Ethical Oversight in Impact Evaluations: External Advisory Committees to Assess Programming Risks *

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Abstract

Social scientists not only conduct impact evaluations but also participate in the design and implementation of the programs being evaluated. While Institutional Review Boards (IRBs) oversee research activities, they do not assess risks posed by the interventions themselves. We propose establishing External Advisory Committees (EACs) to provide independent, expert oversight of programming risks. EACs complement IRBs by focusing on potential harms to participants and communities, offering dynamic risk assessments, and advising on program adaptations or termination. By providing impartial expertise, EACs help address potential conflicts of interest that may arise when researchers and implementers are invested in a program's continuation. We illustrate the value of EACs through our experience implementing a cross-border labor migration program in Niger. Our EAC provided crucial guidance on scaling up the intervention after a pilot study and adapting the program following an unexpected military coup. While EACs introduce additional costs and may limit researcher autonomy, they generate accountability and are particularly valuable for novel and politically sensitive interventions in fragile environments.

Significance Statement

Social scientists help to design and implement interventions that affect millions of lives. When researchers both create programs and evaluate their impact, they face potential conflicts of interest — professional incentives may discourage terminating interventions despite emerging risks. Institutional Review Boards review research activities but lack the mandate and structure to evaluate evolving programming risks. We propose constituting External Advisory Committees (EACs) of independent experts with relevant contextual and subject-matter knowledge to assess intervention risks and regularly advise on whether to continue, adapt, or terminate programs. Our experience implementing a cross-border migration program during Niger's political coup demonstrates how EACs help researchers and their implementing partners ethically navigate unforeseen risks.

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1. Introduction

The past two decades have seen a dramatic increase in the demand for high-quality, rigorous impact evaluations to test the effect of programs, projects, and policies. These take the form of randomized controlled trials (RCTs),[1] but other methods for using valid counterfactual groups, such as regression discontinuity designs, are part of researchers' toolkit. Impact evaluations can rigorously assess the effects of novel programs and interventions at scale, thereby generating critical insights for theory and policy (Gerber and Green 2012). At the same time, manipulation of the social, economic, and political world naturally raises thorny ethical issues (Desposato 2020; McDermott and Hatemi 2020; Teele 2014), including potential harm to study participants (Humphreys 2015), and their communities more broadly (Slough 2024).[2]

We focus on ethical concerns that arise from researchers' involvement in the design and implementation of the programs being evaluated. Many evaluations entail collaboration between an implementing partner (e.g., an NGO, government entity, financial institution, multilateral agency, etc.) responsible for carrying out a program and a research team responsible for studying the intervention's effects. Instead of simply evaluating an existing intervention, researchers are often intimately involved in program design, fundraising, and implementation. Researchers can contribute existing evidence and other expertise that increases the potential effectiveness of programs. Once launched, researchers influence whether these programs should continue or be amended given the risks posed to participants and their families and communities. Given these roles, researchers share responsibility for the potential harm caused by the interventions they helped to launch and oversee.

Yet, researchers lack institutional structures to facilitate impartial deliberations on program termination or adaptation when their own professional incentives encourage them to continue. First, we describe these concerns and explain why they are not easily addressed by existing institutional guardrails tasked with protecting program beneficiaries, such as Institutional Review Boards (IRBs), grant-making Ethics and Society Review boards (ESR), and pre-registered stopping rules. Second, we introduce External Advisory Committees (EACs) and explain how and why they can address some of the ethical concerns that arguably cannot be addressed by current institutional guardrails. Third, we demonstrate the utility of EACs using our experience launching an RCT in Niger in collaboration with Mercy Corps, an international NGO. We conclude with a discussion of the conditions in which EACs might be most warranted.

2. Problem Statement

In impact evaluations, researchers often influence which subjects receive an intervention. In RCTs, for example, researchers use a coin flip or, more often, a random number generator to assign subjects to the treatment and control arms of the study. While this randomized treatment allocation has attractive statistical properties, it raises an ethical question about whether one should use chance to distribute an intervention with uncertain benefits and harms (Camic et al. 2012). Past work debates when, if ever, it is justifiable

1. RCTs in field settings are commonly used across social scientific fields of inquiry, including political science (Grose 2014), economics (Banerjee 2020), sociology (Baldassarri and Abascal 2017), operational management (Gao et al. 2023) and behavioral sciences more generally (Bertrand and Duflo 2017; Paluck et al. 2021).

2. We note that the literature concerned with the ethics of impact evaluations focuses almost exclusively on randomized controlled trials. However, similar concerns arise when a program is designed with an eligibility threshold, and an RDD is used to evaluate its impact for those around the cutoff for eligibility.

to randomize versus more deterministically allocate (e.g., using a ranking of need or merit) access to a particular intervention (Baele 2013; Rayzberg 2019; Desposato 2020).

These debates presume that a program exists to be allocated — an organization stands ready to roll out a program and, given its limited resources, enlists researchers to determine who will (initially) gain access. However, researchers now often play a role in designing and fundraising for new programs and monitoring their implementation. We are not just evaluating what would have otherwise happened; we are helping to launch and steer interventions or scale existing programs (Asiedu et al. 2021). We welcome this development: social scientists should draw on past studies and theory to help design promising interventions and rigorously evaluate those innovations. So-called "nudge units" — which started in the UK government but have now proliferated across the public and private sectors — exemplify this approach, drawing on insights from behavioral economics to design or market a program and then using RCTs to assess cost-effectiveness (John 2018). Yet, when researchers participate in the design of interventions, particularly interventions that do more than provide a slight nudge, we share in responsibility for the potential resulting harm. Thus, researchers should assess and actively manage risks resulting from participation in the programs we initiate rather than delegating these judgments to implementing partners, which seems to be the current default.

Conflicts of interest, however, compromise researchers' capacity to independently manage these risks associated with programming. Having invested time (frequently best measured in years) in program design, fundraising, and the associated impact evaluation, we may be convinced of an intervention's merits and reluctant to overhaul or terminate a program. Moreover, researchers' career incentives often push toward continuation. In insisting on a program's termination, we give up the publications we hoped would follow and may sour our relationships with implementing partners or donors who disagree with our risk assessment. At the same time, conflicts of interest also compromise the ability of implementing organizations to self-regulate programming risks. From their perspective, canceling or making major changes to a program may involve returning unspent funds and laying off staff, including those overseeing the program and monitoring participant harm. Researchers and their implementing partners need a third party to independently assess whether a program poses an undue risk to participants.

While institutional review boards (IRBs) provide an important form of oversight, they do not serve this role (Bernstein et al. 2021). IRBs provide a dynamic assessment of risks posed to human subjects attributable to participation in research activities (Grady 2015). In the social sciences, IRBs review protocols for recruiting subjects and interviewing or observing those individuals, as well as plans to secure subjects' privacy. IRB members are researchers with experience conducting trials that can evaluate common risks associated with different types of data collection. Their mandate and expertise do not enable them to determine whether the program being evaluated poses an undue risk to participants or their neighbors, many of which may not be research subjects (Humphreys 2015). Such determinations — whether it is ethical to proceed with a particular program in a particular place and time — should be based on a familiarity with the proposed intervention and a knowledge of the evolving operational environment. However, it is not feasible for a university to set up an IRB with the subject-matter and contextual expertise needed to evaluate the myriad programs and places where affiliated social scientists conduct impact evaluations (Yanow

and Schwartz-Shea 2008). Moreover, IRBs oversee many research studies in parallel and do not have the capacity to engage in the deep and sustained conversations needed to assess and navigate emerging risks.

If the IRB cannot provide this oversight, we could attempt to tie our own hands. Before any programming, researchers and their implementing partners could publicly commit to a set of stopping rules, adverse events that would trigger the cessation of certain activities (Lyall 2022). Of course, this does not eliminate potential conflicts of interest — rules might be more or less permissive — but public pre-commitment enables scrutiny and could impose discipline by raising the specter of being perceived to transgress one's red lines. This is part of the justification for pre-analysis plans, which try to address conflicts of interest thought to undermine the replicability of social scientific results. While we agree that researchers and their partners should enumerate programming risks before proceeding and collecting the data needed to monitor adverse events, we have four concerns about stopping rules. First, ex-ante risk assessments focus on foreseeable risks; we do not write rules about risks we did not anticipate. Second, they provide binary determinations (i.e., stop or continue) rather than guidance for adapting programming. Third, they are rarely as objective as they seem; enforcing rules often requires judgment calls. We can debate whether a particular event should be counted or, if we are assessing rates relative to a control group, what critical value we should use to determine if a rule was violated.

Finally, in many contexts, we do not have the data needed to implement stopping rules, which require that a program be halted if the intervention generates a statistically discernible increase in certain adverse events. Researchers may not want to establish a zero-tolerance stopping rule: death and hardship happen absent any intervention, and we do not wish to terminate programs because participants face such inevitabilities. Yet, to determine whether the program increases the rate of adverse events we need an estimate of the counterfactual rate (e.g., how many deaths would have happened without the intervention). Many studies run a single, endline survey after programming has already concluded.[3] Even where researchers and implementing organizations collect higher frequency data on program participants (e.g., to monitor compliance), they often do not compile similar data from the control group, which may (by design) have no interactions with the implementing organization. In data-rich contexts (e.g., university health systems, certain high-income countries), one might be able to estimate this rate using administrative data. In other settings, we must rely on more subjective assessments of whether adverse events are attributable to an intervention. If we cannot trust the assessments of researchers with potentially conflicted interests and this is beyond the scope and expertise of an IRB, how should we proceed?

3. EAC Design

We propose that researchers and their implementing partners consider constituting an external advisory committee (EAC) to dynamically assess and advise on whether an intervention poses an undue risk to participants or their communities. Below we discuss when an EAC is most desirable. While EACs can have different mandates depending on context, they should all adhere to the following principles:

3. One could use baseline data to estimate the counterfactual rate. This makes a potentially implausible assumption that, but for treatment, no other background conditions have changed over time that increase the rate of adverse events.

Independence. To avoid conflicts of interest, members of the EAC should not have a professional stake in the impact evaluation or implementing organization. EAC members may already be acquainted with researchers; people with overlapping subject matter and regional expertise likely inhabit the same epistemic community. However, EAC members should not have strong personal ties that could be perceived to compromise their independence. If EAC members are paid for participation, their compensation should be independent of whether the program is terminated.

Authority. The EAC complements oversight by an IRB. While the IRB focuses on risks that arise from participation in research activities, the EAC has a distinct focus on risks that arise due to the intervention, including risks to individuals who are not research subjects or direct beneficiaries of the program being evaluated (e.g., participants' dependents or neighbors). The EAC should be able to request information from researchers and the implementing organization, including de-identified data or summaries thereof if permissible under the study's IRB protocol. The EAC should privately deliberate and provide a written summary of their assessment and any recommendations to the research and implementing organization. While an EAC could be vested with the power to terminate a program, most will serve an advisory role and should be empowered to suggest program adaptations short of termination.

Dynamic. As with an IRB, the EAC should convene before the intervention is launched and provide an ongoing review of programming risks. Static risk assessments are insufficient for two reasons. First, impact evaluations tend to study novel interventions. Where we cannot draw on past experiences, it may be challenging to identify all unintended, adverse consequences until the intervention has started to roll out. Second, an intervention deemed safe in one moment may later pose an undue risk if conditions on the ground change. The outbreak of COVID-19, for example, increased the risks associated with indoor gatherings and, thus, changed the risk profile of programs that encouraged certain kinds of collective action. The EAC should set a schedule for periodic reviews, including an end date for these reviews. It should also identify events requiring immediate notification of EAC members or emergency meetings. Researchers and the implementing organization may also convene an unscheduled meeting to seek the EAC's feedback on a time-sensitive programming decision.

Expertise. The EAC's members should collectively possess regional and subject-matter expertise. The EAC is tasked with assessing whether a specific program in a particular context poses an undue risk to participants or their communities. While this determination can be influenced by information shared by researchers and the implementing organization, it should also draw on EAC members' outside knowledge of the intervention and/or operational environment. As we noted above, in data-poor contexts, knowledge of conditions on the ground is necessary to judge whether adverse events should be attributed to the intervention.

Those familiar with medical trials will note that an EAC is the social science analog to Data and Safety Monitoring Boards (DSMBs), which are required for clinical studies that pose more than minimal risk to participants. DSMBs are independent, expert bodies that periodically review data from clinical trials and recommend modifications to the study protocol (including termination) to safeguard participants' welfare (DAMOCLES Study Group 2005). We note two differences. First, clinical trials typically take place in

controlled environments. In most instances, DSMBs do not need to consider the political or social context surrounding a particular study site and whether those contextual features affect the risks associated with a specific intervention. Second, DSMBs perform independent analysis of midline data. During a double-blinded study, DSMB members may be the only individuals allowed to unmask participants' treatment status to assess whether (adverse) outcomes differ across treatment arms (Eckstein 2015). While we certainly would not discourage an EAC from conducting comparable analysis, we recognize that many impact evaluations in the social sciences do not collect midline data and cannot passively monitor adverse outcomes in control groups. We, thus, expect EAC's assessments to be less statistical and more subjective.

Our proposal also builds on the critique and proposal from Bernstein et al. (2021) to constitute Ethics and Society Review boards (ESRs). To compel researchers to identify and mitigate risks to society (and not just research subjects), these authors propose conditioning grant funding on an ethics review by an ESR. EACs complement this institutional innovation by requiring an ongoing assessment of societal risks, which may not be entirely foreseeable at the funding stage, and providing accountability even after funding has been awarded. Moreover, while ESRs must consider a wide range of applications, an EAC can enlist members with regional and programmatic expertise related to a specific project.

We appreciate that our proposal may sound demanding. Researchers already report to IRBs, donors, and their peers. Should we be subjected to more reviews? Can we not be trusted to police the programs we evaluate? As discussed below, we suggest that only some impact evaluation needs an EAC; where the problems we describe above do not apply, no remedy is required. EACs will be most relevant for programs and associated impact evaluations that are testing new interventions with a high or unknown potential for causing harm. EACs can also be useful for politically sensitive interventions, such as on conflict or security, where the researchers and implementers may be subject to greater scrutiny by local authorities. In addition, EACs are highly relevant in fragile contexts where existing local institutions may lack the capacity to provide sufficient oversight. We emphasize here that an EAC can lighten the moral burden that researchers and implementers feel when they initiate an intervention with uncertain benefits and harms. Rather than unilaterally contemplating decisions that could harm others, researchers and the implementing organization benefit from the counsel of independent experts. They can move forward with greater confidence and accountability knowing that an EAC agreed with their choices.

4. EAC Application: Facilitating Cross-border Migration from Niger

We established an EAC for a program that we co-designed with Mercy Corps (MC), an international development organization that has operated in Niger since 2005. The "Planning for Productive Migration" program (PPM) enables legal labor migration by young men to other countries in the Economic Community of West African States (ECOWAS). Based on multiple years of qualitative and quantitative scoping research, we created PPM to (1) overcome common barriers to cross-border migration and (2) increase the likelihood that migration contributes to the economic or psycho-social well-being of migrants or their families. The PPM program was first piloted with 110 participants in 4 communities in February 2022. In consultation with the EAC, which we constituted at the piloting stage, the program was scaled up in June 2023 to 940 participants across 83 communities.

4.1 Context

Niger is one of the poorest countries in the world. Less than half of the population between the ages of 15 and 64 have work (International Labor Organization 2014). Young people have few economic opportunities, particularly in rural areas. Environmental factors, including climate change and desertification, are increasing the competition for land and undermining the long-term viability of weak rural economies. While agriculture employs 78% of Nigeriens, most young Nigeriens aspire to work in other sectors (Gado et al. 2019).

Cross-border migration could help to satisfy these aspirations and enable rural households to diversify their livelihoods. As part of our scoping research, we surveyed 1,198 households in Tahoua Province (our study area) in April 2021. We found that 67% of young men (18-35) would like to migrate in the next three years, and 74% of those prefer to move outside of Niger.[4] Yet many will remain stuck: across our sample, we record 664 respondents who deferred or canceled their migration plans, with insufficient funds (67%) and household responsibilities (24%) being the most common reasons. These data suggest that cross-border migration rates would be higher without financial and family constraints. Second, migration would be more productive with additional planning. Among the young men interested in cross-border migration, a large majority were somewhat or very worried about finding a job, finding housing, and avoiding discrimination and harassment. We hypothesize these men would have more success integrating if they received support identifying job opportunities, mitigating migration risks, consulting with family, and paying for travel. Moreover, better communication within households could overcome opposition from family members and improve outcomes for those who stay behind.

Cross-border migration, while potentially beneficial, carries significant risks across three dimensions. First, migrants face various physical risks, including limited healthcare access, personal safety concerns during travel and settlement, and vulnerability to trafficking networks and exploitation, particularly in fragile states. Second, migrants encounter economic challenges, such as unemployment and labor exploitation, which can prevent them from supporting themselves or sending remittances to families left behind. Third, migration imposes substantial social and psychological costs through xenophobia, discrimination, and the emotional toll of family separation and disrupted social networks. These various risks affect not only the migrants themselves but can cascade to their households and broader communities of origin, potentially undermining the economic and social benefits that migration might otherwise deliver.

4.2 Intervention

PPM targets young men in Tahoua province between the ages of 18 and 35 — the demographic most likely to participate in "seasonal" labor migration (Boyer and Mounkaila 2010). The PPM program facilitates safe, legal, and productive migration by relieving constraints that prevent young men from migrating to find higher-paying work. The intervention includes three components.[5] First, participants attend eight interactive trainings (over 30 hours) to discuss whether migration is the right choice for them and their families and, if

4. Of those who said they were not interested in migration, over half said they would like to move but were "uninterested" because they did not think moving was possible.

5. Our analysis plan for the associated impact evaluation provides more details on the components of the intervention: https://osf.io/yz56e.

so, what preparations they can make to ensure their moves are legal, safe, and productive. The trainings use storytelling and active learning to convey the benefits and costs of migration to different destinations, how to mitigate risks, make connections and integrate into a new destination, and save and remit income. Second, trainers visited each participant's household two times to convene household dialogues. Each dialogue lasted around two hours and allowed family members to discuss their concerns and expectations related to migration by the participant. Finally, all participants who completed the training and household dialogues and secured the necessary travel documents and vaccinations were eligible for travel support (roughly $200) that covered a round-trip bus travel to popular destinations within ECOWAS. ECOWAS allows citizens to enter, reside, and work in any member state.[6]

By facilitating cross-border migration – a new approach to livelihoods support for the implementing organization – PPM introduced a set of new risks to program participants, and by extension, a set of reputational risks for Mercy Corps' operations in Niger. Establishing the EAC was one of multiple steps we took to manage these risks. In addition to information imparted during the training about safe migration and supportive services in destinations (e.g., consulates and diaspora groups), we employed two other strategies to monitor and mitigate risks. We set up a hotline that participants could call 24/7 to receive information or assistance. Given low literacy rates, the interactive hotline with recordings in French and Hausa served as a reference for participants. Program staff monitored all calls to the hotline and followed up on requests for assistance. We also set aside an emergency fund to support participants who could not return home independently. It was ultimately not used during the pilot or RCT as there were no severe adverse events that required this support.

MC's staff in Niger implemented all elements of the program. While headquartered in Niamey, MC established a field office in Tahoua and recruited trainers in our study area to support this project. The research team contributed to the program's design, helped raise funds for implementation, monitored the program's rollout, and oversaw the randomization and data collection for the impact evaluation.

4.3 EAC Composition and Charter

When constituting our EAC, we sought members with no conflicts of interest, whose collective expertise included the demography and politics of Niger and neighboring countries in the Sahel and West Africa; the risks, benefits, and barriers to labor migration; and familiarity with the design and implementation of impact evaluations. Our EAC comprised five members listed in Appendix Section A.1. We invited Professor Arsène Brice Bado, an expert in ethics, forced migration, and political instability affiliated with CERPA/Jesuit University in Côte d'Ivoire, to chair the committee. All EAC members were paid an upfront honorarium, and their duties were codified in a jointly developed charter. We include the charter in Appendix Section A.2.

Our project's EAC was scheduled to meet every three months for the year after the intervention launched, which is when MC planned to end all activities related to the program. If the research team or MC learned that a program participant had died, we committed to rapidly reporting this to the EAC and

6. Niger officially exited ECOWAS in January 2025 but was a member of ECOWAS during program implementation and in the year following implementation.

convening, at their request, an emergency meeting (see Appendix Section A.3). As we discuss below, we convened several unscheduled meetings of the EAC in response to unanticipated political upheaval in Niger.

Before every EAC meeting, the research team shared a written report focusing on two topics. First, the report described changes to the operational environment that could elevate risks for participants, including any campaign of anti-immigrant violence in a destination country or disease outbreaks, political instability, or political violence in Niger or destination countries. Second, the report documented severe adverse events, including the death of a study participant, their spouse, or one of their children or instances of grievous bodily harm or human rights abuses for participants in treatment and control groups. We provide an example of this report in Appendix Section A.4.[7]

EAC meetings started with an open session attended by one or more members of the research team and MC. This allowed the EAC to pose questions about the written report they received or other aspects of the intervention or operational environment. The EAC members then deliberated in a second closed session and shared any recommendations in writing. We did not specify how the EAC should resolve conflicting viewpoints among members (e.g., a voting rule) and did not ask them to attribute particular recommendations or viewpoints to specific members. We provide an example of the EAC's recommendations in Appendix Section A.5.

4.4 EAC's Role in Consequential Programming Decisions

Beyond the ongoing monitoring of adverse events described above, we emphasize two moments — one foreseen, the other unexpected — in which we faced consequential decisions about whether and how to continue the PPM program. In these moments, the EAC provided invaluable advice about how to proceed.

Scaling Up. We conducted a pilot study in 2022 with a sample of 210 young men drawn from 4 communities in Tahoua. We randomly assigned 110 individuals to the PPM program; the remainder were assigned to a control group. The control group received a mobile phone for surveying but no migration-related programming. This small-scale pilot was not designed to evaluate efficacy but to field test the delivery of the program and our risk-mitigation protocols, including our ability to maintain contact with a potentially mobile population.

During the pilot, one participant in the PPM program died while in Abidjan, Côte d'Ivoire. MC learned of this death on September 18, and program staff visited the participant's family on September 20 to express condolences. During this visit, MC learned that the participant had fallen ill with malaria and had been hospitalized for three days before passing. We sent notice of this severe adverse event to the EAC on September 26 (see Appendix Section A.3), which convened an unscheduled meeting two days later. In the open session of the EAC meeting, the research team shared more detailed information about the deceased participant's involvement in the PPM program and a comparison of health outcomes for PPM participants vs. control, which found no systematic differences. After deliberating in a closed session, the EAC judged that the severe adverse event was not attributable to the PPM program: the individual had not completed the training or received financial support from MC to migrate; moreover, the individual received medical care,

7. The EAC requested specific information, and we revised our template to supply this information. For example, we added information about operational bus routes and the presence and behavior of immigration officials at major border crossings.

suggesting that migrating did not prevent them from accessing healthcare. The EAC also recommended reminding participants about the hotline, which an acquaintance of the deceased used to inform MC about the death, and establishing a protocol for when and how to support participants facing health emergencies that does not create moral hazard.

We conducted an endline survey in October 2022 with all pilot subjects. The EAC convened in early December to compare economic, migration, and health outcomes for individuals randomly assigned to the PPM program vs. the control group. Cross-border migration was 8 percentage points higher in the PPM group, which also had higher levels of average income and food security. There were no meaningful differences in mental or physical health. Given the small scale of the pilot, none of these differences could be precisely estimated. Our report also included a summary of changes to the risk environment for participants (there were none) and severe adverse events (the one death mentioned above). After deliberating, the EAC recommended that we scale the program to conduct a full-scale RCT as the pilot indicated potential significant benefits and no major risks.

While the pilot's endline data was instructive, we stress that this was a largely subjective determination: our pilot was done in a convenience sample of four localities across two communes. The proposed footprint of the full-scale RCT was 142 new localities spread across eight communes. The programming and evaluation would directly involve 15 times more households. Moreover, some border closures related to the COVID-19 pandemic were still in place during our pilot, which likely constrained out-migration. The EAC provided an independent and expert perspective on whether we had developed the protocols and capacity needed to monitor and manage risks for many more migrants — a question outside the scope of an IRB.

Adapting to Unexpected Political Instability. We recruited 3,000 households for the RCT and completed a baseline survey in June 2023. Programming launched in July and was to continue through October; risk mitigation measures would stay in place for an entire year.

However, on July 26, high-ranking members of the Nigerien military staged a coup d'état, ousting and holding captive the country's democratically elected president. This political upheaval was surprising: in contrast to neighboring countries, Niger was viewed as a "bastion of stability in the Sahel" and a reliable partner for Western governments.[8] In response, ECOWAS threatened military intervention and imposed sanctions, which involved the official closure of Niger's borders with Nigeria and Benin. (The borders to Burkina Faso and Mali — ECOWAS members run by military governments sympathetic to the junta — remained officially open.) While there were demonstrations in Niamey (most supportive of the coup), we received no reports of unrest in Tahoua, which is an 10+-hour drive from the capital. The coup changed the operational environment for the program primarily by potentially limiting opportunities for safe and legal cross-border migration to the most popular destinations in ECOWAS and by interrupting trade, thus increasing local food prices.[9]

Following the coup, we worked with the EAC to address two questions: first, under what conditions should we stop the program; second, if we proceed, how should we change the program? We proposed

8. https://www.dw.com/en/niger-coup/a-66372043

9. Local inflation increases the value of cross-border migration but may nonetheless reduce migration rates by making liquidity constraints more binding.

a set of four criteria for stopping the program: (1) large-scale violence in Niger due to a foreign intervention or civil war; (2) significant worsening of the security situation in the region due to terrorism or counter-terrorism; (3) MC shuts down operations or cannot safely deliver the program; and (4) all borders to ECOWAS countries are closed, both *de jure* (as a matter of law) and *de facto* (as a matter of practice). If none of these criteria applied, we proposed a contingent plan for adapting programming in response to different scenarios — whether borders could be crossed without risk of harassment or detention and whether Nigeriens faced hostility in destination countries. The EAC endorsed these decision-making protocols and recommended meeting every two weeks to review whether the program should be stopped or changed in response to the new risk environment.

To inform these bi-weekly meetings, and our own understanding of the changing context, we started gathering additional information on the status of borders: we dispatched enumerators to visit four common border crossings (with Benin, Burkina Faso, Mali, and Nigeria) every two weeks to observe whether Nigeriens can cross safely and without harassment, and we monitored a reputable bus line to determine which routes they continued to operate. We also conducted a regular review of security briefs and monitored major news outlets across the region for any stories about organized violence or harassment directed at Nigeriens. These sources were augmented by the expertise and networks of our EAC members, most of whom live in ECOWAS.

After deliberating on these assessments of the local security and mobility dynamics, the EAC endorsed the resumption of training and household dialogues in Tahoua. However, we delayed providing travel support, which was initially planned as a fully paid bus ticket to the participant's chosen destination within ECOWAS, while we gathered more information on border crossings and the regional security situation.[10] By November, Niger remained under military rule, but the risk of a regional or civil conflict appeared negligible; social unrest was confined mainly to Niamey and, even there, relatively muted. In monitoring border crossings, we observed that Nigeriens were moving in large numbers into Benin and Nigeria. While these borders were officially closed, individuals could freely cross in full view of border agents by either walking across the border to Nigeria or taking a short canoe (*pirogue*) ride over the Niger River to Benin. Having completed the required training and household dialogues, participants in the program were eager to receive the travel support they had been promised; labor migrants typically embark late in the calendar year after the harvest.

To honor promises made to participants, including preserving their agency and well-being, we proposed a programming change to the EAC: rather than issuing bus tickets, MC would instead provide a cash transfer of roughly equivalent value. Our participants overwhelmingly planned to migrate to Côte d'Ivoire, and the most direct route involved crossing into Benin. A reputable bus carrier continued to sell tickets from Tahoua to Côte d'Ivoire. Still, its passengers took one bus to the Niger side of the border, disembarked and separately purchased crossing on an unaffiliated canoe, and then boarded a second bus from the same carrier waiting

10. As we note above, participants were only eligible for financial support if they completed at least six trainings and one household dialogue and secured the required travel documents and vaccinations. Moreover, we refused to support travel to Mali due to ongoing civil conflict.

in Benin.[11] Neither MC nor the EAC regarded the canoe crossing as an undue risk to participants. However, MC did not feel it could provide a ticket requiring passengers to use an unregulated mode of transport for part of the journey. A cash transfer instead allows participants to make their risk-benefit calculations and use the cash accordingly — to support planned migration or to stay in Niger and cover the increased costs of staples due to the ECOWAS sanctions. This cash transfer would be disbursed only after an extra training session that provided up-to-date information on major border crossings and reiterated the risks of migration to Mali and countries outside of ECOWAS.[12]

We convened two EAC meetings to discuss this proposal and feasible alternatives. After deliberating, the EAC endorsed our proposal, writing

> The EAC's ability to feel comfortable with this change is based on the extra work done by both [the research team at] IPL and Mercy Corps in undertaking additional primary research at borders, and in gathering critical information about additional risks induced by the military coup... This move will allow the PPM program to meet its goals, empower participants in the program, and mitigate institutional risk for Mercy Corps.

The EAC recommended that we continue monitoring border crossings and notify participants of any changes.

The coup, an unforeseen event, underscores the value of the dynamic, expert, and independent review provided by an EAC. The coup did not meaningfully change the risks associated with surveying, so it did not affect the IRBs' assessments. It was an event that was unlikely to have been considered in an ex-ante risk assessment or encoded in a stopping rule. However, in consultation with our EAC, we ultimately decided against stopping the program. Amid rising prices and food insecurity, we felt that continuing to provide financial support, albeit in an alternative form, best preserved participants' agency and well-being. The EAC's impartiality allayed concerns that this decision to continue and adapt the program was driven by the potentially conflicting interests of the researchers and implementers.

4.5 Discussion

When researchers participate in the design and implementation of interventions, they assume some responsibility for the risks posed to participants, their families, and society. Our professional incentives and commitments to partners and donors can color our assessment of these risks, and we should seek out impartial experts to help surface and resolve conflicting views. The scope of the IRB is too narrow to serve this function, and it can be difficult or unwise to tie our hands with strict and static stopping rules. After several years of scoping research and a pilot study in Niger, we still failed to anticipate major political events that shifted the risk environment of the PPM program.

In forming an EAC, researchers commit to ongoing tracking and reporting on risks. Even if the EAC cannot force decisions, it requires transparency. We must weigh intervention's evolving benefits and harms and justify our choices to continue or adapt programming to an independent body of experts. This ethical

11. Our enumerators observed over a hundred boats ferrying individuals across the border at this crossing. The boat ride took roughly five minutes bank-to-bank.

12. We had recently surveyed the individuals eligible for a cash transfer, and almost none expressed interest in migrating to high-risk destinations including Libya and other countries outside of ECOWAS. In our pilot, less than three percent of PPM participants migrated to such countries.

oversight generates accountability. Below we provide some final reflections for those considering setting up EACs to accompany their impact evaluation.

What are the costs of creating an EAC? While honorariums paid to EAC members are the most obvious cost, they are not necessarily the largest. Researchers and the implementing organization may need to collect additional data to provide informative reports to the EAC. Moreover, the EAC may create unanticipated demands for information: in our Niger project, for example, we had not planned to hire enumerators to visit multiple border crossings regularly. Information on adverse events and the risk environment must be periodically summarized in reports to the EAC, and researchers and their implementing partners must be available to brief the EAC and answer members' questions. The research and implementation teams would have needed to undertake much of this additional assessment to inform program decisions even without an EAC in place. However, the heightened requirement to collect and report on the context changes and risks to the EAC provided a greater level of accountability for doing so. We hope interested researchers can secure grant funding to offset these costs and that, over time, funding agencies will allow or even encourage adding these costs to research budgets. However, we recognize that research resources are inequitably distributed. We do not advocate making EACs a requirement, at least until funding norms change and evolve, partially because this would disadvantage scholars with fewer resources.

An EAC also limits implementers and researchers' autonomy. Suppose the EAC disagrees with researchers and implementers and provides a conflicting recommendation. They could heed the EAC and, at a minimum, incur a psychic cost for taking an action they disagree with. Alternatively, the researchers and implementers could defy the EAC's recommendation, which is not binding. Yet, they assume reputational risks by rejecting the advice of an expert body they constituted to provide ethical oversight. This is by design: if there was no cost to ignoring your EAC, then it would be window-dressing and not a real source of accountability.

Which projects benefit from an EAC? We believe that only some impact evaluations need an EAC. An EAC will be especially valuable in three scenarios: first, for novel interventions where the potential harms are non-trivial and challenging to foresee, second, in fragile operational environments, and third, when supporting interventions that are potentially politically sensitive. In such instances, conducting ongoing risk monitoring and assessing whether a program needs to be adapted in response to unanticipated harms or changes in the operational environment is more important. Finally, an EAC addresses conflicts of interest that could compromise the researchers' ability to properly balance participant risk against the benefits of adhering to the original implementation plan. If these conflicts are not present or are addressed by other mechanisms, then it may not be necessary to constitute an EAC to scrutinize programming decisions impartially. Further, it may not be necessary to establish an EAC for a program that does not include an impact evaluation supported by external researchers. This is because implementing organizations with a long-term presence in a given context often have other local sources of guidance and accountability to help understand and navigate risks.

Simply establishing an EAC will not bring these benefits. Our experience illustrates key elements that researchers and implementers need to put in place for EACs to play an effective advisory function.

First is clarity on what roles are expected of the EAC. We provided this upfront via a clear charter along with thorough orientation of each EAC member on the purpose of the committee. Then, in advance of each EAC meeting, we clarified the specific risks and decisions we needed their expert advice on. Second is information to inform the EAC's advising and our subsequent decisions. Putting a standard operating procedure in place for monitoring and responding to severe adverse events and other risks allowed us inform and get timely responses from the EAC. We found two main data sources to be critical for this: routine surveys to monitor potential harms, including among the control group, and a dedicated hotline to capture idiosyncratic events among program and research participants. Third is the ability to adapt programming based on the EAC's counsel. Processes within Mercy Corps, and flexibility by the donors to the PPM program, enabled us to quickly pivot major program activities – namely the shift to provide cash transfers following the coup in Niger. Such flexibility is not a given in many international development programs. Yet it can be essential to being able to act on the advice of an EAC to make significant program changes.

EACs provide much-needed ethical oversight for impact evaluations designed and implemented by researchers to test novel interventions in fragile contexts. While they introduce additional costs and complexity, EACs provide three critical functions that existing institutional structures do not adequately address. First, they offer dynamic, context-sensitive oversight of programming risks that complements the more narrowly focused review of research activities by IRBs. Second, they help resolve conflicts of interest by providing independent expert guidance when researchers and implementing partners face difficult decisions about continuing, adapting, or terminating interventions. Third, they create accountability through regular monitoring and reporting requirements, even after funding has been secured and programming has begun. As social scientists increasingly participate in program design and implementation, establishing EACs helps ensure we meet our ethical obligations to participants and their communities while maintaining the scientific integrity of our research. We believe the framework we propose here — including clear principles for independence, authority, expertise, and dynamic review — can serve as a model.

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Supporting Information

Ethical Oversight in Impact Evaluations:
External Advisory Committees to Assess Programming Risks

For online publication

Contents

A. External Advisor Committee

A.1 Membership

- **Prof. Arsène Brice Bado** (Chair), Vice President for Academic Affairs, CERAP/Jesuit University, Abidjan, Ivory Coast.
- **Dr. Joseph Asunka**, CEO, Afrobarometer, Ghana.
- **Abdoulaye Harouna**, Experienced humanitarian professional in Niger.
- **Dr. Karen Levy**, Co-Founder, Fit for Purpose, Kenya (formerly Evidence Action with work on No Lean Season)
- **Dr. Oreva Olakpe**, Researcher, Toronto Metropolitan University (expertise on cross-border migration in ECOWAS).

A.2 Charter

Proposed Charter of the External Advisory Committee (EAC)

I. Introduction

The purpose of this document is to describe the roles and responsibilities of the independent External Advisory Committee (EAC), a body which provides guidance to the implementation and research teams implementing the Planning for Productive Migration (PPM) program in Niger.

The PPM program addresses constraints that impede legal migration. These constraints include lack of information, travel documentation, social networks, and financial resources. Through training and household counseling, the program helps participants and their families think through the potential benefits and costs of migration. If a participant chooses to migrate, the program provides for round-trip travel to their desired destination in the ECOWAS region. To be eligible, individuals must be men between aged 18–35 who express an interest in migration prior to enrollment in the PPM program. Whether or not they migrate is a choice each participant makes with their family after the training and household counseling are complete.

The PPM program will be piloted with a sample of 110 households in Tahoua, Niger in February 2022, each with a primary young male participant. Mercy Corps will implement the program with research support from the Immigration Policy Lab at Stanford University.[1] Participating individuals will receive the training/counseling program and then be surveyed regularly for six months to monitor their outcomes. In addition, 100 households will be assigned to a "control" group, which will also be monitored over the same six-month period. We will randomly assign which households receive an invitation to the PPM program and which do not. The pilot will inform a potential scale-up to a fully-powered randomized controlled trial (RCT) in late 2022.

This document includes information about the timing and format of EAC meetings, the methods of communicating information to and from the EAC, and the relationship between the EAC and other parties.

II. Roles and responsibilities

The aim of the EAC is to safeguard the interests of program participants and their households and advise the PIs and Mercy Corps about the ethics and credibility of the research study. In addition, because the program is still in development and the pilot is a learning opportunity to inform a fully-powered RCT, the EAC is invited to share feedback and perspective regarding potential program changes going forward.

The EAC will receive regular reports on the pilot. After reviewing and discussing each report, the EAC will advise the internal advisory group (IAG; see Footnote 1 for a list of members) whether, in their view: (i) the pilot should proceed without adjustment; (ii) adjustments should be made to the program design or implementation plan; or (iii) the implementation of the program/trial should be paused or ended given

[1] Principal investigators: Jeremy Weinstein (Stanford); Co-Principal Investigators: Darin Christensen (UCLA), Allison Grossman (Stanford), Guy Grossman (University of Pennsylvania), Beza Tesfaye (Mercy Corps), and Jessica Wolff (Stanford). We refer to this set of individuals as the PIs. The research and program implementation are overseen by an internal advisory group (IAG) that includes [Robert Lankenau (Mercy Corps), Siaka Millogo (Mercy Corps), Jon Kurtz (Mercy Corps), Beza Tesfaye (Mercy Corps), Jeremy Weinstein (IPL), and Jessica Wolff (IPL)].].

changes in the operational environment and/or the frequency of severe adverse events. The EAC can also request additional information from the program implementation and research team.

Based on reports provided to them (and any outside sources of information), the specific roles of the EAC include:

- Evaluating developments that pose additional risks to program participants;
- Assessing the frequency of severe adverse events and evidence of possible harm to participants or their households from the PPM program;
- Deciding whether to recommend adjustments to the program design or implementation plan on the basis of changes in the operational environment or assessments of harm;
- Deciding whether to recommend that the program be terminated either for all participants or for some subset of participants based on changes in the operational environment or assessments of harm.
- Offering input to inform potential changes to the program for the fully-powered RCT.

Recognizing that this is a new and evolving institutional mechanism, the members of the EAC may want to amend their roles and responsibilities or make changes to the organizational structure and decision-making approach of the body. Any proposed changes to the structure and approach should be transmitted by the Chair of the EAC to the program implementation and research team for discussion and consideration. Changes will be made on mutual agreement of the EAC members and the implementation and research team, and a revised charter will be circulated.

III. Composition

The EAC will include five members. The EAC will be composed of a diversity of voices and expertise including, at a minimum: (i) scholars/social scientists from the region in which the program will be implemented (West Africa); (ii) community advocates, likely drawn from development or humanitarian organizations in the region, who are also familiar with research; (iii) domain experts who have conducted research on migration in the region; and (iv) field experimentalists who have worked on RCTs in the Global South. The individuals participating on the EAC will be independent of the research and implementation team and any conflicts of interest will be declared in advance of the launch of the EAC.

The EAC members will include: Harouna Abdoulaye (COPAVE), Joseph Asunka (Afrobarometer), Arsene Brice Bado (CERAP), Karen Levy (Fit for Purpose), and Oreva Olakpe (Ryerson University).

One EAC member, Professor Bado, will serve as chair. He/she will facilitate the EAC meetings and summarize the discussions. The EAC will operate in English but simultaneous translation will be available for any members who prefer to participate in French.

EAC members are expected to operate in good faith with respect to charter of the EAC and to engage in thoughtful and productive deliberation with their colleagues. If the chair determines that an EAC member is engaging in ways that are disruptive of the group's operations, he/she will raise their concerns with the member. If the behavior continues, the chair has the authority to dismiss a member, which he/she will then report to the IAG.

The senior program manager from the Immigration Policy Lab will staff the EAC, organizing and coordinating the meeting schedule.

Members of the IAG, including the PIs and representatives from Mercy Corps, will be available to attend open sessions of the EAC.

IV. Relationships

The EAC will act in an advisory role to the IAG, which governs research and implementation team. The EAC will not make decisions about the program or the data collection. Instead, the EAC will provide recommendations to inform the decision-making of the research and implementation team.

Members of the EAC will be compensated for their time and effort. This will take the form of an honorarium of $3,500, which will be paid out in monthly installments for the seven month duration of the EAC.

V. Organization of EAC meetings

The EAC will hold its first meeting in March 2022. The first ninety minute meeting will focus on (i) familiarizing the EAC with the design of the program and the risk-mitigation protocols and (ii) seeking input on the developments and severe adverse events that should be tracked throughout the pilot. The EAC will review and provide feedback on a template for the reports that will be provided by the research and implementation team to enable EAC discussions. The first meeting will also provide an opportunity for EAC members to seek clarification on their roles and responsibilities and to agree on how their meetings will be run going forward.

Once the program launches and for the six months that subjects are surveyed, the EAC will meet every month. An exceptional meeting would be called immediately in the event of the death of any participant (including both the treatment and control group). Three days in advance of each meeting, the research and implementation team will share a written report with information on developments that pose additional risks and severe adverse events if any such events have been experienced by the program participants or those in the control group. Representatives of the IAG will join the first ten minutes of each EAC meeting to answer any questions. After this, the EAC will meet in closed session to reflect on any new developments and form their recommendation for the IAG.

VI. Documentation and procedures to ensure confidentiality and proper communication

The research and implementation team will report on new risks and severe adverse events in a standardized format. This format will be briefed to the EAC at its organizational meeting and input will sought to ensure it is maximally informative. These reports will draw on information collected by the research and implementation team and will be made available to PIs, IAG, and the EAC.

The EAC will report its recommendations in writing to the IAG in English. These recommendations will also be shared with all PIs and implementation team members. For documentation purposes, the EAC should issue a written report even if no changes to the program or research protocol are recommended.

VII. Decision making

In its deliberations, the EAC can decide to advance a number of possible recommendations including:

- Signaling that no action is needed and the program implementation and research protocol can continue as planned;
- Proposing changes to the program model or research protocol to address new risks or to mitigate potential harms for the ongoing pilot;
- Recommending a pause in pilot program implementation or the research protocol while time is taken to investigate/address a potential concern;
- Recommending that the pilot program implementation or research protocol be halted (for all or for some participants) based on changes to the operational environment or the frequency of severe adverse events.

In addition, the EAC can make suggestions or proposals as to how the pilot program should be changed or adapted in advance of the fully-powered RCT.

In arriving at their recommendation, the EAC should strive for consensus and take a vote only if necessary. Before arriving at a recommendation, the EAC can seek further input from the research and implementation team, either in written form or via a direct conversation. If a vote is taken, the results of the vote should be recorded alongside the recommendation that is conveyed to the Advisory Group.

Effort should be made for all EAC members to attend. The Senior Program Manager at IPL will identify a time that works consistently for EAC members.

Recognizing that EAC members may sometimes be unable to attend, members may share input/feedback with the Chair in writing in response to a written report provided in advance. If a member misses more than two meetings in a row, the Chair should ask the member whether they wish to remain a member of the EAC. If they cannot commit to regular attendance, they should be replaced.

If the EAC is considering recommending major action after a meeting, the Chair should talk with any absent members to check that they agree. If they do not, the decision should be discussed at a subsequent meeting when all members are present.

The EAC will deliberate on the implications of changes to the risk environment and severe adverse events experienced by program participants. Although these criteria have not been finalized, the examples below identify the kinds of developments that will be reported to the EAC in advance of every meeting. These criteria will be further developed and finalized with the EAC.

Risk Environment/Severe Adverse Events: In advance of the EAC meetings, the implementation and research team will circulate a report detailing any significant changes to the risk environment for participants and whether the following severe adverse events have occurred and the proposed actions in response. Case specific details will be provided in order to help the EAC make a judgement regarding whether the event is attributable to the treatment. Any death to a participant would be a cause for an immediate discussion with the EAC within twenty-four hours.

Changes to the Risk Environment	Potential Actions

A campaign of targeted anti-immigrant violence (destination location)	Update participants on risks. Stop subsidizing travel to the destination. Encourage people to return.
Severe outbreaks of COVID in Niger or destination countries – e.g. hospitalization and death.	Update people on risks.
Severe political instability and political violence/civil conflict.	Update people on risks both with respect to destination and transit routes. In the event of civil war breaking out, stop subsidizing travel and reach out to offer return.

Severe Events	Measurement Strategy	Baseline Rate
Death of the participant, grievous bodily harm	Check-in calls. Hotline.	Comparison to the control group.
Death of the subject's spouse or child	Check-in calls. Hotline.	Comparison to the control group.
Wife/family loses home or land	Check-in calls. Hotline.	Comparison to the control group.
Participant experiences severe human rights abuses in destination (trafficking, torture, etc.)	Check-in calls. Hotline.	Comparison to the control group.

While the research and implementation team will report on the risk environment and the frequency of severe adverse events in comparison to the control group, no formal stopping rule will be established in advance. Given the small sample size of the pilot, the EAC will be empowered to evaluate the specifics of the harms that are experienced in light of the baseline rate and knowledge of the context/region and to then make a recommendation to the research and implementation team.

In addition, the research and implementation team will also report to the EAC any anonymous feedback provided by program participants through the Mercy Corps Community Accountability Reporting Mechanism (CARM) or directly to the Institutional Review Boards (IRBs) of the three participating institutions.

VIII. Reporting

The EAC will report its recommendation in a letter to the Advisory Group. The letter can be sent over email and should be provided within three business days. The PPM Internal Advisory Group will review the recommendation and respond with their decision and planned actions within five business days.

Minutes of the meeting will be kept by the Chair. These minutes are only for the internal use of the EAC and will not be shared with the Advisory Group.

IX. After the trial

The role of the EAC will be described in the main report of the study results. This section will include the names and affiliations of the EAC members, unless they explicitly request otherwise. A brief summary of the timing and conclusions of the EAC meetings will be included in an appendix to the paper.

The research and implementation team will provide EAC members with the opportunity to read and comment on any discussion of the EAC's role in draft publications before submission.

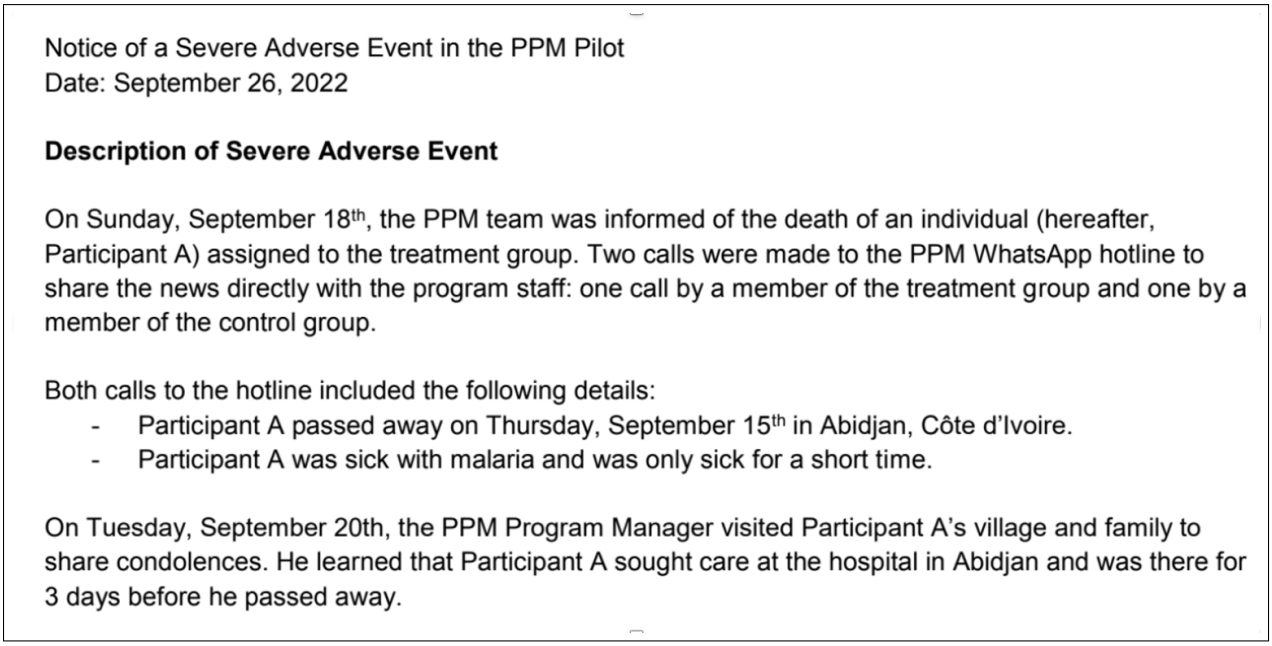
EAC members may not share any confidential information on the program, study details, or their confidential deliberations until the primary results have been published.

A.3 Reporting Protocol for Severe Adverse Events

The EAC's charter envisions reports on significant changes to the risk environment and severe adverse events before scheduled EAC meetings. The reports include case-specific information and any proposed responses.

In the case of a participant's death, we committed to immediately collecting and sharing case-specific information (e.g., cause of death) with the EAC and facilitating an off-schedule meeting. For example, on September 26, we sent the notice below (see Appendix Figure A.1):

Figure A.1: Example Report of Severe Adverse Event



Notice of a Severe Adverse Event in the PPM Pilot
Date: September 26, 2022

Description of Severe Adverse Event

On Sunday, September 18th, the PPM team was informed of the death of an individual (hereafter, Participant A) assigned to the treatment group. Two calls were made to the PPM WhatsApp hotline to share the news directly with the program staff: one call by a member of the treatment group and one by a member of the control group.

Both calls to the hotline included the following details:

- Participant A passed away on Thursday, September 15th in Abidjan, Côte d'Ivoire.
- Participant A was sick with malaria and was only sick for a short time.

On Tuesday, September 20th, the PPM Program Manager visited Participant A's village and family to share condolences. He learned that Participant A sought care at the hospital in Abidjan and was there for 3 days before he passed away.

The EAC then reviewed:

- A report on the participant and his family, drawing on prior data collection as well as MC's visit to the household.
- Data on health outcomes comparing participants in the PPM group to the control group throughout the pilot.

The EAC judged that the severe adverse event was not a consequence of the PPM treatment, as (a) the individual had not completed the program or received a bus ticket (he had only attended the first week of training) and (b) the individual had sought medical care in Abidjan for malaria but unfortunately succumbed to the disease (so being abroad did not limit access to medical care).

A.4 Example: Report to EAC

Planning for Productive Migration Pilot: External Advisory Group
Monthly Report

Meeting Date: July 7, 2022
Reporting Dates: June 3 - June 29, 2022

1. PROGRAM STATUS

PPM Training status	Pilot program training in Illela & Keita communes complete
WhatsApp hotline	Active & in use
Total participants	110 treatment households; 100 control households
Survey wave	Round 3 completed in June
Total # of bus tickets provided overall	18 outbound tickets tickets overall
Total # of bus tickets provided in the last period	2 outbound tickets
Country destinations currently supported by the program (open land borders)	

Country destinations	**Open land borders (Yes/No)**
Côte d'Ivoire	No
Togo	Yes
Nigeria	Yes
Benin	Yes
Ghana	Yes
Mali	No
Burkina Faso	Yes
Sénégal	Yes
Cap Vert	Yes
Gambie	Yes
Guinée Bissau	Yes
Sierra Leone	Yes
Guinée	Yes
Libéria	Yes

Monthly survey respondents	102 Primary participants: - 54/98 in control - 48/110 in treatment
Countries with treatment & control participants in reporting period according to monthly phone surveys	

Control group	Treatment group
Niger (51) Côte d'Ivoire (9) Central African Republic (1) Libya (3)	Niger (45) Côte d'Ivoire (15) Central African Republic (2) Burkina Faso (1) Cameroon (1)

2. WHATSAPP HOTLINE USAGE (over the reporting period)

Total number of requests	8 requests total
Requests from treatment group households	4 requests (2 questions about the program regarding bus tickets and 2 other questions about the monthly survey)
Requests from control group households	4 requests (2 questions about the program and 2 other questions)
Requests from non-participant households	0 requests
# of bus tickets provided in the reporting period	2 outbound tickets to Ghana 0 return tickets

3. CHANGES TO THE RISK ENVIRONMENT FOR PARTICIPANTS

Campaign of anti-immigrant violence in destination countries	From media tracking: nothing to report
Severe outbreaks of COVID-19 in Niger or destination countries	From media tracking: there have been no major outbreaks of COVID-19 in Niger or the destination countries.
Severe political instability or political violence in destination countries	From media tracking: extremist violence by jihadist militants continues in Mali, Burkina Faso, and Niger. Throughout the month of June, there have been numerous attacks by jihadists against both civilians and governmental armed forces in the Tillaberi and Diffa regions in Niger. On June 9th, in Burkina Faso, armed men targeted and killed over 100 civilians in the Seytenga region, a northern town in the country close to the Niger border. This followed a similar attack the previous week in the same region by armed men killing 11 military police.

4. SEVERE ADVERSE EVENTS

Instances of death of the participant, grievous bodily harm	Nothing to report
Instances of death of the subject's spouse or child	Nothing to report
Instances of wife/family loses home or land	Nothing to report
Instances of participant experiencing severe human rights abuses in destination	Nothing to report

5. PLANNED PROGRAM ADAPTATIONS

Survey outreach methods	To increase our response rate in the next round of data collection, we are working with the survey firm to ensure the survey is implemented at times when people are most likely to be at home and test a wider variation in the time of calls. We will start Round 4 immediately after the Tabaski celebration, when most people are in their villages. Enumerators will also implement a protocol to systematically vary the time of day that people receive phone calls, varying morning, afternoon, and evening attempts. If most people are working in their fields during the day, we want to try to contact them in the evening when they are most likely to be home and available to speak on the phone. Round 4 will be the first to systematically include evening calls to see if that increases response rates.

6. EAC RECOMMENDATIONS

Overall Recommendation	No Change / Adaptation Needed / Complete Stop
Description	Description & rationale
Additional data/info requests from the PPM team	

Next meeting date:

Appendix

Monthly Surveys

Round 3 of monthly surveys was conducted from June 11-26, 2022. This survey was conducted by phone to primary participants only. Enumerators attempted to reach 208 primary respondents. Two respondents were excluded because they had refused to participate in the previous survey round.

Response rates by treatment group are summarized in Table 1. We include two response rates: 1) response rates only among primary participants and 2) response rates for households including primary participants plus secondary contacts. We reached primary participants in 44% of households in the treatment group and for 55% of households in the control group. In an additional 15% of control households and 18% of treated households, we reached secondary contacts who gave us information about primary participants we were otherwise unable to contact. These additional responses enabled us to learn about the status of these participants even though we were unable to directly interview them.

Table 1: Response rates by treatment group for primary participants

Treatment group	**1. Response rate** ***Primary participant only***	**2. Response rate** ***Including secondary contacts***
Treatment (n=110)	44%	62%
Control (n=100)	55%	70%

Tables 2 and 3 report the locations of primary participants. Table 2 summarizes firsthand reports from primary participants.

Table 3 summarizes reports from their secondary contacts. Secondary contact reports were collected when we were unable to reach the primary participant. We only include secondary contact reports for participants we were not otherwise able to directly reach.

Table 2: Location reports by primary participants

country	treatment	control
Burkina Faso	1	0
Cote d'Ivoire	8	8
Libya	0	1
Niger	39	44
Other	0	1

Table 3: Location reports by secondary contacts

country	treatment	control
Cameroon	1	0
Cote d'Ivoire	7	1
Libya	0	2
Niger	6	7
Other	2	0

Table 4 summarizes responses to key questions in the monthly survey, with respondents divided into treatment and control groups. For each question, we report either the percentage of respondents in each group who gave a specified response or the mean response within the group. All respondents answered all questions reported in the table. Note that there are no statistically significant differences between treatment groups for any outcome in Table 4, based on joint F-tests.

Table 5 disaggregates these responses into movers (those who are in a different location than the last time they were surveyed) and non-movers (those in the same location) for the treatment group and the control group.

Table 4: Responses to key survey questions (Primary Respondents)

Question	Treatment Group N=48	Control Group N=54
Are you currently living in the location where you were last surveyed? (Percent responding "Yes")	79%	82%
Current country of residence: Niger	81%	82%
Côte d'Ivoire	17%	15%
Burkina Faso	2%	0%
Libya	0%	2%
Do you plan to travel to find work in the next month? (Percent responding "Yes")	31%	32%
Have you engaged in any work for payment in the last month? (Percent responding "Yes")	75%	82%
Average monthly income	32,013 CFA	29,318 CFA
In the past 7 days, have you cut the size of meals or skipped meals? (Percent responding "Yes")	19%	24%
In the past month, have you been physically attacked? (Percent responding "Yes") *This refers to any kind of physical aggression.*	15%	15%
In the past month, how often if ever have you felt unsafe walking in your neighborhood? (Percent responding "Yes")	0%	2%
In the past month, have you experienced any of the following situations or been threatened with them in a workplace: (Percent responding "Yes")		
Had passport or other papers taken away so that I could not leave an employer	0%	0%
Been prevented from contacting friends or family	0%	0%
Had my pay withheld by my employer	17%	13%
Been forced to pay off a debt to my employer before I could leave	0%	0%
Been locked up at night or otherwise physically restrained by my employer	0%	0%
Been forced to engage in illegal activities by employer	0%	0%

Table 5: Responses disaggregated for movers and non-movers

	Treatment Group N=48		Control Group N=54	
Question	Moved since last survey N=10	Did not move N=38	Moved since last survey N=10	Did not move N=44
Current country of residence: Niger	10%	100%	0%	100%
Cote d'Ivoire	80%	0%	80%	0%
Burkina Faso	10%	0%	0%	0%
Libya	0%	0%	10%	0%
Other	0%	0%	10%	0%
Do you plan to travel to find work in the next month? (Percent responding "Yes")	0%	40%	0%	39%
Have you engaged in any work for payment in the last month? (Percent responding "Yes")	90%	71%	100%	77%
Average monthly income	63,556 CFA	32,012 CFA	43,300 CFA	29,318 CFA
In the past 7 days, have you cut the size of meals or skipped meals? (Percent responding "Yes")	0%	24%	0	30%
In the past month, have you been physically attacked? (Percent responding "Yes")	20%	13%	20%	14%
In the past month, how often if ever have you felt unsafe walking in your neighborhood? (Percent responding "Yes")	0%	0%	10%	0%

In the past month, have you experienced any of the following situations or been threatened with them in a workplace: (Percent responding "Yes")				
Had passport or other papers taken away so that I could not leave an employer	0%	0%	0%	0%
Been prevented from contacting friends or family	0%	0%	0%	0%
Had my pay withheld by my employer	0%	21%	0%	16%
Been forced to pay off a debt to my employer before I could leave	0%	0%	0%	0%
Been locked up at night or otherwise physically restrained by my employer	0%	0%	0%	0%
Been forced to engage in illegal activities by employer	0%	0%	0%	0%

Discussion

One concerning development from Round 3 was an appreciable decline in the response rate among primary participants. The response rate among all primary participants was 60% in round 1, which increased to 70% in round 2, only to fall to 50% in round 3. However, despite our decreased overall response rate, we were able to increase the number of surveys with primary participants living abroad in both the treatment and control groups from round 2 to round 3. The response rate among these respondents increased by a factor of 5 from round 2 to round 3.[1]

By contrast, we were able to contact fewer primary participants who reported living in Niger in round 2.[2] This decrease may be due to our return to a phone-only data collection strategy, instead of our in person approach in round 2: 31 of the people we talked to in round 2 but not in round 3 had been interviewed in person. Another potential explanation for the decreased response rate in round 3 is the time of year. The survey was conducted during the labor-intensive planting season, when many people travel to work in fields a few kilometers away from their villages. They may leave their phones at home or be unable to charge them.

Respondents in Round 3 also reported being physically attacked at high rates: 15% of both treatment and control participants reported being physically attacked. Upon further investigation, there is no statistically significant difference between treatment groups, nor between people who traveled in the past month and those who did not. Nor do we observe differences among countries of residence. The individuals who reported physical attacks did not report feeling unsafe or forced labor situations. They were no more likely to report discrimination than other respondents. However, they were more likely to report being in poorer health compared to respondents who did not report suffering physical attacks. It is unfortunate and striking that respondents experienced physical assault at such high rates. This violence does not appear to be correlated with program participation or migration.

[1] In round 2, we only reached 4 primary participants who were abroad, but in round 3, we reached 20.
[2] 83 participants reported they were in Niger in round 3 compared to 97 in round 2.

A.5 Example: Recommendation from EAC

EAC Recommendation to the PPM Team

Re: July 7, 2022 Monthly Report

Overall Recommendation: No Change

Description

The EAC reached a consensus agreement that the risk environment for participants has not significantly changed and therefore no change is currently required to the PPM pilot program.

The EAC members noted that the Round 3 survey response rates decreased, and look forward to learning more about the outcomes from additional tests to address the attrition concern after the next survey. EAC members recommended that the research team consider coordinating surveys with market days in each town/village as there is a higher change participants have their phone and a connection on those days.

EAC members note a concern about high rates of physical attack and would be interested in additional details on the nature of these attacks from future surveys.

EAC members encourage the PPM team to track security concerns in northern Benin, which is the area where Nigerien migrants may be interested in.