future program design to protect families and children in case of a disaster? How could relevant SCI Common Approaches including Household Economic Analysis, (HEA) Life Skills for Success or Resourcing Families for Better Nutrition inform scale up of cash programs.

Methodology and Timeframe

The evaluation will be undertaken by an external evaluation team who will be responsible for developing the detailed methodology, to be submitted to SCA for review and approval, (detailed in an Inception Report) which will review, analyse and build on existing data, through field consultations.

It is anticipated that the consultancy should commence in May 2022, with completion scheduled for September 2022.

Key methodology processes as follows:

- Preliminary desk review incorporated into a detailed inception report
- Further desk review, incorporating data analysis of endline as well as comprehensive review of existing data (see below)
- Field data collection and consultations
- Report drafting and finalization
- The final report is to be completed by the end of September 2022 for dissemination.

Existing program assessment data and relevant document is as follows:

- Rapid Market Assessment (conducted August 2021)
- Post distribution monitoring (PDM) reports, including a consolidated PDM report for Phase one and a series of PDM assessments for Phase two
- Baseline and endline data for Phase two comprising vulnerability assessments of sampled households. (Endline data will be available as primary data for further analysis by the recruited evaluation team)

- A series of case studies, including 8 multi-media case studies in video and/or written report (will be available in May 2022)
- Program Progress Reports
- Training data for staff and local partners
- An independent review of Phase one (desk analysis based on existing program data) intended to provide an interim impact and learning narrative, covering impact, lessons learned and recommendations from Phase one

Save the Children will support the external evaluation team with the provision of all available documentation and assessment data collected to date, as well as details of key project stakeholders. Save the Children will also assist in facilitating introductions to key stakeholders and will support in-country preparatory work for workshops and field based consultations as required.

Data Collection Methods & Tools

The following methods and tools are suggested to collect data for the evaluation.

- Review of all available primary assessment data including post-distribution monitoring (PDM) reports and;
- Undertake analysis of collated end-line vulnerability assessment data (to be collected by Save the Children in April and available from May 2022).
- Develop a detailed methodology, incorporating a review/consolidation of the above KEQs as appropriate which aligns each KEQ with relevant respondents, including beneficiaries and key stakeholders, and with specific data collection tools.
- Respondents targeted will include beneficiary and non beneficiary households in a representative group, with reference to the program targeting criteria, across Central, Western and Northern Divisions comprising men and women, as well as boys and girls aged 12-18 years.
Other Key Stakeholders to be reached include local partners, representatives from Government and from implementing or donor agencies engaged in cash and/ or other sectorally and geographically relevant programs, inclusive of Cluster and Working Groups
- The indicative list of data collect collection tools is as follows:
 - In-depth Interviews (IDIs),
 - Key Informant Interviews (KIIs),
 - Focus Group Discussions (FGDs)
 - Short Surveys.

In addition to field consultations with beneficiaries and other key stakeholders, conduct Planning and Data validation workshops during the fieldwork phase, initially to orientate key stakeholders and on completion of data collection and preliminary analysis to validate and expand upon findings. The workshops may be in a combination of central and regionally located forums.

Data Analysis

Analysis of the data will be led by the external consultants. This should include final data from the (endline) vulnerability analysis which will be collected by the Program team.

Three guiding principles will be followed in analysing the data to address the key research questions including that analysis will be contextually framed and driven by the core objectives of the project, it will draw on all methods and qualitative data to triangulate findings, and will be disaggregated including by age, gender, disability, and whether rural/urban/peri-urban (which may support an understanding of poverty status).

An analysis matrix will be used to guide analysis of the data and this will be supplied by the consultant in the inception report.

Main Elements of Evaluation Process

The key steps of the evaluation will be as follows:

- Recruitment and contracting of consultants comprising external evaluation team.
- Briefing sessions with SC Program teams and relevant technical advisers
- Initial Desk review and Data analysis
- Development Inception Report including detailed methodology
- Review of Inception Report (project team and relevant technical advisers)
- Research ethics approval (TBC)
- Review of Inception Report (by Save the Children)
- Preparatory work for field based consultations
- Piloting/refinement of tools as part of enumerator engagement and training
- Collection of additional data
- Analysis of additional data
- Data validation with project team and key stakeholders
- Drafting of report
- Review and Finalise Evaluation Report with summarised products for each audience
- Disseminate report to key internal and external stakeholders, including submission to donor.

Risk Management

A risk assessment will be completed by the Consultant, for data collection, analysis and dissemination of the report, including accounting for COVID-safe protocols. This document must be completed and reviewed by the project team and consultant and any amendments made prior to evaluation activities commencing.

Ethical Considerations

The Evaluation team is required to adhere to the Save the Children Child Safeguarding, Data protection and [Privacy Policy](#) throughout all project activities.

Save the Children International is developing an Ethics in Research Policy and Guidelines for use in baselines, endlines, evaluations and research (expected 2022). While this process is in development, technical advice on ethical protocols can be sourced from the Save the Children US Ethics Review Committee, contactable at <researchethics@savechildren.org>

Recommended external sources of guidance on ethical approaches to evaluation and research include [DFAT Ethical Research and Evaluation Guidance Note and Checklist](#) and [ACFID Guidelines for Ethical Research and Evaluation in Development](#). It is also recommended the consultant complete the CITI Research Ethics Training, a free Ethics competency online training (~2 hours).

Basic considerations of an ethical approach to evaluation are:

- Child safeguarding – demonstrating the highest standards of behaviour towards children
- Sensitive – to child rights, gender, diverse SOGIE, disability, age and cultural contexts
- Openness - of information given, to the highest possible degree to all involved parties
- Confidentiality and data protection - measures will be put in place to protect the identity of all participants and any other information that may put them or others at risk.
- Public access - to the results when there are not special considerations against this
- Broad participation - the relevant parties should be involved where possible
- Reliability and independence - the evaluation should be conducted so that findings and conclusions are correct and trustworthy
- Principles of Do No Harm

It is also expected that this evaluation will be:

- Child participatory: Children should be meaningfully involved in the evaluation as active agents whenever possible, not only as informants.
- Inclusive: Ensure that children and adults can participate effectively
- Voluntary: participants in the evaluation have the right to refuse to participate, with no disadvantage to themselves. The study must make clear to all participating stakeholders that they are under no obligation to participate in the evaluation. All participants will be assured that there will be no negative consequences if they choose not to participate. The study team will have to receive prior permission for taking and use of visual still/ moving images for specific purposes and informed consent for participation in the study. The study will assure the participants' anonymity and confidentiality and will ensure the visual and narrative data is protected and used for agreed purpose only.

Furthermore, it is expected that:

- Data collection methods will be appropriate for individuals who speak different languages and those with different identities e.g. age, different types of disability, gender and diverse SOGIE.
- Wherever possible, key members of the evaluation team will be local to the context research is being conducted in.
- The evaluation team will at a minimum include a balance of male and female representatives, and wherever possible represent the diversity that exists within the target population.
- The process of data collection will be sensitive to the different communication methods of children and adults with disability and wherever possible ensure that responses are elicited from children and adults with a disability themselves as opposed to a third party.
- Evaluation activities will provide a safe, creative space where children feel that their thoughts and ideas are important and respected.
- Evaluation activities will respect community's time, workload and commitments and not place an undue burden on community schedules or resources.
- Evaluation activities will not in any way endanger communities and will prioritise minimising the spread of COVID-19 in every way, including by prioritising virtual methods of data collection.
- A risk assessment will be conducted that includes any risks related to participation, especially risks related to children or young people's participation and will take into account risks and strategies for mitigating risk to safety of researchers and enumerators.
- Informed consent will be used.
- All analysis will be undertaken with unbiased judgement, to the full extent possible.
- Communities will be kept informed of the key findings of the evaluation.
- Gender and Disability Data will be collected using internationally comparable and reliable tools – Washington Group Questions for adults and UNICEF Questions for children (2-4 years and 5-17 years).

- Protection measures (including use of access passwords for data files, separation of identifying information from responses, and secure storage of hard copy records) must be in place to protect the privacy of all respondents.

Please note that enumerators will need to receive training on principles of ethical data collection, disability data collection, child-safe data collection, and reporting mechanisms for child abuse or protection issues that may be identified during the data collection process. Any additional training required, such as gender sensitive data collection can be provided by SCA, if required.

Evaluation Management

Roles & Responsibilities

Save the Children has the following responsibilities:

- Facilitate contract with the consultant evaluation team
- Coordinate the process of the evaluation from the beginning to the end;
- Provide all the necessary reference documents for the consultant team, including:
 - Program Guiding Plans and Documentation
 - Existing assessment data collected
 - Details of Key Stakeholders
- Connect consultant with the technical expert/s for advice and insights on the evaluation
- Provide comments and approve the detailed evaluation design and tools based on the inception report³
- Support the Consultant as required to carry out recruitment and training for data collectors in the field;
- Provide access to communities and key stakeholders as well as secure all required formal buy-in and entry to communities for the purposes of the research;
- Coordinate review of the draft report that the comments/feedback given on the draft reports are fully incorporated in the final report⁴;
- Facilitate payments for the consulting agency as per the policy of Save the Children;
- Conduct child safeguarding orientation to the evaluation team.

Responsibilities of the consultant are as follows:

- Meeting with Save the Children country office team, evaluation reference group and technical expert/s of Save the Children Australia to understand clearly about the expectation of this assignment and to set realistic work plan.
- Conduct initial review of existing assessment data and primary and secondary documentation and finalise analysis of end-line assessment data.
- Prepare an inception report (no longer than 3,000 words) including timeframe, with detailed schedule for fieldwork & complete methodology and sampling framework, as well as appropriate data collection instruments applicable to different cohorts of individuals.
- Submit Inception report for review and approval by Save the Children.
- Conduct field preparations, including engagement on recruitment and training of enumerators (with Save the Children) project team.
- Conduct data collection and initial data analysis to include in-country validation of initial findings.
- Produce a succinct and analytical draft and final evaluation report of no more than 20 pages, incorporating user friendly/audience appropriate summary versions as specified.
- Present findings of the study in a presentation format to relevant Save the Children staff;
- Ensure the final report is of a high English standard and is structured according to the objectives of the TOR and the inception report

Deliverables

The key deliverables for this evaluation are:

- An inception report (up to 3,000 words) including timeframe, with detailed schedule for fieldwork & complete methodology and sampling framework, as well as appropriate data collection instruments applicable to different cohorts of individuals with detailed work plan and final tools.
- Copies of any additional data collection instruments formulated
- Coordination and testing of instruments
- Final instruments/tools
- Draft report and verbal presentation on draft report
- Cleaned data set (field notes, data set in & Excel, qualitative analysis and other relevant documents should be submitted).

- A final report, of no more than 20 pages, that answers the key evaluation questions, presents an accurate and rigorous analysis, and should be learning oriented and take a strong gender sensitive approach in the analysis. The report must contain:
 - Definitions and abbreviations
 - Executive summary
 - Introduction – including Background and project description
 - Methodology—including Ethical considerations and limitations
 - Key findings – in line with project goal and outcome indicators, ensuring all data is disaggregated by, and analysed for, gender, age, ethnicity, disability and other exclusion criteria)
 - Lessons
 - Key conclusions
 - Key recommendations
 - A summary version for wider external dissemination (up to 5 pages) incorporating a separate infographic or smart visual product to present key findings

Qualifications of the Consultant

The evaluation will likely be undertaken by a team of consultants incorporating Fiji and/or Pacific based expertise. The consultant or evaluation team will have the following skills and experience:

- Advanced degree in research and evaluation, or relevant field.
- Demonstrable experience of conducting large scale research and evaluations, in particular, experience in managing and delivering evaluation of projects in the pacific:
- Experience with cash and voucher assistance programmes
- Demonstrated experience in using a rights-based approach to research and evaluation using instruments such Committee on the Elimination of Discrimination Against Women (CEDAW) and the United Nations Convention on the Rights of People with Disabilities (UN CRPD).
- Good knowledge of strategic and operational management of evaluation operations and an ability to provide strategic recommendations to key stakeholders;
- At least one person in the team with a strong knowledge of the Pacific region;
- Strong analytical skills and ability to clearly synthesise and present findings, draw practical conclusions, make recommendations and to prepare well-written reports in a timely manner;
- Demonstrated experience of disaggregating and analysing data by gender, disability and other aspects of identity such as diverse SOGIE, Indigeneity, Ethnicity, Language etc
- Knowledge of community engagement and accountability (CEA).
- Excellent writing and presentation skills in English, including ability to write concisely.
- Capabilities in English Language

Application Procedure

Interested individuals and companies are invited to share an expression of interest (EOI) for attention of Catherine Noble (Email: catherine.noble@savethechildren.org.au) by **17:00 Australian Eastern Standard time on Sunday 15 May 2022**.

The subject of the applications should be marked as: Fiji: Evaluation of Cash Assistance Program. The application should be in one consolidated document and include:

- Proposal (6 pages max) clearly summarizing your understanding of the assignment, relevant past experience, brief proposed methodology, summary of delivery timelines, team composition and role of each team member (including identifying the team leader and the lead report writer (if these may be different), illustrative budget with daily rates in AUD;
- Contact details for three past referees, and up to 3 examples of previous relevant work;
- Profile and Summary Curriculum Vitae (CV) of team members;

We thank you in advance for understanding that only short-listed candidates will be contacted.

If you have questions or a need for further clarity on the scope of work, please reach out to:

Kate Bunbury (Email kate.bunbury@savethechildren.org.au) and;
Catherine Noble (Email: catherine.noble@savethechildren.org.au).

Appendix V: Multiplier Effect Further Study

The estimates used by the Evaluation Team for the multiplier effect could be improved in several key ways.

First, all surveys which ask cash recipients how they spent the cash assistance could include a set of questions which ask not just what they spent it on, but how much they spent on each type of item. This would increase the robustness of the multiplier effect estimate by gathering spending data from a large and (presumably) representative sample of people, rather than the smaller sample from the Focus Group Discussions used here. While asking about how much was spent on which type of good would support an assessment of the multiplier effect for particular industries (more on this below), at the very least, asking people if they saved any of the cash assistance, and if so, how much, would allow you to remove savings from the calculation of the overall multiplier effect in a more reliable way.

Second, while the PDMs did ask respondents if they did not receive expected cash, a tracking mechanism would provide a more reliable estimate for if, and how many, respondents did not receive their cash distribution (which is also a variable in the multiplier effect calculation).

Third, the Marginal Propensity to Consume (MPC) estimate is based on older literature for Fiji (covering 1979-2001) and newer literature that is broader (eg., not tailored to Fiji). A better estimate for the MPC could be generated by 1) surveying businesses and asking them to indicate what how much they would spend or save from an extra FJ\$100 (or some other meaningful amount) and using that to generate an MPC or 2) actually measuring changes in the spending or savings patterns of businesses during cash distributions by arranging to have them keep a spending/savings ledger or diary as part of a specific study conducted for this purpose. Ideally, you would want to select businesses at multiple levels of the supply chain for this exercise (both those operating canteens and supermarkets, as well as those responsible for distributing goods to the canteens and supermarkets, for example). This gives greater confidence in the estimate of the MPC representing businesses throughout the network into which the cash assistance would be spent and circulated. Additionally, noting the unique MPC of businesses in certain industry categories (corresponding to those asked about as spending categories in the beneficiary survey) would allow for the calculation of industry-specific multiplier effects.

Appendix VI: Cash Assistance – International Context

A study of the UNHCR Jordan basic needs cash assistance program, which delivered aid to 600 Syrian and non-Syrian refugees, showed that 98% of the participants spent their cash assistance on regular family needs, with the largest portion of that spending on food (87%).⁸¹ Similarly, in March 2020, the Government of Colombia provided an unconditional cash transfer of \$19 USD per household every five to eight weeks to one million households in poverty. Londoño-Vélez and Querubin found that over 90% of households from this program used the cash for food.⁸² From the same study, the authors found that the cash assistance improved Colombian household's financial position, promoted social cohesion, parent's investment in children's education, and garnered support for emergency assistance.⁸³ Research involving Syrian women from Raqqa Governorate who received a three-month unconditional cash assistance showed that cash assistance resulted in a decrease in food insecurity over time. The second and third rounds of assistance further allowed some women to buy personal items and save money for future expenses.⁸⁴ Similarly in Zambia, three years after the Child Grant Program and the Multiple Category Targeted Program were implemented, there was a large multiplier effect as household spending increased by around 67% more than cash transfer funds received, illustrating that households were able to invest in assets and diversify their income.⁸⁵

⁸¹ Samuel H. (2021), "Multi-purpose cash assistance – 2020 Post Distribution Monitoring Report", UNHCR. Available at [link](#).

⁸² Londoño-Vélez, J., & Querubin, P. (2022), "The impact of emergency cash assistance in a pandemic: experimental evidence from Colombia", *Review of Economics and Statistics*, 104(1), 157-165.

⁸³ Ibid

⁸⁴ Falb, K. L., Blackwell, A. H., Stennes, J., & Annan, J. (2020), "Cash assistance programming and changes over time in ability to meet basic needs, food insecurity and depressive symptoms in Raqqa Governorate, Syria: evidence from a mixed methods, pre-post test", *PLoS one*, 15(5), e0232588.

⁸⁵ Handa, S., Natali, L., Seidenfeld, D., Tembo, G., Davis, B., & Zambia Cash Transfer Evaluation Study Team (2018), "Can unconditional cash transfers raise long-term living standards? Evidence from Zambia", *Journal of Development Economics*, 133, 42-65.

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Who can I contact if I have a question or comment about this document?

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