



CASH TRANSFERS FOR FOOD SECURITY IN EPIDEMICS

A Review of the USAID Food for
Peace Response to the Ebola Crisis
in Liberia and Sierra Leone



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 **CaLP**
The Cash Learning Partnership

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A Review of the USAID Food for Peace Response to the Ebola Crisis in Liberia and Sierra Leone

June 2017

Holly Welcome Radice

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ABBREVIATIONS

ACC	Anti-Corruption Commission	MoGCSP	Ministry of Gender, Children and Social Protection
ACDI/VOCA	Agricultural Cooperative Development International & Volunteers in Overseas Cooperative Assistance	MoU	Memorandum of Understanding
AIV	Agricultural Input Voucher	NaCSA	National Commission for Social Action
APS	Annual Programming Statement	NSPP	National Social Protection Program
CaLP	Cash Learning Partnership	OCHA	United Nations Office of Humanitarian Coordination
CIC	Community Implementation Committees	PCI	Project Concern International
CCT	Conditional Cash Transfer	PDM	Post-distribution Monitoring
CFW	Cash for Work	PMT	Proxy Means Testing
CRS	Catholic Relief Services	RE-SSN	Rapid Ebola-Social Safety Nets Program
CTP	Cash Transfer Programming (or Cash Transfer Program)	SLL	Sierra Leonean Leone
CWG	Cash Working Group	SOP	Standard Operating Procedure
EVD	Ebola Virus Disease	UCT	Unconditional Cash Transfer
ELAN	Electronic Cash Transfer Learning Action Network	UN	United Nations
FEWSNET	Famine Early Warning Systems Network	UNHCR	United Nations High Commission for Refugees
FGD	Focus Group Discussion	UNICEF	United Nations Children's Fund
HH	Household	USAID/FFP	United States Agency for International Development/Food for Peace
HHDD	Household Dietary Diversity	VAM	WFP's Vulnerability and Mapping Unit
HHS	Household Hunger Scale	VSLA	Village Savings and Loans Associations
LRD	Liberian dollar	WFP	United Nations World Food Program

Unless otherwise specified, all dollar figures (\$) are in US dollars.

EXECUTIVE SUMMARY

Over the course of 2015 and 2016, United States Agency for International Development/Food for Peace (USAID/FFP)-funded cash transfer programming (CTP) in Liberia and Sierra Leone reached over 500,000 crisis-affected people with a vital lifeline to tackle food insecurity.¹ Monitoring data indicates that 75 percent of the money given through unconditional cash transfers (UCT) was spent on food. Across all projects, beneficiaries reported an average reduction of 27 percent on the Household Hunger Scale (HHS) and significant improvements in household dietary diversity scores (HDDS), with the number of food groups consumed nearly doubling to 6.65.

The exceptionality of the 2014–15 Ebola crisis and the resulting scale of the cash transfer program (CTP) response led by USAID/FFP in Liberia and Sierra Leone provides a unique opportunity to document and capture program learning. This documentation report compiles lessons from across the projects implemented by USAID/FFP partners, and draws from the diversity of their experiences to provide operational and strategic recommendations on CTP for humanitarian workers facing similar crises in the future.

The report is divided into five chapters. The introduction provides a brief overview of the study's objectives, data collection methods and a snapshot of the context in Liberia and Sierra Leone. The second chapter describes USAID/FFP's response to the Ebola crisis with a particular focus on CTP. Chapter 3, which accounts for the bulk of the report, provides a detailed technical analysis of project design and implementation, including response analyses, coordination, beneficiary targeting, community engagement, beneficiary selection, delivery mechanisms and payments. It also covers the role of complementary activities, protection and gender considerations in the projects. The penultimate chapter details program monitoring, describing the systems and tools used by partners to monitor outcomes, the results from standard indicators and the performance of accountability and feedback mechanisms. The final chapter presents the report's main conclusions in the form of learnings and recommendations.

OBJECTIVE AND METHODOLOGY

This study documents CTP implemented in Liberia and Sierra Leone by seven organizations, all funded by the USAID/FFP, in response to the food crisis connected to the Ebola outbreak of 2014–15. It addresses four questions:

1. What were the partners' CTP approaches?
2. How were these designed and implemented?
3. What were the results of the interventions?
4. What can be learned?

The scope of this report is limited to FFP-funded projects with a cash transfer component implemented during 2015–16. It does not include FFP-funded projects without a CTP component, CTP projects funded by other actors during the same period,² or activities conducted by FFP partners after the end of 2016.

BACKGROUND

Ebola was identified in Liberia and Sierra Leone in March and May 2014, respectively, during the critical rice planting season. By early 2016, 28,616 people had been infected with Ebola, and over 11,310 had died. Sierra Leone was declared Ebola free in November 2015, and Liberia followed in June 2016. Both countries experienced spikes in food prices and market disruptions, while bans shut down regular movements and travel.

¹ Data on beneficiaries reached and spending per intervention type compiled from FFP partners in October 2016 for the period June 2015–December 2016. It includes projections for November and December 2016, but does not include potential project extensions for 2017.

² Twelve other organizations in Liberia and four in Sierra Leone implemented CTP at varying scales and durations. This includes an additional project by WFP, which was funded by USAID/FFP in the first phase of the response.

OVERVIEW OF THE USAID/FFP-FUNDED CASH TRANSFER RESPONSE

The US government's Ebola response strategy had four pillars: controlling the epidemic, managing the secondary consequences of the outbreak, building coherent leadership and operations, and ensuring global health security.³ FFP's response came under the first and second pillars. Under the first pillar, FFP supported the medical response to Ebola through case management. This report focuses on USAID/FFP projects under the second pillar which sought to 'address the food security impacts of the response to Ebola in ways that support and promote recovery'.⁴ USAID/FFP contributed \$102.78 million to emergency projects in Liberia and Sierra Leone. Nine of those projects (four in Liberia and five in Sierra Leone) included a cash transfer component.

According to data provided by FFP partners, during 2015–16, over \$27 million was given to the beneficiaries through the CTP response, which included unconditional cash transfers (UCT), cash for work (CFW), agricultural vouchers (AIV) and conditional cash for traders to over 95,000 households.⁵ Partners used a mix of delivery mechanisms, including banks, e-transfers using mobile phones, and direct cash transfers.

RECOMMENDATIONS AND LESSONS LEARNT

Further elaboration on each recommendation can be found in the concluding section of the report.

For stakeholders working in Liberia and Sierra Leone:

- Invest in CTP preparedness now;
- Develop shock-responsive capability within national social protection systems;
- Choose a limited number of targeted feedback mechanisms that are appropriate to the available infrastructure on the group.

For stakeholders designing CTP:

- NGOs need to make the business case for CTP to providers of financial services;
- Choose a limited number of targeted feedback mechanisms that are appropriate to the available infrastructure on the group; Implement CTP alongside complementary activities to build resilience;
- Budget for cash transfer amounts that can respond to market changes and inflation;
- Integrate protection concerns into CTP design and implementation as per UNHCR/Sphere guidance;
- Meaningfully incorporate gender into the design, implementation and evaluation of CTP.

For stakeholders working on potential CTP in epidemics:

- Assess entry points and opportunities for cash in epidemics;
- Think broadly and deeply about who should be targeted for CTP in epidemics;
- Ensure health advisors and psychosocial experts give technical advice to CTP teams in epidemics.

For donors supporting CTP:

- Flexibility on volunteer incentives is needed;
- Ensure donors have a field presence to improve coordination and communication;
- Harmonize a limited number of standard performance and impact indicators.

³ <https://blog.usaid.gov/2014/09/an-unprecedented-response-to-the-ebola-crisis/>

⁴ Communication with Mette Karlsen of USAID/FFP, 31 March 2017.

⁵ Data on beneficiaries reached and spending per intervention type compiled from FFP partners in October 2016 for the period June 2015–December 2016. It includes projections for November and December 2016, but does not include potential project extensions for 2017.

I INTRODUCTION

I.1 STUDY OBJECTIVES

This study documents the cash transfer programming (CTP) implemented by nine partner organizations of the United States Agency for International Development/Food for Peace (USAID/FFP) in Liberia and Sierra Leone in response to the food crisis resulting from the Ebola outbreak of 2014–15. It seeks to address four primary questions:

1. What were the partners' CTP approaches?
2. How were they designed and implemented?
3. What were the results of the interventions?
4. What can be learned?

The scope of this report is limited to FFP-funded projects with a cash transfer component during 2015–2016. It does not include FFP-funded projects without a CTP component, CTP projects funded by other actors during the same period,⁶ or activities conducted by FFP partners after the end of 2016.

I.2 STUDY METHODOLOGY

Data for this review was compiled through the analysis of project documentation and related materials provided by FFP and its partners during 2016 and two rounds of fieldwork. In July and August 2016, the Cash Learning Partnership (CaLP) conducted 20 focus group discussions (FGD) (13 in Liberia; seven in Sierra Leone) with 367 people (70 percent women), primarily selected by implementing partners or during distributions and 30 key informant interviews. An external consultant conducted a second round of interviews in August–October 2016 with 52 key stakeholders, mainly current or former staff from NGOs, government agencies, service providers and USAID/FFP. In addition, learning events were held in Monrovia in July and October, and in Freetown in August and October, each attended by between 15 and 25 people.⁷

I.3 CONTEXT OF THE PROJECTS

Liberia's population is 4.5 million⁸ and Sierra Leone's 6.45 million.⁹ In 2014, their rankings in the UN Human Development Index were among the lowest in the world. Liberia and Sierra Leone ranked 177 and 183, out of 188 countries, respectively.¹⁰ Under multidimensional poverty measures,¹¹ 83.9 percent of the people in Liberia¹² and 81 percent in Sierra Leone live in poverty.¹³ Agriculture is the primary source of income for both countries' populations; the main crops include rice, cassava, sweet potato, vegetables and palm oil. However, food insecurity is prevalent: predictable food shortages occur in lean seasons that run four or five months before rice harvests.¹⁴ Educational metrics are also poor. The average number of years of schooling is 4.1 and 3.1 in Liberia and Sierra Leone, respectively.¹⁵ Less than half of the population of both countries are literate. Female literacy is 37.2 percent in Liberia and 53.8 percent in Sierra Leone.¹⁶ The estimated rates of moderate to severe stunting of children under five years of age are 41.8 percent in Liberia and 44.9 percent in Sierra Leone.¹⁷

⁶ Twelve other organizations in Liberia and four in Sierra Leone implemented CTP at varying scales and durations. This includes an additional project by the World Food Program (WFP), which was funded by USAID/FFP in the first phase of the response.

⁷ Attendees included staff from NGOs, USAID/FFP, service providers and UN agencies.

⁸ World Bank (n.d.-a).

⁹ World Bank (n.d.-b).

¹⁰ UNDP (2014).

¹¹ Multidimensional poverty measures capture the multiple deprivations that a person can face: in education, health and other aspects of living standards.

¹² OPHI (2016a).

¹³ OPHI (2016b).

¹⁴ For Sierra Leone, the hunger gap is in mid-May to August; in Liberia, it is from June to September. FEWSNET. (n.d.-a) and (n.d.-b).

¹⁵ UNDP (2015).

¹⁶ Ibid.

¹⁷ Ibid.

The Ebola outbreak in West Africa started in December 2013 in neighboring Guinea. In March and May 2014, cases were found in Liberia and Sierra Leone, respectively.¹⁸ Mid-2014 was fraught with uncertainty about the spread of the disease; the Famine Early Warning Systems Network (FEWSNET) estimated a peak of 250,000 cases across West Africa.¹⁹ Ebola struck Liberia and Sierra Leone at a critical point during the preparation of land for rice cultivation. While some households were able to plant, they eventually lost the crops because people could not go to their farms to maintain them. Food prices spiked; in September 2014, the prices for cassava and palm oil were up by 30 and 29 percent, respectively.²⁰ Households resorted to coping mechanisms such as additional borrowing to pay for food and/or skipping meals. The economies of both countries were dealt significant blows; international travel and trade bans were imposed, and airlines stopped servicing the countries. The situation began to normalize slowly in late 2014. By the end of January 2015, markets were reportedly improving, albeit slowly, with bans and quarantines mostly lifted.²¹

Map 1: Total Number of Ebola Cases in Liberia and Sierra Leone, by County/District



In the two countries, within about two years, over 28,000 people had been infected, of which over 11,000 had died.²² Sierra Leone was declared free of Ebola on 6 November 2015.²³ Liberia followed on 9 June 2016 after four previous erroneous announcements that the country was Ebola-free.²⁴ The Ebola outbreak left not only death and human loss in its wake, but also serious negative social and economic impacts. These disproportionately affected women, due to various overlapping vulnerabilities;²⁵ in Liberia for instance, estimates indicated that 95 percent of women engaged in small businesses lost their livelihood.²⁶ Many farmers lost crops and seeds, while many petty traders lost their stock and had no capital to rebuild.

¹⁸ Reliefweb. (n.d.).

¹⁹ FEWSNET (2014).

²⁰ World Food Program (2014).

²¹ FEWSNET (2015).

²² Reliefweb (n.d.).

²³ Reliefweb (n.d.).

²⁴ Giahuye, J.H. (2017).

²⁵ Korkoyah, D.T. and Wreh, F.F. (2015).

²⁶ IASC (2015).

2 CASH TRANSFER PROGRAMMING IN LIBERIA AND SIERRA LEONE

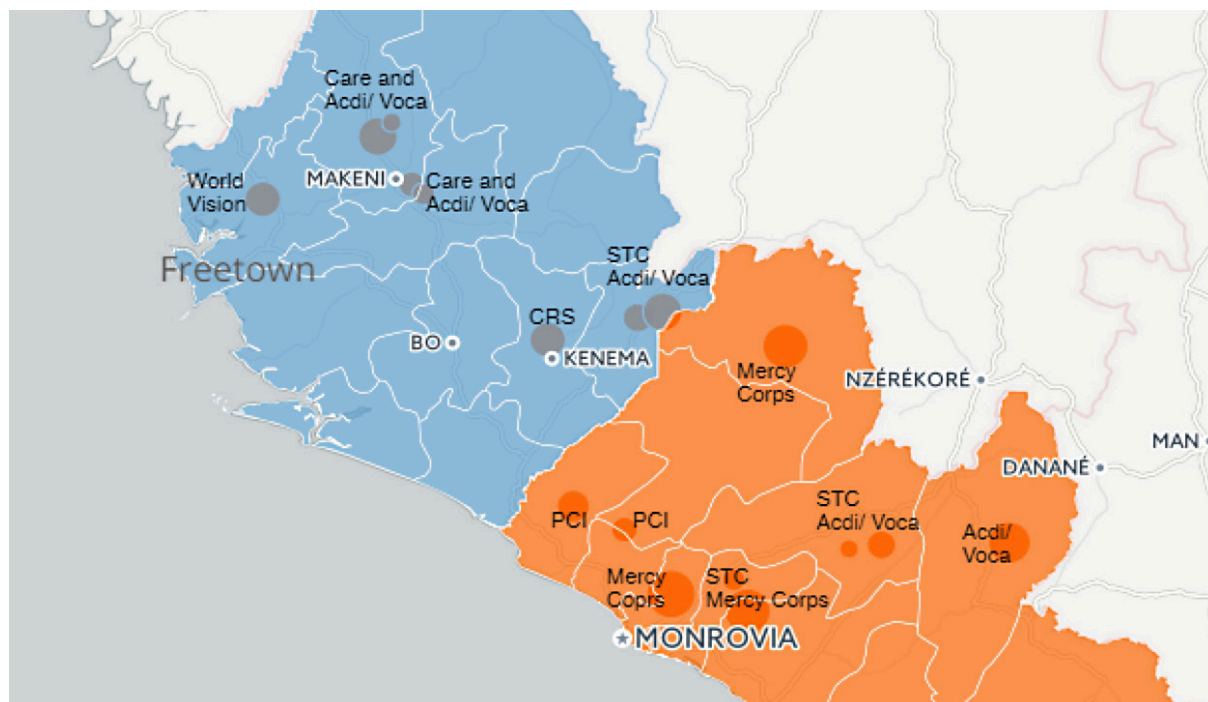
2.1 USAID/FFP IN LIBERIA AND SIERRA LEONE DURING THE EBOLA OUTBREAK

USAID/FFP focuses on combating hunger and malnutrition among vulnerable groups in emergency and development contexts around the world. Before the outbreak, in 2012–14, USAID/FFP supported annual programs averaging \$20.9 million in Liberia²⁷ and \$11.6 million in Sierra Leone.²⁸ In response to the food insecurity and malnutrition associated with Ebola, USAID/FFP increased support by over \$80 million.

The US government's Ebola response strategy had four pillars: controlling the epidemic, managing the secondary consequences of the outbreak, building coherent leadership and operations, and ensuring global health security.²⁹ FFP's response came under the first and second pillars. The interventions included 'emergency, in-kind assistance to households and communities directly affected by Ebola.'³⁰ The UN World Food Program (WFP) and its partners implemented the activities of Pillar I, starting in October 2014.³¹ The second pillar sought to 'address the food security impacts of the response to Ebola in ways that support and promote recovery.'³²

By December 2016, USAID/FFP funding for the Ebola response across West Africa totalled almost \$135 million.³³ USAID/FFP contributed \$65.1 million to eight emergency projects in Liberia and \$39.9 million to seven projects in Sierra Leone.³⁴ Nine of those projects (four in Liberia and five in Sierra Leone) included a cash transfer component.

Map 2: USAID/FFP Partners' Implementation Areas in Liberia and Sierra Leone



²⁷ USAID/FFP (n.d.-a).

²⁸ USAID/FFP (n.d.-b).

²⁹ <https://blog.usaid.gov/2014/09/an-unprecedented-response-to-the-ebola-crisis/>

³⁰ USAID/FFP (2015).

³¹ WFP also ran a project on locally purchased food in Liberia and cash transfers for Ebola survivors in Sierra Leone with support from USAID/FFP, but this report does not cover these.

³² Ibid.

³³ This research only focuses on USAID/FFP's Ebola response efforts that contributed to the US government's Pillar II response to the second order impacts of Ebola. Communication with Mette Karlsen of USAID/FFP, 31 March 2017.

³⁴ Information from an internal document provided by Mette Karlsen of USAID/FFP.

2.2 PRE-EBOLA CTP EXPERIENCES IN LIBERIA AND SIERRA LEONE

In Liberia and Sierra Leone before the Ebola outbreak, although Cash for Work (CFW) programs were commonplace, there was limited experience of unconditional cash transfers (UCT). One example was an Oxfam project in Grand Gedeh County, Liberia in 2011 in response to an influx of refugees from Cote d'Ivoire.³⁵ In Sierra Leone, the literature review mostly points to experiences with CFW, but not UCTs for emergency relief.³⁶

Both countries did have some experience with UCTs in development programming addressing chronic poverty. Before the Ebola outbreak, the governments of Liberia and Sierra Leone had both established national social protection programs (NSPPs) featuring UCTs as their primary means of assistance.

In 2008, the Government of Liberia, in partnership with the UN Children's Fund (UNICEF), piloted a social cash transfer scheme in Bomi County, which later expanded to Maryland County. The European Union and the Government of Japan donated the funds for this pilot project. As of December 2014, 3,813 households were being supported by the scheme.³⁷

In 2007, the Sierra Leonean Ministry of Labor implemented a pilot UCT project under its NSPP that targeted 7,000 vulnerable people for monthly or quarterly payments of \$10 for six months.³⁸ The government later issued a draft NSPP policy in March 2009. Until 2014, the primary focus of the NSPP was establishing systems, tools and coordination mechanisms for the program to be functional. The National Commission for Social Action (NaCSA) made the first payments in November 2014 to 9,000 households in four districts,³⁹ with funds and advisory support from the World Bank. Despite the limited scale and coverage, these experiences were significant because they set the background for the use of UCT in the Ebola recovery responses in both countries.

2.3 USAID/FFP EBOLA RECOVERY PROJECTS

The seven USAID/FFP partner NGOs that implemented the nine CTP projects under review here were present and active in Liberia or Sierra Leone before the outbreak, working on a range of interventions. None of them, however, were implementing CTP. Some, such as the Agricultural Cooperative Development International & Volunteers in Overseas Cooperative Assistance (ACDI/VOCA) and Project Concern International (PCI), had ongoing projects focused on livelihoods development before the epidemic. ACDI/VOCA, however, had no organizational experience with UCT; PCI had very limited CTP experience.

Table 1: USAID/FFP NGO partners by country

Liberia	Sierra Leone
ACDI/VOCA	ACDI/VOCA
Mercy Corps	CARE
PCI	Catholic Relief Service (CRS)
Save the Children	Save the Children
	World Vision

Between January 2015 and January 2016, USAID/FFP partners received funding to begin their activities, although actual start dates varied. These projects broadly focused on improving food security and building resilience in Ebola-affected or vulnerable households and communities. They sought to cover transient food insecurity associated with lean seasons; this objective changed over time, however. Seven of the NGOs directly implemented programs, while two (Mercy Corps and CARE) used local implementing partners.

³⁵ Brady, C. and Kamara, N. (2012).

³⁶ Holmes, R. et al. (2007).

³⁷ Subah-Belleh Associates (2015).

³⁸ Holmes, R. et al. (2007).

³⁹ Conversation with Dr Abu Kargbo, World Bank Sierra Leone, 7 September 2016.

2.4 OVERVIEW OF CTP

Four types of CTP were implemented: UCT, CFW, agricultural input vouchers (AIV) and conditional cash for traders. The total number of households (HH) supported was 95,081, representing 513,819 people (56,667 HH/283,335 people in Liberia; 38,414 HH/230,484 people in Sierra Leone).⁴⁰

Table 2: Beneficiary Household Numbers by Type of CTP and Country for 2015–16⁴¹

	Number of households in Liberia	Number of households in Sierra Leone	Total number of households
UCT	51,890	36,282	88,172
CFW	4,928	0	4,928
AIV	20,216	5,034	25,250
Cash to Traders	0	400	400

Unconditional Cash Transfer: UCTs were the predominant form of CTP. The NGOs used two delivery mechanisms: direct cash and e-transfers; four used a combination. Service providers responsible for CTP delivery included financial institutions (Ecobank in Liberia) and e-transfer service providers (Cellcom and Lonestar MTN in Liberia; Splash and Airtel in Sierra Leone). Beneficiaries were paid in local currencies, except in some early cases in Liberia, when US dollars were given. Around \$26 million was transferred through UCTs (\$14,373,304 in Liberia;⁴² \$11,925,390 in Sierra Leone).

⁴⁰ All beneficiaries of agricultural support (including AIV and in-kind distributions) also received UCTs in Liberia. There was a 6 percent overlap of PCI's CFW and UCT beneficiaries. ACDI/VOCA Sierra Leone's AIV recipients were unique and did not receive UCTs. A household is considered five people in Liberia and six in Sierra Leone.

⁴¹ Information provided by FFP partners in October 2016.

⁴² Based on information provided by the partners as of October 2016 and includes Mercy Corps' and Save the Children Sierra Leone's totals based on transfers expected as of November and December 2016.

Table 3: UCT during 2015–16, Details by NGO and Country

	No. Of Households	No. Of Transfers	Amount (USD)	Delivery Mechanism	Service Provider	Geographic Areas
Liberia						
ACDI/VOCA	9,895	6	\$50	Direct cash E-transfer ⁴³	Ecobank Lonestar MTN	Bong Nimba
Mercy Corps	30,077	6	\$42	Direct cash ⁴⁴ Financial institution ⁴⁵ E-transfer ⁴⁶	Ecobank Cellcom Lonestar	Lofa Margibi Montserrado
PCI	6,918	6	\$50	Direct cash	N/A	Bomi Grand Cape Mount
Save the Children	5,000	7	\$50	E-transfer	Lonestar MTN	Bong Margibi
Total HH	51,890					
Sierra Leone						
ACDI/VOCA	13,584	11	\$30	Direct cash	Splash	Bombali Kailahun Tonkolili
Care	5,000 ⁴⁷	11	\$30 ⁴⁸ \$65 ⁴⁹	E-transfer Direct cash	Airtel ⁵⁰ Splash	Bombali Tonkolili
CRS	4,437	5	\$30	Direct cash	Splash	Kenema
Save the Children	7,937	17 for 6,455 HH 7 for 1,492 HH	\$30	Direct cash	Splash	Kailahun
World Vision	5,324	10	\$30	E-transfer Direct cash	Airtel ⁵¹ Splash	Porto Loko
Total HH	36,282					

Agricultural input vouchers: All partners in Liberia provided agricultural support either through vouchers or in-kind distributions (See Section 3.11). Between 62 and 84 percent of the UCT recipients in both countries also received agricultural support. Only ACDI/VOCA's AIV beneficiaries in Sierra Leone did not receive other CTP support.

⁴³ Between 1,188 and 1,083 HH.

⁴⁴ Three times.

⁴⁵ Three times for 18,000 HHs.

⁴⁶ For 640 HH in West Point, Monrovia.

⁴⁷ Six HH received only eight transfers.

⁴⁸ For ten months.

⁴⁹ For one month; as the eleventh transfer was for \$15.

⁵⁰ Two transfers for 1,920 HH.

⁵¹ One transfer for 2,575 HH.

Five NGOs used paper vouchers. World Vision used electronic AIVs that linked to Last Mile Mobile Solutions, their monitoring system. The other NGOs organized seed and input fairs for the recipients, except ACDI/VOCA Sierra Leone, which used paper vouchers linked to specific vendors.

Table 4: 2015–16 Agricultural Activity Support through Vouchers⁵²

	No. Of Households	Activity	Amount (Usd)	Delivery Mechanism
Liberia				
ACDI/VOCA	6,132	AIV	\$68	Vouchers at fair
Mercy Corps	8,237	AIV	\$60	Vouchers at fair
PCI	5,847	AIV	\$92	Vouchers at fair ⁵³
Sierra Leone				
ACDI/VOCA	1,454	AIV	\$167*	Vouchers for vendors ⁵⁴
	278	AIV (+in-kind)	\$27	Vouchers for vendors + direct distribution
World Vision	3,302	AIV	\$53	Voucher at fair
Grand Total	25,250		\$1,838,058	

* Average across 278 groups.

Cash for Work: ACDI/VOCA and PCI implemented CFW in Liberia to help communities to increase their access to food—physically by improving roads, and economically through the cash earned. The two NGOs decided to target a group of people indirectly affected by Ebola: able-bodied, vulnerable households in Ebola-affected areas who were not receiving UCT, except for a 6 percent overlap with PCI's UCT programming. Beneficiaries worked 15–20 days, earning a maximum of \$60 (ACDI/VOCA) or \$80–100 (PCI) (see Table 5). The total amount of money that entered into the local economies from CFW was \$342,568 in local currency.

Table 5: 2015–16 CFW Activity Details⁵⁵

	Number Of Households	Total Amount (USD)	Delivery Mechanism	Comments
ACDI/VOCA	2,409	\$60	Direct cash by bank	\$4/day; 15-day maximum
PCI	2,519	\$80 (unskilled) \$100 (skilled)	Direct cash	\$4/day unskilled, or \$5/day skilled; 20 day maximum ⁵⁶

Conditional cash for traders: Save the Children Sierra Leone was the only partner implementing conditional cash transfers. Data showed that small amounts of trade were continuing to take place within daily rural markets at reduced levels.⁵⁷ This information suggested that quarantine measures, travel restrictions and fear of infection were disrupting the marketing of goods in Kailahun district. At the time the program was being designed, the nearby border with Guinea had recently reopened, but the border with Liberia remained closed.

⁵² Information provided by FFP partners in October 2016.

⁵³ Beneficiaries were invited to a fair to use their voucher.

⁵⁴ Beneficiaries were permitted to use their voucher only with specified vendors.

⁵⁵ Information provided by FFP partners in October 2016.

⁵⁶ Skilled labor was involved in supervisory or specialized activities, while unskilled focused on manual labor only.

⁵⁷ Based on Save the Children internal monitoring documents and interview with Meghan Bolden, 4 October 2016.

To help stimulate the smaller markets that their UCT beneficiaries frequented in Kailahun District, Save the Children targeted 400 small traders selling foodstuffs on local markets in the catchment area. Each of the traders, who were mostly women, received two conditional cash transfers (CCTs) of \$200 two to three months apart. This amount was equal to the average stock size of the traders (\$214), allowing traders to restock their goods to make for attractive and profitable sales. The criteria for beneficiaries were:

- Location of their regular sales;
- How long they had been a trader; and
- Frequency with which they sold food staples.

The potential beneficiaries' stalls were observed for storage space—a requirement—and asked about their means of transportation. The CCTs were contingent on beneficiaries' attendance at training sessions on business concepts such as pricing, record-keeping, stock management and customer service. The activity had a similar monitoring system to the UCTs and provided access to the same feedback mechanisms.

Most of these traders sold from traditional markets or brought merchandise during the UCT payout days. An estimated 10 percent of the traders travelled to distant villages to deliver merchandise in ad hoc markets—a practice promoted by Save the Children staff to improve market access. While difficult to quantify, Save the Children found that these traders' clients did include UCT beneficiaries.

Monitoring by Save the Children indicates that CCTs contributed to the stimulation of local markets in Kailahun district. Incremental sales on local markets were estimated at \$327,472 for 2016. Nearly all the CCT beneficiaries reported increased sales compared to their pre-Ebola performance. Beyond the cash transfers, some beneficiaries told Save the Children that they appreciated learning business concepts to help improve their sales. Illiterate beneficiaries also learned how to maintain basic records.

2.5 IMPLEMENTATION DELAYS

USAID/FFP had a non-competition memo in place under the 2013 Annual Programming Statement (APS), which allowed them to speak openly with potential partners about their objectives for the Ebola response. In March 2015, USAID/FFP released a new APS and an Ebola-focused amendment. These documents introduced competitiveness to their Ebola response process, and contained a stated preference for CTP.⁵⁸

Some of the applications for these projects took several months to be approved, and required some revision of plans to align them with USAID/FFP's objectives and meet their quality standards.⁵⁹ These and other project implementation delays related to coordination and recruitment resulted in projects starting later than initially envisioned. Some beneficiaries received the first transfers in June 2015, while others were delayed until early 2016. Although the intention was to cover food insecurity during the lean season, many of the early transfers fell outside of that range. Later in 2016, the NGOs were able to time UCTs to the intended period.

The UCTs were planned to be monthly. This was implemented in Liberia, although some payments were doubled when households could not attend some distribution days. This tended to be early in the distributions and involved 5–20 percent of beneficiaries. Save the Children Liberia's first two payments were spread over six- and five-week periods, respectively, due to problems with the service provider.⁶⁰ Under the standard operating procedures (SOPs) in Sierra Leone, there were to be nine monthly transfers for all projects.⁶¹ However, most of the payments were doubled or paid quarterly. As early as December 2015, the NGOs in Sierra Leone began to shift away from monthly payments. Their reports suggest that this was considered to be a positive change by the beneficiaries, as it gave them more flexibility for investment and allowed NGOs to bring the projects back on schedule.

It is important to note that the changes to the frequency of transfers and their timing (especially, for example, when they fell outside the lean season) could have reduced the intended impacts of the projects.⁶²

⁵⁸ Communication with Mette Karlsen of USAID/FFP, 31 March 2017. See <https://www.usaid.gov/what-we-do/agriculture-and-food-security/food-assistance/programs/emergency-programs>

⁵⁹ Communication with Mette Karlsen of USAID/FFP, 31 March 2017.

⁶⁰ Save the Children (2016).

⁶¹ Government of Sierra Leone (2015).

⁶² This topic was outside of the scope of the study. However, CaLP will be studying the outcomes of USAID/FFP-funded CTP in a study to be released later in 2017.

3 TECHNICAL ANALYSIS OF DESIGN AND IMPLEMENTATION

3.1 UNIQUE COMPONENTS OF THE EBOLA EPIDEMIC CONTEXT

The people of West Africa were wholly unprepared for the Ebola crisis.⁶³ Its spread in urban areas, combined with indigenous death and burial practices, accelerated transmission in Liberia and Sierra Leone.⁶⁴

CTP is common in slow and sudden-onset emergencies and development programs addressing chronic poverty. However, there has been no documented use of CTP in the wake of an epidemic. During the height of the Ebola outbreak in late 2014, almost no organizations were implementing CTP. A notable exception was the International Committee of the Red Cross in Liberia,⁶⁵ which was providing e-transfers through mobile phone service providers to approximately 622 Ebola survivors on discharge from treatment centers.⁶⁶ This experience, although small in reach, played a role in optimizing their subsequent responses and their impact in the emergency.⁶⁷

For the most part, USAID/FFP partners' projects were implemented after the peak of the crisis and were primarily oriented toward recovery. Nonetheless, Ebola was still present and spreading in communities. Outbreaks continued to occur in some project areas, but the NGOs maintain that border closures and travel bans did not affect their work.⁶⁸ One exception was that an NGO preparing for a seed fair early in the interventions in Liberia found that local suppliers did not have access to high-quality seeds, and so had to widen their search.

Some early assessments and verification exercises required modification because NGO staff could not enter into houses to verify beneficiaries as they normally would. In some cases, it was difficult for unknown people to arrive in a community for assessments due to movement bans and community fears about the spread of Ebola.

In the early stages of implementation, the NGOs still practiced some precautionary methods—based on National Protocols on Ebola—to discourage potential further transmission. These included using hand-washing buckets and taking the temperatures of beneficiaries at pay points, wearing gloves (e.g. for money handlers and those assisting beneficiaries giving thumbprints for identification), limiting the number of staff per vehicle, avoiding shaking hands and encouraging appropriate spacing in crowds. Mercy Corps' partners also trained some of their staff on mental health support.

3.2 RESPONSE ANALYSES ON PROJECT DESIGN

Response analyses draw on available information to determine what types of activities are most appropriate and feasible in response to a disaster.⁶⁹ CTP was deemed appropriate in the post-crisis phase because there were many families directly and indirectly affected by Ebola requiring support to address food insecurity and lost livelihoods.

Food insecurity during the Ebola emergency itself was secondary for organizations in the rush to control the spread of the virus. Later, when transmission rates had subsided, NGOs began to concentrate more on food security and its associated access and availability constraints. When they had completed the assessments that would inform project design, market access had improved. However, there was still limited demand in local markets, food stocks were low and purchasing power was weak. Communities faced labor shortages because movement and gathering bans had interrupted communal systems of rotational labor (called 'kuu' in Liberia and 'cut job' in Sierra Leone). Essential foods were not making it to market because production was down. However, the slow start-up of the projects gave time for markets to improve before implementation began.

A variety of tools were used for assessments (e.g. household economy approach, key informant interviews, market studies, rapid assessment for markets and emergency market mapping analysis). The risk analyses presented

⁶³ Wright, S. et al. (2015).

⁶⁴ Ibid.

⁶⁵ CaLP (2015).

⁶⁶ Ibid. Data is cited up to end of December 2014.

⁶⁷ Ibid.

⁶⁸ Interviews with NGO staff and comments made at CaLP learning events in Liberia and Sierra Leone, October 2016.

⁶⁹ CaLP (n.d.-a).

to USAID/FFP in partners' applications were quite general. Although they may have drawn upon some studies related to each potential delivery mechanism, this is not evident in each project's literature review.

Eight of the nine projects had initially intended to use e-transfers for at least some of their UCTs. Only ACIDI/VOCA Liberia from the outset ruled out e-transfers because of the limited mobile network coverage in the operational districts and the liquidity limitations of the agent.⁷⁰ During implementation, the modalities for four of the nine NGOs changed from their original intentions because of their improving understanding of the conditions in the country. USAID/FFP gave their partners the flexibility to make these adjustments, as many unforeseen factors came into play at the implementation stage.⁷¹

3.3 CAPACITY BUILDING OF NGO STAFF

Though none of the partners had in-country experience of CTP, six are CaLP members with CTP capacity within their organizations.⁷² However, their country offices lacked SOPs and staff with relevant skills. All of the country staff relied on their regional offices or global headquarters to strengthen their capacity through deployments and/or remote support. Each provided in-country training; many only trained program staff, although some were able to train their finance and operations staff. New monitoring, evaluation, accountability and learning skills were introduced, and most of the organizations used digital systems with which they were not accustomed. PCI and Mercy Corps were able to hire staff with considerable CTP experience in other countries. All USAID/FFP partners in Sierra Leone attended CaLP's CTP Level II training in November 2015. The majority of the organizations reported that their teams were especially dedicated to learning new skills and put in extra effort to do so. USAID/FFP had a consistent presence in the field, conducting various field visits.

3.4 COORDINATION MECHANISMS

Coordination in humanitarian crises is always challenging. Coordination of cash transfers is even more so because it is split across sectors and the UN cluster system. Undoubtedly one of the most impressive aspects of CTP in both countries was the coordination between NGOs and the local governments. This was driven by USAID/FFP, which made it a requirement of their partners. Coordination mechanisms helped to guide CTP actors, both those funded by USAID/FFP and others. Coordination notably addressed technical issues that will be covered in this section. Cash working groups (CWGs) were the primary platforms for sharing experience, skills and information. USAID/FFP was an active participant in both CWGs.

3.4.1 Coordination in Liberia

In Liberia, the Ministry of Gender, Children and Social Protection (MoGCSP) coordinated the CTP response. This ministry is '*mandated to advise the Government of Liberia on all matters affecting the development and welfare of women and children as well as any other issues referred to it by the Government*'.⁷³ The MoGCSP's Social Cash Transfer Unit is responsible for implementing CTP under the NSPP.

The Liberia CWG began coordinating CTP in November 2014 with the aim of harmonizing tools, sharing lessons and maximizing impact while avoiding duplication of beneficiaries' selection. At that time, a maximum of 19 organizations were implementing at least one type of CTP. In April 2015, the CWG agreed to standardize the amount of cash transferred to \$50 per month per household,⁷⁴ in line with a temporary doubling of the NSPP's maximum value for a household of four.⁷⁵ Three of the four USAID/FFP partners used this rate in Liberia. Mercy Corps's rate of \$42 came from an assessment made in October 2014, estimating that households could cover 50 percent of the daily energy requirements (for a household of five people). The CWG members completed 4Ws matrices (i.e. who, what, where, when), with the answers used to coordinate the CTP at country and county levels. The only CTP-specific information in the 4Ws exercise was the identification of the type of CTP (i.e. commodity vouchers, UCT and CFW).

⁷⁰ Nevertheless, they did deliver about 10 percent of payments through mobile carrier Lonestar MTN before starting to use banks instead. ACIDI/VOCA (n.d.).

⁷¹ Conversation with Mette Karlsen, USAID/FFP, 29 November 2016.

⁷² Specifically CARE, CRS, Mercy Corps, PCI, Save the Children and World Vision.

⁷³ Republic of Liberia Governance Division (2013).

⁷⁴ Fernandez, G. (n.d.).

⁷⁵ Subah-Belleh Associates (2015).

The CWG appointed ACDI/VOCA as the lead organization for the sub-working group on monitoring and evaluation. They led the group to produce common tools on FGDs, post-distribution monitoring (PDM) and market assessment. The latter involved collecting information on exchange rates, commodity prices, sources of goods, local transport costs and daily labor rates.⁷⁶

The CWG also created a sub-working group for payment modalities, led by Mercy Corps, which focused on:

- Coordination and harmonization of bank partners and e-transfer providers;
- Security and risk analysis;
- Capacity building; and
- Currency issues.

The sub-working group met in mid-2015 and served as a means to discuss technical challenges and options on delivery mechanisms. The MoGCSP and Mercy Corps approached Lonestar MTN on behalf of the CWG for clarification on how its e-transfers functioned.⁷⁷

3.4.2 Coordination in Sierra Leone

In Sierra Leone, the boundaries within which the USAID/FFP CTP structure could operate were determined by the NSPP, which is led by NaCSA. NaCSA is a semi-autonomous government agency in Sierra Leone, with a mandate *'to provide and otherwise engage in social relief programs and to promote community-based demand-driven and sustainable development activities leading to the alleviation of poverty and improvement in the speed, quality and impact of development initiatives in cooperation with non-governmental organizations, relevant ministries, private sector partners and other interested partners.'*⁷⁸ The agency is governed by a board of directors consisting of representatives of the government, donors and civil society.

The first CWG meetings in Sierra Leone began in November 2014. The UN Food and Agriculture Organization initially led coordination; later, ACDI/VOCA and Save the Children co-chaired the group, with NaCSA as a critical member. The CWG met every two weeks throughout early 2016. The Government of Sierra Leone, with support from the World Bank and UNICEF, released the *'Ebola virus disease (EVD) Response-Social Safety Net Cash Transfers Standard Operating Procedures'* in May 2015.⁷⁹ This document guided the government's Rapid Ebola-Social Safety Net (RE-SSN) response through NaCSA and served as the basis for the USAID/FFP partners' responses as well.

The objective of the SOPs was to *'provide a structured way of how the cash response can be implemented and primarily keep in mind the objective of early recovery, safety and welfare of the EVD-affected and vulnerable households.'*⁸⁰ The SOPs were extensive and gave clear guidance on the design and implementation of CTP. Before commencing CTP in Sierra Leone, NGOs were requested to sign a memorandum of understanding (MoU) with the government aligning them to the SOPs. Steps in the SOPs included:

- **Targeting strategy:** data on pre-existing and current levels of poverty sourced from NaCSA and Statistics Sierra Leone were overlaid with indicators of Ebola affectedness.
- **Grievance redress mechanism:** minimum accountability mechanisms and the role of the Anti-Corruption Commission (ACC) were laid out. CTP partners were expected to have a separate MoU with the ACC.
- **Transfer values and mechanism:** the 'transfer value rationale' calculation (see Annex II) was based on an analysis of the number of expected beneficiaries, the amount of monthly transfers and initial household poverty status pre-Ebola. This data was then adjusted according to consumption status. NaCSA ran models against different transfer scenarios, eventually setting a transfer figure of \$30. The SOPs were more agnostic about delivery mechanisms, which were suggested to be the *'most efficient methods ... for the period of support'* to *'reduce the burden and logistics'* and *'ensure a cost-effective method'*.
- **Duration and transition:** the government's Ebola Social Recovery Plan was set to run from May 2015 until January 2016. NaCSA's RE-SSN was expected to run for nine months, with the implication that NGO programs

⁷⁶ This information can be found on CaLP's website at: <http://www.cashlearning.org/ctp-in-the-ebola-response/liberia>.

⁷⁷ Letter to Lonestar MTN from the Cash Transfer Technical Working Group, Liberia, 30 June 2015.

⁷⁸ Government of Sierra Leone (2008).

⁷⁹ Government of Sierra Leone (2015).

⁸⁰ Ibid.

would have a similar duration. The SOPs stated that households that qualified under proxy means testing (PMT)⁸¹ might be absorbed into the NSPP for 24 months; however, as of January 2017, this was not yet the case.

- **Stakeholder and implementing arrangements:** the Government of Sierra Leone via the NaCSA; the UN via the World Bank, WFP and UNICEF; NGOs via the CWG; and district councils and local authorities were identified as the stakeholders in the process.
- **Stakeholders' responsibilities and roles:** responsibilities were laid out for sharing and protecting data, standardizing targeting systems, harmonizing the level of cash transfers, sharing lessons and coordinating with the CWG.

The CWG in Sierra Leone met regularly throughout 2016. In their 4W matrices, the only CTP-specific information captured was that types of CTP implemented (vouchers, UCT, CFW and CCT).⁸²

3.4.3 Coordination Benefits, Challenges and Missed Opportunities in Both Countries

During the coordination phase, NGOs shared their experiences, did troubleshooting and discussed bottlenecks. Some coordination between NGOs working in similar areas was discussed bilaterally, such as payment schedules, pay point locations, network-mapping and issues with specific service providers. In some coordination meetings, NGO staff or guest speakers (e.g. from financial service providers) gave presentations on pertinent topics; NGO representatives found this valuable. NGO staff report that the constant presence and commitment of USAID/FFP staff was critical in setting up effective coordination (including bringing key stakeholders to the table, such as the World Bank in Sierra Leone) and enhancing collaboration with governments in both countries. This involvement enriched NGOs' commitment to a shared vision and to aligning their technical work. CTP funded by other donors did not align as easily with NGOs' visions as those for USAID/FFP partners.

However, there was little notable coordination between teams in Liberia and Sierra Leone. The two NGOs that worked in both countries—Save the Children and ACDI/VOCA—attempted cross-border learning, but the two contexts proved to be distinct. Because the same USAID/FFP staff in their Washington, DC headquarters coordinated the response in both countries, there was cross-learning at this level.

A criticism of the coordination of CTP is that it tended to become 'USAID/FFP-centric' in its late phases (i.e. focused on particulars of those projects).⁸³ This perception could potentially be attributed to the requirement of the USAID/FFP partners to align. However, CTP implementing agencies funded by other donors were still participating in the coordination—notably Action Against Hunger, Oxfam and WFP. Additionally, no other donor was supporting CTP at the level of USAID/FFP, and their projects' dominance in coordination may have resulted simply from this enlarged scale.

The CWG did not address the effect of inflation on the purchasing power of UCT beneficiaries. Dramatic shifts in the exchange rates of the local currencies from late 2015, especially in Sierra Leone, were accompanied by steadily increasing inflation. For instance, in October 2015, \$1 was traded at Sierra Leonean Leone (SLL) 4450, dropping to a low of SLL 3927 in June 2016, before rising to SLL 6143 in July 2016.⁸⁴ Inflation increased from 7.56 percent⁸⁵ in April 2015 to 10.16 percent in June 2016,⁸⁶ with dramatic effects on the price of imported food and fuel. Liberia experienced less dramatic currency devaluation; with exchange rates for \$1 reducing from Liberian dollar (LRD) 92 in October 2015 to LRD 86 in December, returning to the previous level by March 2016.⁸⁷ However, inflation was volatile. From a high of 9.5 percent in July 2015, it dropped to 6 percent by October, before creeping back up to 8.44 percent by June 2016.⁸⁸ Nevertheless, there were no changes in the cash transfer amounts given to beneficiaries. USAID/FFP maintains that they were open to discussing an adjustment in the cash transfer rate, although no evidence of this request being made by the partners could be found in the literature review.⁸⁹

⁸¹ PMT is understood as 'using observable characteristics of the household or its members to estimate their incomes or consumption, when other income data (salary slips, tax returns) are unavailable or unreliable', World Bank (n.d.-c).

⁸² Some related documents are available on the Sierra Leone page of the CaLP website, although notably, the SOPs are not available. See: <http://www.cashlearning.org/ctp-in-the-ebola-response/sierra-leone>

⁸³ CaLP Learning Events, Monrovia and Freetown, October 2016.

⁸⁴ XE (n.d.-b).

⁸⁵ Trading Economics (n.d.-a)

⁸⁶ Awoko (2016).

⁸⁷ XE (n.d.-b).

⁸⁸ Trading Economics (n.d.-b).

⁸⁹ Interview with Mette Karlsen, USAID/FFP, 30 November 2016.

3.5 BENEFICIARY TARGETING

In both countries, poverty was a key determinant for beneficiary selection because of Ebola's significant impacts on economies and the functioning of markets. Moreover, experience from earlier interventions in the response had demonstrated that exclusively targeting Ebola survivors could increase stigmatization. As a result, households directly and indirectly affected by Ebola were targeted to receive UCTs.

The overwhelming majority of people targeted to receive UCTs were women, irrespective of the headship of the household. This was intentional from the outset—women were identified as more vulnerable and exposed to the epidemics, and a lot of targeted households were polygamous—and written into all the partners' applications. However, few contained exact target percentages of women to be reached.

Households directly affected by Ebola were more readily identified; they were defined as Ebola survivors, orphans or those that had lost the head of households to Ebola. The Ministries of Health in Liberia and Sierra Leone issued Ebola survivor certificates when people were discharged from facilities. These helped identify survivors. Communities had autonomously created 'survivor associations' that further aided in identification. However, at least two NGOs reported that stigmatization made it difficult to identify Ebola survivors.⁹⁰

The categories of households that were indirectly affected by Ebola varied between organizations, geographical areas and communities. Broadly, they were:

- Quarantined and post-quarantined communities or households;
- Vulnerable populations, e.g. differently abled, chronically ill, households with malnourished children, elderly people and pregnant or lactating women; and
- Households or communities that had suffered significant economic losses due to Ebola, such as from the suspension of farming or small trade.

In Liberia, various methodologies were used to verify potential beneficiaries, including the use of:

- Supporting materials, such as Ebola survivor certificates, health cards for pregnant or lactating women, and mid-upper arm circumference measures⁹¹ for malnourished children;
- Secondary data, such as WFP Vulnerability and Mapping Unit (VAM) assessments;
- Proxy means testing (PMT); and
- Community and peer-to-peer NGO discussions.

Final criteria chosen varied across the NGOs based on their understanding of the most vulnerable groups through assessments and field consultations with communities and CWG members.

In Sierra Leone, beneficiary targeting methods were explicitly outlined in the SOPs, with three stages to the approach:

1. Geographical targeting using poverty maps provided by the Government of Sierra Leone's statistics unit;
2. Community-based identification of populations indirectly affected by Ebola;
3. 'Light' PMT, i.e. verifying that the beneficiaries selected by the communities were eligible, based on correlation to proxy indicators such as demographics, educational levels, household size and characteristics, and asset ownership.

The SOPs explained in detail three practical steps:

- Introduction to local authorities, training of Community Implementation Committee (CIC) members (see Section 3.6) and identification of potential beneficiaries;
- The validation of preliminary lists;
- The registration of beneficiaries.

⁹⁰ CaLP (2016).

⁹¹ Mid-upper arm circumference is the circumference of the left upper arm, measured at the mid-point between the tip of the shoulder and the tip of the elbow. It is used to rapidly assess the nutritional status of children. Moher and Child Network (n.d.).

The SOPs specified that households in extreme poverty that were affected by Ebola directly or indirectly would be the target groups. NaCSA, which continued to implement its own CTP, was tasked with establishing shared poverty indicators based on the NSPP. CICs were then expected to discuss these criteria and agree on up to ten indicators. The expectation was that NGOs would coordinate targeting with NaCSA, especially during PMT.

The SOPs and verification process implemented in Sierra Leone resulted in a more cohesive process for targeting beneficiaries. However, NaCSA's limited capacity to rapidly process heavy NGO caseloads while continuing to implement their own programs resulted in delays. Some partners reported that compliance with the SOPs resulted in delayed start dates, particularly when multiple projects were starting up in the same time period. In an effort to address NaCSA's capacity gap, CARE recruited and seconded a Geographic Information Systems mapping and capacity building consultant to NaCSA to assist the verification of NGOs' targeting exercises. However difficulties with recruitment meant the consultant was not in place until late in the targeting exercise.

Participants of FGDs held during this documentation process in both countries stated that the beneficiary targeting process was fair. The primary concern they raised was that the targeted numbers of beneficiaries were much lower than they felt was necessary. A few FGD participants mentioned that some Ebola-affected people had left their villages and returned after targeting and were therefore excluded from the CTP even though they met the criteria.

3.6 COMMUNITY ENGAGEMENT

Engagement of communities was a significant feature of all the CTPs at all stages.⁹² During needs assessments and project design, NGOs comprehensively involved a host of community members, from local authorities (e.g. chiefs, elders) to petty traders and youth representatives through interviews, FGDs and consultations. In Liberia, the NGOs worked with the national authorities dealing with health, agriculture and public works. In some instances, they consulted communities after receiving issues letters from USAID/FFP to ensure that their project design was both feasible and relevant for local contexts. During implementation, communities contributed in-kind support in the form of their time, the use of community structures, sensitization and crowd control.

The principal organized means of community engagement were the CICs established in each village, or in each quarter for urban areas. In Sierra Leone, the SOPs outlined the composition of the CICs. At least three of their five members had to be women, with roles specified as chairperson, secretary and three support members. The CICs were formed after meeting with the principal leaders (e.g. mama queens,⁹³ youth leaders, elders, religious leaders and section leaders). In Liberia, there was no standard composition of CICs. All NGOs made reference to community contributions, consultations or committees in their applications. In their applications to USAID/FFP, only two explicitly mentioned gender-balanced groups, while one stated that the groups would be made up of five people.

The NGOs in both countries reported that strong relationships with the local authorities also helped ensure proper coordination and sensitization in communities. Their assistance in conflict resolution was seen as essential, even though conflicts were rare and not significant.

In FGDs, beneficiaries expressed appreciation for the CICs, because their members knew the communities intimately and were quickly able to identify their most vulnerable members. NGO staff also acknowledged that the CICs helped to build trust and acceptance, and contributed to their accountability.

However, both countries experienced a similar problem with CICs. Committee members had significant responsibilities and expectations—from both communities and NGOs—to ensure that the implementation of CTP was smooth and transparent. Beyond the identification of beneficiaries, they received complaints and feedback, were present at the payouts to beneficiaries and shared information on changes to projects (e.g. delays, dates for payouts or changes in modalities). Some even used their own phone credit to call NGO staff to provide time-sensitive information about their communities. All of these duties were voluntary, but they proved to be time-consuming and caused consternation among some CIC members. NGOs were beholden to the CICs, as they played a crucial role in ensuring a smooth implementation; however, they were not able to compensate them for their services. Eventually, some organizations provided small incentives, such as T-shirts, phone credit and transportation reimbursements to keep them motivated.

⁹² Information in the section is based on discussions that took place at CaLP learning events in Liberia and Sierra Leone in October 2016. At the time of writing, no event reports had been produced, so this analysis is based on the author's notes.

⁹³ 'Mama queens' or 'mammy queens' are market women who have influence in markets in Sierra Leone, and are important community members.

At CaLP learning events, NGO staff identified other challenges with community engagement. These varied in magnitude; some were specific to certain NGOs or countries, while many could be settled over time by the NGOs (see Table 6).

Table 6: Reported Challenges with Community Engagement by Country

Liberia	Sierra Leone
Some movement restrictions	High expectations from the communities
Minimum physical contact strategies to reduce Ebola spread	Transfer amounts were not adjusted to account for inflation
Uncertainty, fear and rumors due to the unprecedented nature of the emergency	Scale of need meant that some poor or food insecure households were excluded which hindered community acceptance of targeting criteria.
Identification of target groups, difficulty with verification	Raised expectations of transition to other programs, such as NSPP
Some NGOs lacked the trust of local authorities	
Population influx in urban settlements	
Language barriers (e.g. staff not speaking local dialects)	
Community accessibility (i.e. road conditions)	
Lack of beneficiary familiarity with CTP. (NGOs faced skepticism from some beneficiaries who did not believe they would receive the payments.)	

3.7 BENEFICIARY IDENTIFICATION

Finding a means of identification for CTP beneficiaries was a common challenge. Neither country has widely held national identification cards. Voter registration cards are the closest alternative, but not everyone has one, especially young people. To counter this, NGOs created their own identification for registration and payout processes. In Liberia, these included beneficiaries' photos, a barcode and essential household information, including information on proxies entitled to collect payouts on their behalf. Beneficiaries were reported to have appreciated the cards, perhaps because they did not have any other form of identification.

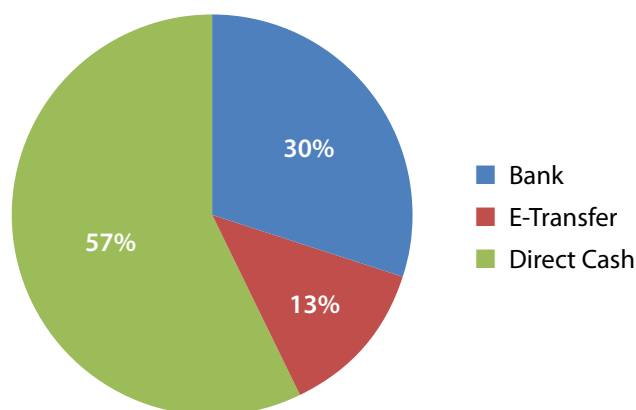
In Sierra Leone, SIM cards initially served as identification. The cards contained personal information (including photos) and their proxies that were readable by Splash, the service provider. While this was a compact and straightforward means for the service provider, it was less attractive to the beneficiaries. They could not quickly identify their SIM cards, and they were easily misplaced or mixed up with those of other beneficiaries. Because of this, some NGOs in Sierra Leone resorted to creating additional laminated ID cards.

3.8 DELIVERY MECHANISMS

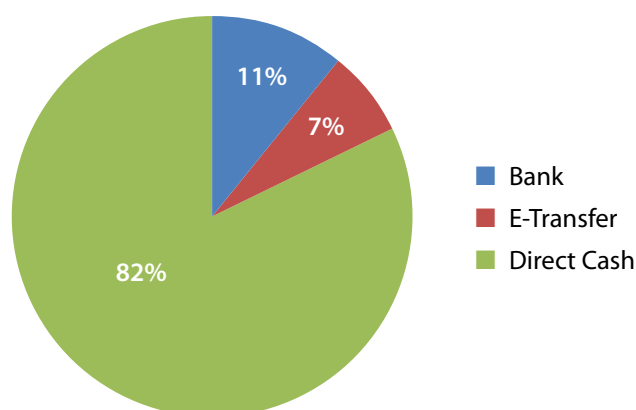
In 2014, Liberia had only one mobile provider capable of supporting e-transfers to beneficiaries' SIM cards: Lonestar MTN. In Sierra Leone, transfers could be supported by both Airtel Money and Splash. The latter is a money transfer service that partners with different mobile service providers. While they have the capacity to deliver e-transfers payments, in this case, they provided direct cash through their network of local agents.

In Liberia, Mercy Corps and ACIDI/VOCA used Ecobank, which distributed physical cash at set points within 5km (3.1 miles) of beneficiaries' communities, according to schedules arranged with the NGOs. ACIDI/VOCA used EcoBank for the duration of its program; however, Mercy Corps stopped using their services after three transfers, when they took on the work themselves. PCI carried out direct distribution of cash.

To begin with, direct cash was the most common delivery mechanism chosen across both countries, providing for 87 percent of beneficiaries, of which 30 percent was via banks. E-transfers represented the other 13 percent (see Figure 1). Splash was used for 63 percent of the direct cash of the total UCT.

Figure 1: Delivery mechanisms for the first UCTs

The proportions for the delivery mechanisms that partners settled on later in the programs⁹⁴ changed to 93 percent of direct cash—of which 11 percent was via banks—with the remaining 7 percent via e-transfers (see Figure 2).

Figure 2: Delivery mechanisms for the final UCTs

The use of e-transfers in both countries proved to be extremely challenging due to limited network coverage in remote areas and the beneficiaries' lack of familiarity with e-transfer technology. In Liberia, only Save the Children used them for the duration of their CTP for all beneficiaries.⁹⁵ ACDI/VOCA Liberia used the delivery mechanism for about 10 percent of their beneficiaries. In late 2016, Mercy Corps piloted a relatively small UCT project (640HH) in Monrovia through Cellcom, which entered the market after the programs had started.

All NGOs in Sierra Leone eventually used Splash as a service provider to deliver cash. Although this was initially planned to be through e-transfers, ultimately, almost all of it happened offline. This change meant that NGOs either sent the money to beneficiaries' SIM cards, which they could later cash out through a Splash agent, or the agents directly paid the beneficiaries in cash. While this was less risky for the NGOs, it still carried considerable risk for Splash employees, who took large sums of money to difficult-to-reach areas. E-transfers were difficult in Sierra Leone; CARE and World Vision did try two and one transfers, respectively, using Airtel for about 45 percent of their total beneficiaries, but issues including delays in payouts, liquidity problems and SIM card errors led to them discontinuing them.⁹⁶

Service fees charged by the providers to the NGOs varied from 2 to 7 percent even within the same country. NGOs paid Lonestar MTN in Liberia and Airtel in Sierra Leone for the SIM cards; Splash in Sierra Leone provided the SIM cards for free. Direct cash UCTs in Liberia did not have any service fees, as the NGOs themselves ran the distributions.

⁹⁴ Some of the NGOs changed the delivery mechanisms used throughout the project. This includes Mercy Corps' discontinuation of Ecobank, ACDI/VOCA Liberia's discontinuation of Lonestar MTN, and CARE and World Vision's discontinuation of Airtel.

⁹⁵ This was possible because of better network coverage in Save the Children's project areas.

⁹⁶ Communication with Morie Amadu, CARE Sierra Leone, 10 November 2016.

Table 7: Fees for Service Providers, by Delivery Mechanism and Country

Delivery Mechanism	Liberia	Sierra Leone
Direct Cash: Bank	2–3.4%	N/A
E-Transfer: Phone Company	2.6–3.3%	7%
Direct Cash: E-Transfer Provider	N/A	4–5%

The partner NGOs paid an estimated \$775,000 in services fees for cash delivery (\$238,302 in Liberia and \$537,326 in Sierra Leone), which is just over 3 percent of the total value of the UCTs.⁹⁷

While the service provider pool was small in each country, it was possible to contract viable options within a short period. Some proved to be ambitious and flexible in how they worked with the NGOs and were often open to feedback on how to improve their service to beneficiaries.

Service providers were represented in the CaLP learning events in both countries and participated actively in frank discussions. They also provided valuable insight into the potential and limitations of cash transfers and shared future business plans that may soon make e-transfers more accessible in Liberia and Sierra Leone. Their openness to collaborate was a positive outcome that NGOs need to capitalize on in the future.

Nevertheless, many challenges affected the delivery of cash to beneficiaries. The main ones were:

- **Liquidity:** Service providers in both countries had some difficulty in holding the necessary amount of cash at the right times and in the right denominations for payouts. The quantities required were much higher than they were accustomed to managing. Although they had assured the NGOs that they would be able to deliver, it proved logistically challenging, thus NGOs had to coordinate with them very precisely. Save the Children Liberia had to ensure that Lonestar MTN's agents had sufficient liquidity by depositing money in an account; each time Save the Children made a cash transfer, there was a debit to the bulk account.⁹⁸ Ecobank also had severe liquidity problems; this was a particular problem for Mercy Corps, as it is the only bank in Lofa County. The branch is 244 miles from Monrovia, where they restocked their cash reserves. Overall, liquidity problems caused significant issues for the NGOs' ability to schedule and complete rounds of payouts, and often caused delays. Additionally, in Liberia, some of the bank notes distributed at times were in such a bad state that beneficiaries found it difficult to use them in local markets. USAID/FFP field visit reports also highlighted this issue.⁹⁹ The NGO partners brought this concern to Ecobank, after which the situation improved.¹⁰⁰
- **SIM card management:**¹⁰¹ In Liberia, the separation of Lonestar MTN's data and e-transfer departments caused confusion for the NGOs and their beneficiaries. SIM cards needed to be registered for both services, and beneficiaries were expected to make use of some data to keep the numbers active, yet the use of data services was difficult in areas where mobile service was limited; as a result, phone numbers were sometimes disconnected. Additionally, some of the SIM cards had previously been activated by other customers in the past for one service or another. As a result, a beneficiary could have a SIM registered in their name for e-transfers, but not for data or vice versa. Beneficiaries often forgot their personal identification numbers when they had to activate the phones and ended up being locked out. The NGOs then needed to work with the mobile phone companies to unlock the phones again.

⁹⁷ This figure does not include the estimated service fees for transfers by Mercy Corps after September 2016, or their services fees after August 2016. Figures from service fees paid as reported to author and not on actual expenses.

⁹⁸ Communication with Joe Joe Zubahyea, Save the Children Liberia, 25 October 2016.

⁹⁹ Internal documents from field visits to partners from USAID/FFP Liberia.

¹⁰⁰ Mercy Corps and ACDI/VOCA Liberia reports to USAID/FFP.

¹⁰¹ All partners in Sierra Leone issued SIM cards to beneficiaries. Splash provided them for free. With Airtel, the NGOs had to purchase the SIM cards. In Liberia, only PCI did not issue SIM cards at all. ACDI/VOCA distributed SIMs to the households that received money via Lonestar MTN. Mercy Corps distributed SIM cards to the 640 households that received transfers through Cellcom.

- **Service providers' customer service and availability:** In Liberia, it was difficult for NGOs to involve the service providers in discussions. Some of this was due to structural issues, such as the aforementioned separation of e-transfer and data services. In Sierra Leone, however, Splash was present in the CWG and worked to overcome these challenges. Nonetheless, Splash had difficulty motivating their local agents to deliver services to agreed schedules and to travel far from their usual areas of operation. Splash began to offer commissions equal to 1 percent of the entire UCT delivered to incentivize travel to remote communities. In both countries, coordination between service providers' offices in the capital and the district or county level had to be very carefully followed up by NGO staff; this improved coordination but was time-consuming. Save the Children Liberia began an incentive scheme for Lonestar MTN agents who processed payments outside their business areas equal to \$1.44 per transaction, with a bonus of \$49.89 if they paid 250 or more beneficiaries in a day.¹⁰² ACDI/VOCA faced a similar challenge, and paid an additional 1.7 percent to agents to incentivize their travel to the target communities.
- **Poor infrastructure:** Most of the communities were in remote, rural areas with poor roads that can be impassable during the rainy season. This situation affected not only NGOs' access but service providers' liquidity, as it was harder for their agents to get cash further from the capital. While the poor roads were a foreseen challenge, the impact was unavoidable when it became evident that using service providers was not going to function as hoped. Although service providers were mapped, the hardware was not in place to support e-transfers at scale (e.g. presence of mobile towers and agents at the local level) in either country. Mobile phone service is limited in most rural areas. In an attempt to maintain e-transfers as a possible mechanism in Sierra Leone, some Splash agents briefly used an 'aggregator' system: they collected beneficiaries' SIM cards, transported them to an area with good phone service, loaded cash onto the cards and returned them to beneficiaries. The last stage proved to be an enormous logistical challenge because of the difficulty of differentiating SIM cards, not to mention the risk of loss or theft.¹⁰³ A similar method was used successfully by Save the Children Liberia, however.
- **Lack of phones:** In many areas, beneficiaries simply did not have phones by which to access e-transfers. At times, NGOs lent phones to beneficiaries so they could receive their money electronically, which was time-consuming. In Sierra Leone, electricity shortages meant NGOs also had to provide extra batteries to make payments possible in some villages. Overall, these factors limited the use of mobile phones as a cash delivery mechanism. However they were still an important means of identifying beneficiaries, checking payment balances and as a tool for receiving beneficiary feedback.
- **Illiteracy and lack of familiarity with phones:** With literacy rates below half and the limited historical use of e-transfers in the countries, it was a considerable challenge for beneficiaries to be able to use phones to receive cash transfers. Although this was not insurmountable, it took a lot of time to help communities learn how to use the phones and transfer systems. Ideally, this should be provided by the service providers, but rested with the NGOs in these cases. Notably, none of the partners' applications to USAID/FFP explicitly mentioned illiteracy as a foreseen challenge.

3.9 PAYOUTS

Payouts in both countries were complex and required considerable coordination between staff in the capital and the field, service providers (where relevant) and communities. In the end, the final payment instrument chosen by the NGOs dictated the feasibility of timely payouts.

Because most beneficiaries were in rural areas and the caseloads were large, the NGOs took a 'cluster' approach to payouts. Villages within a small distance would congregate at a particular point for cash transfers. All efforts were made to ensure that this distance was no more than 3–5km (1.8–3.1 miles). However, it was still sometimes difficult for the elderly or physically challenged to reach the areas. The wait time to receive payments could be up to three hours, but beneficiaries felt this delay was acceptable, according to their comments at FGDs and NGO reports to USAID/FFP.

Alongside concerns to maintain accessibility for all beneficiaries, the NGOs had to manage a complex web of pay points. Pay points per NGO numbered between 18 and 54, which required considerable resources and time to support.

¹⁰² Communication with Joejoe Zubahyea, Save the Children Liberia, 25 October 2016.

¹⁰³ CaLP Learning Event, Sierra Leone, October 2016.

Even with all of the planning, some NGOs still experienced delays in receiving payouts, because service providers had not organized the cash in proper amounts per beneficiary by the time of the field visit. Currency issues were also a source of concern in Liberia. The initial design of at least one of the projects was to distribute US dollars, but a series of complaints about low exchange rates resulted in changes to the design to allow for the distributions in Liberian dollars. The change in currency, however, added more time to prepare the payouts, which were quite bulky to transport. It also delayed the verification of payments by beneficiaries, because they needed to count out many small bills, especially in Liberia.

3.10 URBAN AREAS IN LIBERIA

Approximately 30 percent of Mercy Corps' beneficiaries lived in urban areas, including West Point in Monrovia, Paynesville and peri-urban Brewerville in Montserrado County, Voinjama in Lofa County, and peri-urban Kakata in Margibi County.

Beneficiary selection criteria were the same as those in rural areas, but some proved difficult to confirm, such as which people had lost their harvests. These criteria focused on Ebola survivors, households that had lost primary breadwinners to Ebola and children orphaned from Ebola. Also targeted were quarantined and post-quarantined communities and households that had lost their principal sources of income as a result of movement restrictions. Mercy Corps divided the urban areas into zones, each of which had a CIC. For example, West Point has seven zones, and an equal number of CICs were created; this inevitably increased the work needed to consult and verify beneficiaries.

Mercy Corps and its partners found that attitudes in the urban communities at the project's inception were less cooperative than those in rural areas, and that it took longer to initiate the project and required considerably more explanation to beneficiaries and community leaders. The longer start-up time was attributed to the greater level of mobility among recipients, as well as the amount of awareness-raising needed. The movement of beneficiaries between zones required coordination between the CICs to ensure that beneficiaries still received their UCTs. Vigilance on security issues was higher in urban areas, although no major incidents were recorded. However, logistics were much easier. Mercy Corps and their partners took advantage of this to implement monthly program payments to rural areas first, followed by payments to urban beneficiaries.

3.11 COMPLEMENTARY ACTIVITIES

Cash transfers may have the potential to mitigate people's risk from disasters, and improve their resilience in the face of shocks.¹⁰⁴ Evidence shows that complementary interventions and supply-side services can enhance such effects.¹⁰⁵ All USAID/FFP partners in Liberia implemented complementary activities, as did three out of five in Sierra Leone. These activities aimed at strengthening the resilience of the projects' communities and included:

- **Agricultural support:** Initially, all NGOs indicated that the delivery mechanisms for agricultural inputs would be vouchers. Save the Children modified this approach to direct seed distribution, as there were not enough high-quality seeds in the programming area to use AIV. USAID/FFP approved of this modification, because it was evidence based. Over 449MT of rice, maize and horticultural (e.g. eggplant, okra, chili pepper, cucumber) seeds were distributed or purchased through vouchers and seed fairs. Over \$1,838,000 in agricultural support entered the communities (\$1,609,208 Liberia and \$228,938 Sierra Leone). A total of 25,250 households received support through these activities.

The distributions were paired with training on agricultural techniques, including planting techniques, post-harvest handling and seed storage. The NGOs coordinated some activities with the respective ministries of agriculture (e.g. accessing communities, backstopping seed and vendor selection, and liaising on germination testing).

PCI's intervention was unique because it worked in an area that is not traditionally agricultural. The idea behind it was to expand livelihood options through the introduction of horticulture in a zone that was well placed for markets. They worked with beneficiaries on planting, cultivation and marketing for sale, and consumption.

¹⁰⁴ Overseas Development Institute (2015).

¹⁰⁵ Hagen-Zanker, J. et al. (2016).

ACDI/VOCA Sierra Leone's intervention targeted their Farmer Field Schools, providing emergency seed recovery packages. The seeds were mainly for beneficiaries to make an income, but some seeds were provided for household use. They also gave seed grants to so-called 'apex' farmers—those who act as seed banks in a traditional system of seed lending. As a considerable number of households lost seed stock during the Ebola crisis, they were unable to pay back the seed loans they had taken from the local apex farmers. The latter therefore lost the capital needed to restart the loans on which the small-scale farmers are dependent.¹⁰⁶

NGO staff and beneficiaries felt that the training and seed distributions added value to their projects, as they focused on livelihood options rather than just food security.¹⁰⁷ The fairs gave them a choice based on their needs and preferences, and stimulated local economies. It was also seen as an exit strategy from relying on UCTs.

There was some criticism of the activities. In one FGD, some beneficiaries complained about the poor quality or late delivery of seeds from a couple of the NGOs. In one case, the NGO returned the seeds to the vendors. Other concerns about quality were linked to improper seed handling.¹⁰⁸

- **Cash for Work (CFW):** The rate for CFW was set based on the Minimum Wage Bill in Liberia and coordinated between other actors. CFW beneficiaries from both NGOs mainly cleaned and repaired farm-to-market or feeder roads. Participants were paid after a round of work, which differed in length between NGOs. They were only able to do one round of CFW. ACDI/VOCA used their digital monitoring system to monitor daily work by beneficiaries, which eased the payment processes as the data was uploaded in real time. Neither NGO claimed that having two CTP modalities in their program areas caused any problems. In FGDs, respondents voiced their appreciation for the road improvements, as well as for receiving tools from the PCI project.
- **Village Savings and Loans Associations (VSLA):** ACDI/VOCA Sierra Leone set up VSLAs using methodologies developed by CRS and CARE.¹⁰⁹ The VSLAs were community-based and of mixed gender, but the majority of members were women (60–70 percent). The formation and start-up of the groups were supported by NGOs, which helped set rules and norms, and provided bookkeeping training. ACDI/VOCA Sierra Leone provided no seed money; each group was only given a lock box and set of keys to help them store and transport their money. Groups primarily worked by collecting weekly saving contributions from members of SLL 1,000–5,000 (\$0.18–0.89). ACDI/VOCA set up 170 groups, but not all were in the same communities as the UCT beneficiaries. Of the 96 locations in which VSLAs were implemented, 23 (24 percent) also received UCTs.¹¹⁰ Select VSLA groups in Ebola-affected communities received small grants of approximately \$350 for group projects to help further build their income-earning capacity.¹¹¹ In Liberia, ACDI/VOCA intentionally targeted VSLA members who were in groups. According to the project agreement, this made up approximately 10 percent of members.

¹⁰⁶ Interview with Georgia Beans, ACDI/VOCA SNAP, 7 December 2016.

¹⁰⁷ This information is from FGDs with beneficiaries and CaLP Learning Events Liberia and Sierra Leone. More information on this will be available in the 'Ebola CTP Outcomes Analysis' developed by CaLP in 2017.

¹⁰⁸ PCI internal documents.

¹⁰⁹ Interview with Robin Yokie, ACDI/VOCA, 13 October 2016.

¹¹⁰ Communication with James Flock, ACDI/VOCA Sustainable Nutrition and Agriculture Promotion (SNAP), 10 November 2016.

¹¹¹ At the time of writing, the preparation for the grants was complete, but disbursements were to be made in late 2016.

VSLA AND UCTS IN MAKONTADAY, SIERRA LEONE

Makontaday is a small village of 875 people (approximately 125 households). Most of its residents are subsistence farmers who plant groundnuts, rice, cassava, sweet potato and peppers. The VSLA group was formed before the outbreak of Ebola—30 members were meeting and saving regularly. With the Ebola outbreak in Sierra Leone and the subsequent movement restrictions, the group could no longer meet. The savings stayed in the group's box locked away. Some 30 percent of the VSLA members were also beneficiaries of ACIDI/VOCA's UCT project.

It was nearly a year before the group was able to resume regular activities, owing to various delays. The group needed to go door-to-door to encourage its members to recommence saving. The UCTs helped some members to start saving again, while also helping other family members in the group who were not UCT recipients to start saving through small gifts or loans. In general, the influx of cash from the UCTs helped to stimulate the local economy in the village, and in particular to get children back into school.

The VSLA members highly value their group, as it has shown them how to save money and helped them to meet basic needs such as paying school fees. As one of the group's members said: 'We can do anything now because of this box.' It has helped to maintain their dignity, as they no longer need to make their private household issues known to money lenders. Instead, they can borrow from the group at an interest rate of 10 percent with no explanations needed. The VSLA has a social investment fund to which each member contributes and can use on demand.

Additionally, the group has adopted a disaster risk reduction approach. Members give a bag of groundnuts to another community member for sale. With the proceeds, the latter must buy a new roof, replacing traditional straw roofs with non-flammable ones. The following year, the receiver needs to complete the same scheme with another community member. The group hopes that, through the sales of the groundnuts, they can reduce the periodic destruction of houses in the community caused by quickly spreading fires. This will ultimately decrease the risk to the community as a whole.

Approximately eight groups have spontaneously started up in the village—a testament to the level of relevance and impact of the VSLAs to the community as a whole.

- **Training and awareness:** Most NGOs provided sessions on topics including hygiene, Ebola transmission and nutrition (e.g. infant feeding practices and the importance of dietary diversity). In some cases, community members led sessions, which was welcomed by beneficiaries. While most of the subjects focused on changing behaviours related to the underlying causes of poverty or malnutrition, the NGOs felt that this was an excellent opportunity to dovetail these sessions with the CTP interventions. FGD responses confirmed that the communities widely appreciated these sessions.

The perceived importance of complementary activities was a point often raised by the NGO partners when comparing the interventions in Liberia and Sierra Leone, as few complementary activities were implemented in the latter. During the fieldwork for this documentation process, NGOs and communities in Sierra Leone reported they initially had concerns that households would not be able to recover from the shock of Ebola through cash transfers alone. However, the example in Box 1 above illustrates that pre-existing schemes like the VSLA group in Makontaday highlight the importance of complementary activities as they leverage CTP to deliver recovery outcomes.

3.12 PROTECTION AND GENDER

Partners' programs focused on two main protection issues: the safety and security of NGO staff and populations in need, and avoiding the transmission of Ebola to and from NGO staff and service providers. For the latter, the NGOs were able to use the National Ebola Protocols as guidance. In Liberia, the CWG developed a draft checklist for 'Safe Cash Transfers' in July 2015 for its members to help address the first set of issues.

In their applications to USAID/FFP, the depth of partners' protection analysis varied. At least one NGO did not even mention protection concerns beyond contracting Ebola, while others clearly laid out comprehensive plans. Save the Children Liberia was the only organization to include a guideline for protection with their application submitted to USAID/FFP. However, even when protection concerns were specified at the proposal stage, the accompanying risk analyses tended to be lacking in detail. Most NGOs identified women and young girls as the most vulnerable, with some mentions of the elderly, disabled and minority groups.

Interestingly, FGDs and NGO monitoring showed that security and protection were not a problem at pay points. The NGOs believed that this is because sensitization had led to communities' collective ownership of the safety and security of payouts and pay points. In addition, police presence during distributions helped maintain order. Mercy Corps explicitly wrote MoUs with their CICs explaining that security of the payments was a primary responsibility of the communities. The NGOs suggested that beneficiaries should travel together in groups from the pay points rather than travel alone. There were also instances of people paying for motorbike taxis to return them to their villages after payouts. FGD participants stated that the elderly received travel assistance from others.

During implementation, there were no reports of robbery, bribes or significant inter-household conflicts from FGD participants or NGO staff. However, anecdotal information about conflicts within polygamous households surfaced at CaLP learning events. Evidence suggests that polygamous households may be more prone to intra-household conflict if only one wife receives the cash transfer.¹¹² Additionally, FGDs respondents mentioned that some non-beneficiaries felt jealousy towards the UCT beneficiaries. This jealousy was somewhat addressed by some UCT beneficiaries sharing small amounts of cash and food with non-beneficiaries. This practice helped assuage some concerns and is considered standard for similar contexts (i.e. disaster-struck regions already suffering extreme poverty, but with high social cohesion).

CTPs frequently target women, in line with the general belief that women are more likely to spend cash transfers on basic household needs.¹¹³ Early in the Ebola outbreak, the national governments and NGOs tried to signal the disproportionate effect the crisis was having on women and girls. The NGOs were careful to point this out in their applications to USAID/FFP, and disaggregated monitoring information by gender. In these applications, certain efforts to focus on gender stood out:

- PCI had a gender protection officer who ostensibly made their actions more gender-sensitive;
- CARE reported that their global gender adviser visited their project;
- ACDI/VOCA's Regional Gender and Youth Advisor travelled to Sierra Leone to pilot a post-distribution FGD methodology. This was intended to capture relevant information about the challenges and opportunities faced by beneficiaries as a result of receiving cash. The NGO also provided a gender-based violence and sexual exploitation training session for Splash's mobile money agents and other distribution partners.

ACDI/VOCA Sierra Leone produced a report entitled 'Gender impact assessment of cash transfers support to vulnerable households in Sierra Leone' in November 2016.¹¹⁴ This contains interesting findings of the decisions made on the use of cash transfers by women, men, boys and girls, drawing on interviews with each group. Nevertheless, it yields little information on overarching gender issues—e.g. power dynamics, specific needs and comparative intervention impacts.

While the acknowledgement that Ebola disproportionately affected women is a significant step, it is not sufficient. Gender disaggregation at all levels of monitoring and evaluation for each group is essential. As early as 2014, the UNDP was urging humanitarian actors working on the Ebola epidemic 'to put gender-specific realities and needs front and center'.¹¹⁵ In a review of the USAID/FFP partners' reports, there is little evidence that such gender specificity was thoroughly integrated into their responses, nor that they were required to do so.

¹¹² Wasilkowska, K. (2012).

¹¹³ ODI (2007).

¹¹⁴ ACDI/VOCA (2016).

¹¹⁵ Davis, R. and Fried, S. (2014).

4 PROGRAM MONITORING

4.1 SYSTEMS AND TOOLS USED BY PARTNERS

All the NGO partners used digital platforms for data collection and management from a host of companies, including Noble House, RedRose, Last Mile Mobile Solutions, Segovia, KoBo, Global Pathways and ODK. These tools were new for most staff, requiring significant investment in capacity building and new equipment. The systems worked on and offline, and were suitable for field use. The types of monitoring tools used were relatively standard, including PDM, market price surveys and on-site distribution monitoring. The variety of tools used enabled partners to monitor project outcomes at different stages of the projects' implementation.

As described in Section 3.4, some tools were standardized. While this was a positive development, there was no real global comparative assessment of the data across the NGOs or with government programs.

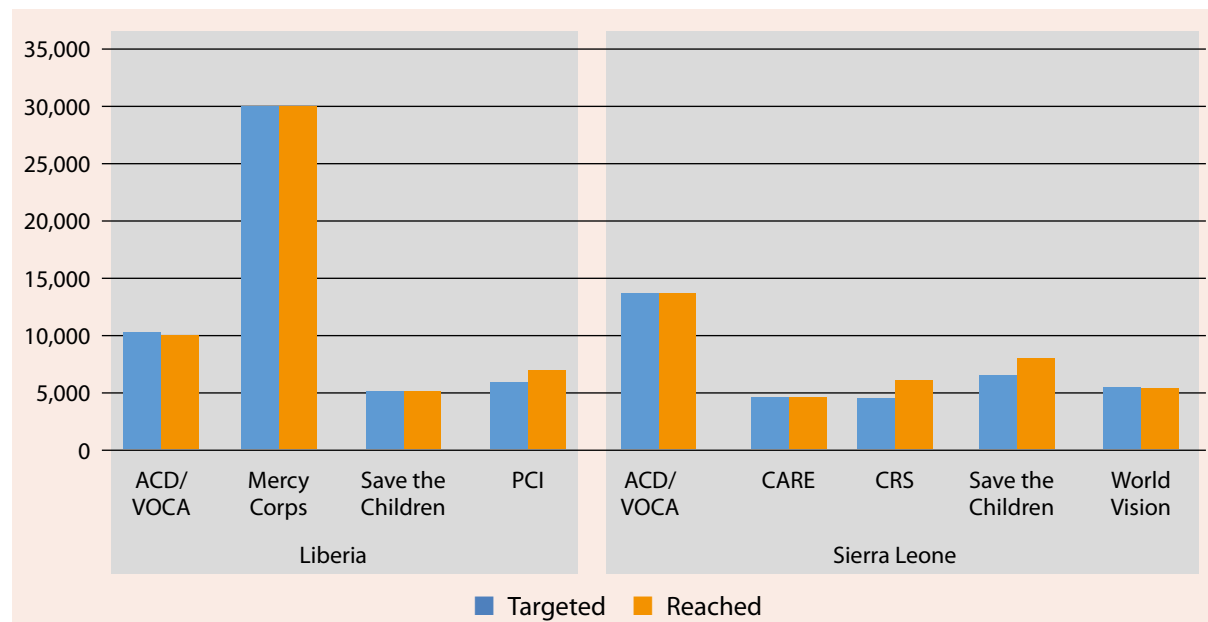
4.2 RESULTS FROM STANDARD INDICATORS

Each NGO had distinct indicators for their projects, ranging in number from four to 26. Three of them were comparable across all NGOs—the figures targeted and reached through UCTs, AIVs and CFW. Of these three indicators, partners achieved an average of 97 percent of their targets.

4.2.1 Achievement of UCT targets

Overall, the partners reached 104 percent of the targeted number of beneficiary households for UCTs (with a range of 96–123 percent). There was no significant average variation between the two countries.

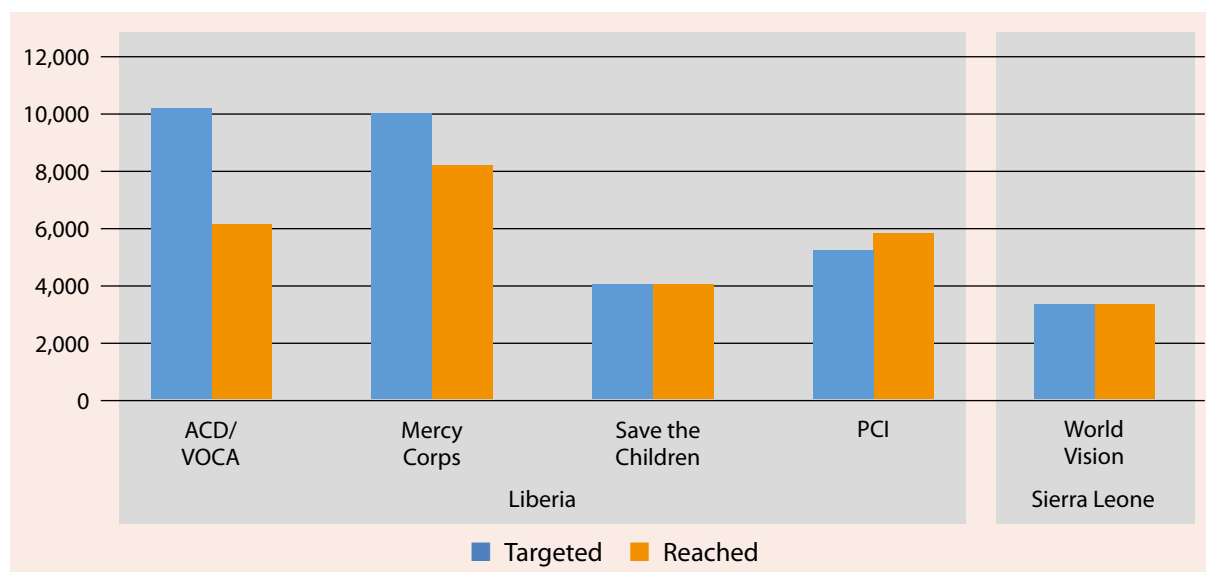
Figure 3: Targeted vs. Reached Households for UCTs



4.2.2 Achievement of AIV Targets

The partners reached an average of 90 percent of the targeted number of beneficiary households for AIVs (with a range of 60–110 percent). In Liberia, there was an average 87.9 percent reach across the four partners; in Sierra Leone, World Vision reached 100 percent of its target.¹¹⁶

¹¹⁶ ACDI/VOCA Sierra Leone is not included, as no baseline target for households was included in their application.

Figure 4: Targeted vs. Reached Households for AVIs

4.2.3 Achievement of CFW targets

The two partners that implemented CFW programs in Liberia—ACDI/VOCA and PCI—achieved 99 and 100 percent, respectively, of their targets for households.

Table 8: Targeted vs. reached households benefiting from CFW

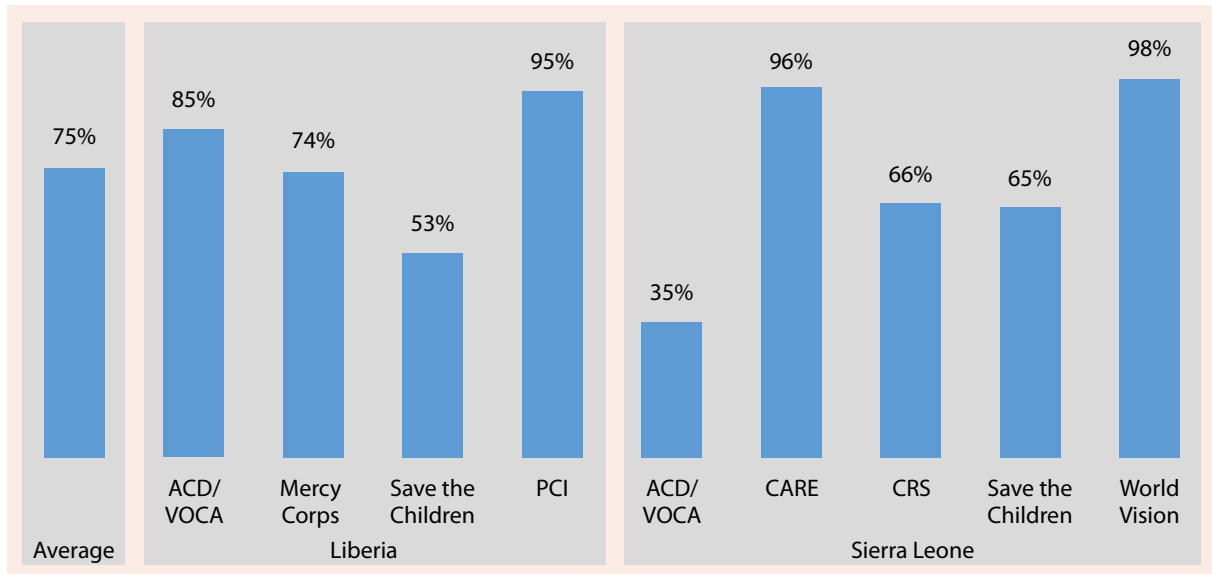
	ACDI/VOCA Liberia	PCI
Target	2,400	2,520
Reached	2,409	2,519

Overall, 89 percent of the CFW budget was spent on CFW activities. ACDI/VOCA Liberia dispensed 100 percent of their budget; PCI used 79 percent of their CFW budget on payments, with the remaining 21 percent spent on tools needed to achieve the CFW activities. These tools remained in the beneficiary communities after the project completed.

4.2.4 Monitoring Results on the Use of UCTs by Recipients

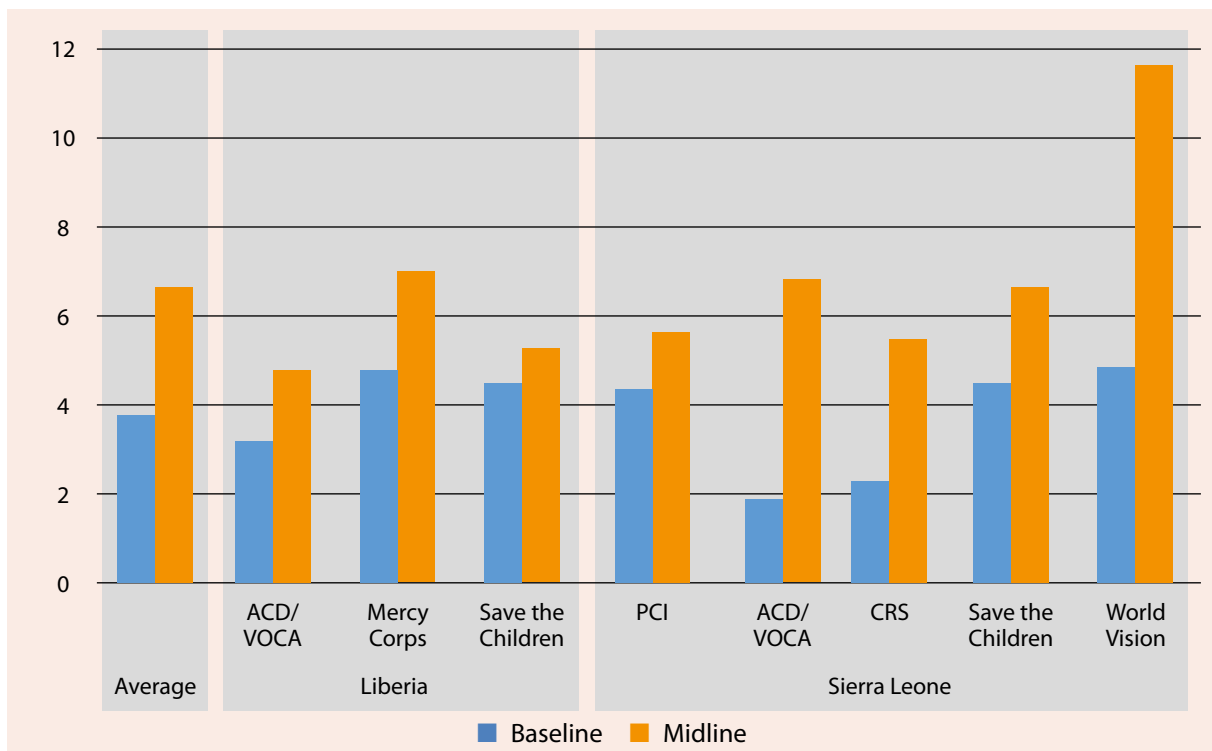
All of the NGOs monitored the use of UCTs by the recipients through interviews. On average, 75 percent of the money was used for food.¹¹⁷ There was no significant difference in this average between the two countries; however, within each, there was considerable variation by project (in Liberia, 53–95 percent; in Sierra Leone, 35–98 percent). It is difficult to establish the precise cause of this variation not only because the transfers happened at different times of the year over more than one year but also because of the disparities in monitoring data collected by USAID/FFP-partners. Furthermore, it is common for households to spend a greater proportion of initial transfers on food, with this proportion reducing for later transfers. Nevertheless, on average one can see that some households were able to invest a greater proportion of the transfers in other household needs; these were likely to be activities and goods that contribute to their resilience and well-being. In the projects delivering CCTs, there was a high use of the transfers for food, which may relate to the prevalence of food insecurity.

¹¹⁷ All data cover the period to the end of FY2016, except ACDI/VOCA Liberia, which is from Q2 2016.

Figure 5: Average percentage of UCTs used for food

4.2.5 Household Dietary Diversity Scores

Comparing the data from the baseline to midline results from the end of the fiscal year (September) 2016, all of the partners' beneficiaries reported significant improvements in household dietary diversity (HHDD) scores. The number of food groups consumed nearly doubled from 3.79 to 6.65 food groups.

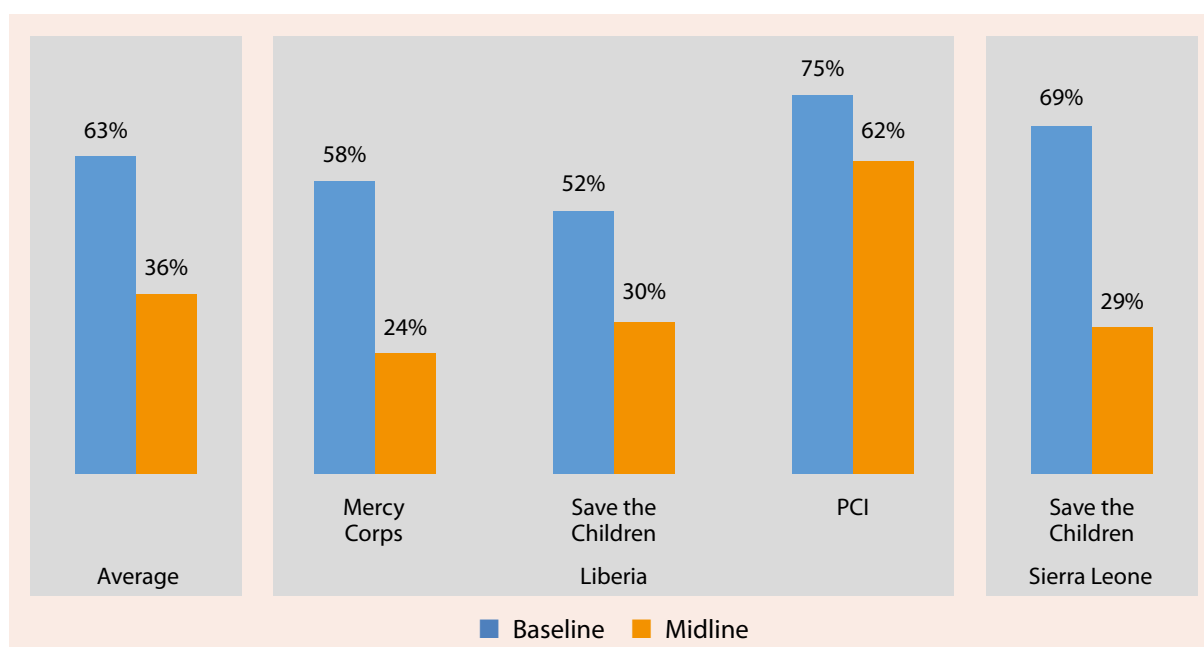
Figure 6: HHDD, average number of food groups consumed at baseline vs. mid-term

There was considerable variation between partners. Baseline scores ranged from 1.9 to 4.87; Liberian respondents had a marginally higher baseline score compared to Sierra Leonean respondents (4.19 vs. 3.40). Midline reports showed more significant gains in the number of food groups consumed in Sierra Leone (reaching 7.45 vs. 5.65 in Liberia). Many variables can influence these changes (e.g. markets, local customs, the size of families, other types of aid received), so it is not possible to draw more nuanced conclusions from the available data. However, the overall improvements are encouraging and demonstrate that the interventions led to immediate improvements in household food security.

4.2.6 Household Hunger Scale Scores

Four NGOs (three in Liberia and one in Sierra Leone) measured the change in Household Hunger Scale (HHS) scores for their UCT beneficiaries. The HHS estimates household food deprivation and is a standard used in developing countries.¹¹⁸ The baseline average for households reporting severe to moderate hunger on the HHS was 63 percent. At the midline, as reported to USAID/FFP at the end of the fiscal year 2016, there was a 27 percent average reduction (with NGOs ranging between 13 and 39 percent).

Figure 7 : HHs, UCT beneficiaries reporting moderate to severe hunger

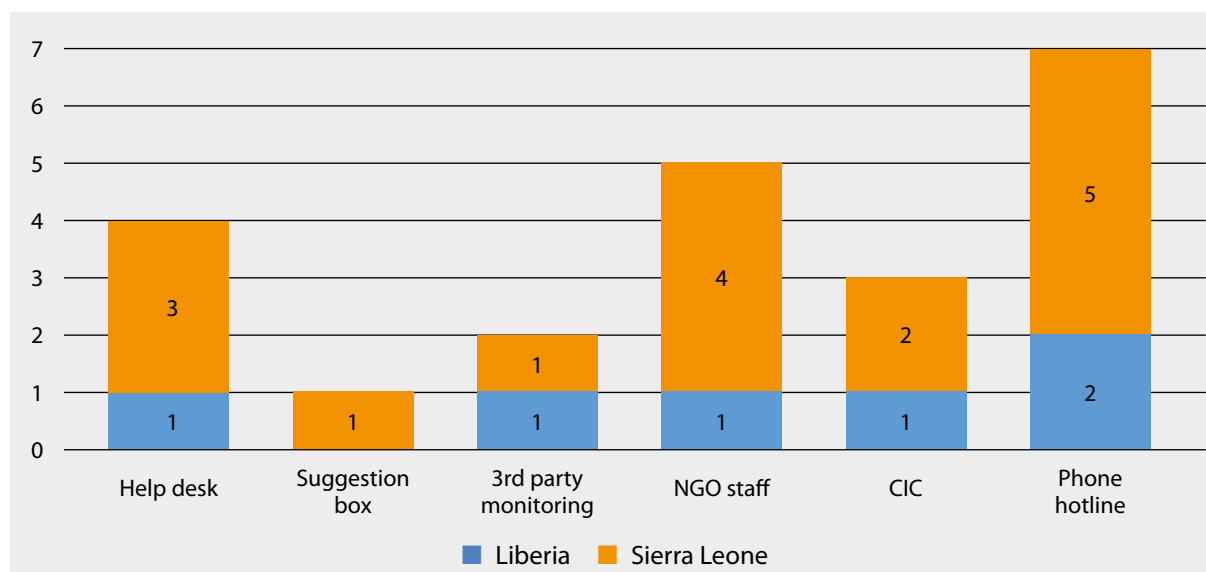


4.3 ACCOUNTABILITY AND FEEDBACK MECHANISMS

The average number of feedback mechanisms used in both CTP and other projects was six per NGO (ranging from three to seven).¹¹⁹ All interventions in Sierra Leone had the additional feedback mechanisms required by the anti-corruption commission (ACC), as stipulated in the SOPs. Partners' feedback mechanisms could be used by anyone to ask questions, gain clarification or voice complaints about the project or staff. The most widely used feedback mechanisms were direct contact with NGO staff, telephone hotlines, help desks and community committees. Some NGOs had additional feedback mechanisms, such as radio show call-ins, accountability assessments, community meetings, complaint forms and volunteer community mobilizers.

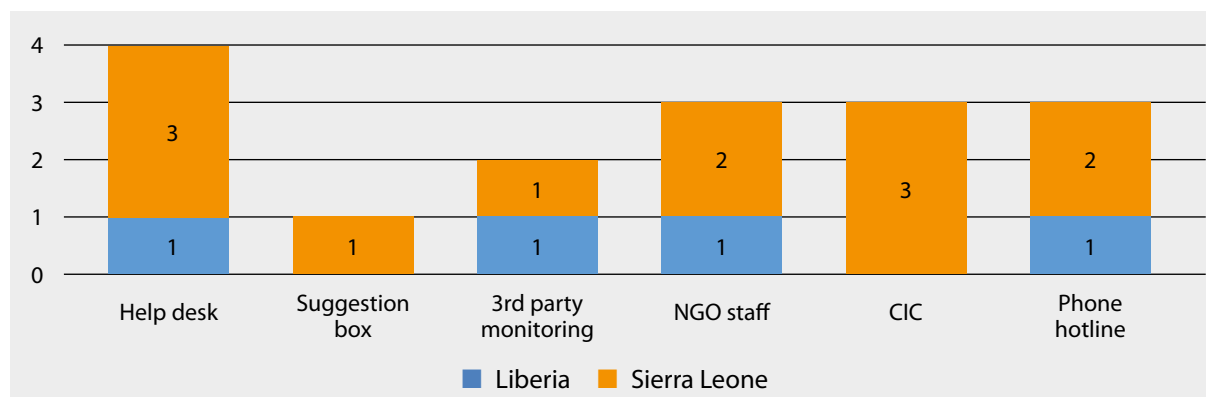
¹¹⁸ Ballard, T. et al. (2011).

¹¹⁹ The following section is based on CaLP learning events in Liberia and Sierra Leone, October 2016.

Figure 8: Feedback mechanisms most frequently used by beneficiaries

In Liberia, the feedback mechanisms used most by beneficiaries were help desks and hotlines; in Sierra Leone, they were hotlines and NGO staff.¹²⁰

In Liberia, the feedback mechanisms most used by non-beneficiaries were help desks, hotlines, NGO staff and third-party monitoring.¹²¹ In Sierra Leone, community committees and NGO staff were most commonly used, with all others equally called upon. FGD groups were able to name two or three feedback mechanisms.

Figure 9: Feedback mechanisms most frequently used by non-beneficiaries

The partners clearly considered feedback mechanisms to be significant for accountability. Some observations are:

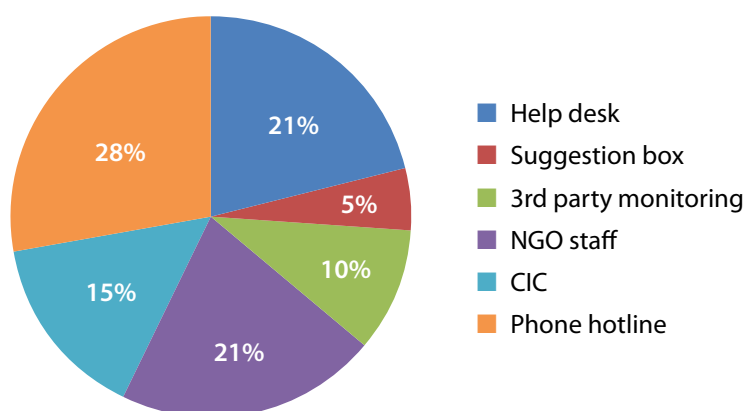
- In both countries, help desks were used equally by both beneficiaries and non-beneficiaries. This could be due to their ease of access;
- Neither population widely used suggestion boxes; only two partners used this mechanism. High levels of illiteracy may be a factor in this;
- Direct contact with NGO staff was used as a means of feedback by beneficiaries more than non-beneficiaries;
- Beneficiaries in Sierra Leone widely used CICs, but the same was not true of non-beneficiaries. In Liberia, there were no reports of CICs being used as a feedback mechanism;
- Both populations used hotlines, but more so in Sierra Leone than Liberia.

¹²⁰ Data from CaLP learning events in Liberia and Sierra Leone, October 2016.

¹²¹ Third party monitoring is monitoring 'by parties that are external to the project or program's direct beneficiary chain or management structure to assess whether intended outputs, outcomes, and impacts have been achieved by the project'. Van Wicklin, W. and Gurkan, A. (n.d.).

In general, NGOs in Sierra Leone reported using a greater variety of feedback mechanisms than those in Liberia (24 types in Sierra Leone vs. 14 in Liberia).¹²² Phone hotlines were most commonly cited by NGO staff at the learning events (28 percent of references to feedback), followed by NGO staff and CICs (each 21 percent). Overall, the low frequency of use of any particular feedback mechanism calls into question the utility of offering so many options. Some of the information about feedback mechanisms from the learning events was counter-intuitive. NGOs have repeatedly stated the problems of poor mobile phone coverage; therefore, this feedback mechanism would likely not be used to its full potential. The actual number of responses received through each mechanism was not analysed, nor were the types of feedback. A deeper analysis of these data sets could be informative for better country-level studies on the implementation of feedback mechanisms as a whole.

Figure 10: FFP's partners' feedback mechanisms, both countries



GOVERNMENTAL GRIEVANCE REDRESS SYSTEMS IN SIERRA LEONE

The ACC in Sierra Leone is a semi-autonomous government agency that began operating in 2001. Its mandate is the prevention, investigation and prosecution of corrupt practices. Public education about corruption and the public's related rights is a considerable part of the ACC's work, as a means to solicit support from the population. The ACC's Systems and Processing Unit analyses governmental policies and provides recommendations. The Monitoring Compliance Unit can bring people to court for non-compliance and can demand the arrest of individuals if there is sufficient evidence to launch litigation. Furthermore, the ACC has a provision that assists them in protecting whistleblowers' identities by defending victims from retribution. The ACC has approximately 100 staff, of which 50 support its investigative functions. They have regional offices in Makeni, Kenema, Bo and Kono, with a head office based in Freetown. ACC has three toll-free lines for people to report corruption anonymously.

The World Bank suggested that the ACC be involved in Sierra Leone's NSPP. They also worked on the NSPP RE-SSN with NaCSA. ACC's role, particularly around grievance redress mechanisms was spelled out in the NaCSA SOPs which all USAID/FFP partners were encouraged to sign. While the ACC's participation in USAID/FFP-funded projects varied between partners, they were involved at various stages in all of the UCT projects. Despite the explicit inclusion of the ACC in grievance redress procedures in the NaCSA SOPs,, overall, the ACC received only a few minor complaints about the NGOs' projects through their hotlines, perhaps because the NGOs each had their own.

The ACC's involvement in the USAID/FFP-funded CTP helped the former expand their public education efforts on accountability and anti-corruption. As a permanent means for feedback in Sierra Leone, it is a positive way to support national and local policies. It also can foster the use of a 'rights lens' for humanitarian and development work.

Beyond projects related to the Ebola outbreak, NGOs have freedom to decide to what extent the ACC should be involved in monitoring their projects—noting that this requires planning and dedicated resources. As a semi-autonomous agency, the ACC has a limited budget. NGOs need to create a plan with the ACC at the regional levels and budget for their staff per diems: SLL 300,000 (\$53.15) for work outside of the staff's normal area of operation or SLL 150,000 (\$26.57) within it. Additionally, the ACC team has limited transportation, but prefers to use their own transport to preserve their independence, which also has cost implications.

¹²² This paragraph draws upon comments at the CaLP/FFP partners' learning events.

5 CONCLUSIONS AND LEARNINGS

5.1 CONCLUSIONS

The unprecedented gravity of the Ebola crisis shocked the regional humanitarian community in West Africa. In this context, resources allocated by USAID/FFP to support the recovery of affected communities and households were absolutely critical to help vulnerable populations face food security and livelihood needs that were dramatically worsened by the crisis. In a context of limited infrastructure and experience in humanitarian CTP, and with constraints linked to markets and access, FFP partners managed to provide necessary economic relief in coordination with the governments of each country, and in many aspects that response was unique.

The use of CTP in epidemics at the scale seen in the Ebola response has not been previously documented, which makes the experience an excellent learning opportunity. A total of 95,081 households were supported, representing 513,819 people (56,667 HH/283,335 people in Liberia; 38,414 HH/230,484 people in Sierra Leone). Over \$27m was given to these beneficiaries through CTP. UCTs made up \$25,234,270 of this (of which \$14,233,880 was in Liberia and \$11,000,390 in Sierra Leone). A further \$1,838,058 was given as direct agricultural support spread over 25,250 households (20,216 in Liberia and 5,034 in Sierra Leone).

Partners, donor, governments and service providers came together with adaptability and creativity to address operational challenges and to make the most of available capacities and tools. In the end, partners used a large variety of delivery mechanisms, sometimes mixed together, including banks, e-transfers using mobile phones, and direct cash transfers. Doing so meant that targets for the numbers of households reached were achieved—104 percent for UCT, 90 percent for AIV and 100 percent for CFW. Monitoring data shows successes in achieving food security during the CTP. Three quarters of the UCTs were spent on food, and HHDD scores nearly doubled from 3.79 to 6.65 food groups. Equally, HHS reduced on average by 27 percent.

Some of the essential elements that fostered the success of USAID/FFP-supported CTP in Liberia and Sierra Leone were:

- Strong coordination led by credible actors within national governments, with the active support and engagement of donors;
- NSPP frameworks that provided a structure for cash transfers in the face of a crisis;
- Leadership from the donor;
- Flexibility and adaptive management regarding the delivery mechanisms by the NGOs, donors and some service providers;
- Harmonization of targeting, monitoring and transfer rates between partners;
- The continual search for solutions and learning on the part of the NGOs, CWGs, governments and, to some extent, service providers;
- Substantial community-level engagement throughout the program cycle.

As in many contexts, this CTP response helped to invigorate humanitarian action in Liberia and Sierra Leone more generally.¹²³ The large-scale programs helped humanitarian actors in these countries expand the use of good practices such as robust accountability and feedback mechanisms, digitization of project information and better data protection.

During the 20 FGDs conducted for this documentation report, participating beneficiaries reported that they were, overall, satisfied with cash transfer programming interventions.¹²⁴ Some NGO staff reported that the involvement of principal actors within the national governments and donors lent credibility to the coordination work. The NGOs gave beneficiaries and non-beneficiaries the opportunity to ask questions and raise concerns, which may have counted towards the positive reception of the projects. Most importantly, the interventions contributed to improving the food security of beneficiaries' households in the short and medium term.

¹²³ ODI (2015).

¹²⁴ FGD responses.

Despite these considerable successes, NGOs' reports also raise some points that may have hindered the intended impact of the interventions, including:

- Insufficient capacity of NGOs and service providers at project start-up;
- Structural problems related to basic infrastructure, systems and services (e.g. liquidity, roads and mobile phone service, banking services and financial regulations), which are known challenges in these countries;
- The high level of illiteracy and its potential impact on CTP and feasible delivery mechanisms was grossly underestimated at project design. Though not mentioned in the partners' applications, the problem was highlighted at every CaLP Learning Event by USAID/FFP partners and other actors throughout the projects' durations;
- Project start-up was delayed. The time needed for meaningful sensitization of stakeholders, capacity building of staff and coordination was underestimated considerably. Such delays may have harmed the achievement of objectives covering lean season hunger gaps and resilience, as the actual shock occurred at times over a year before cash transfers began.

Many of the challenges listed (e.g. delivery mechanism selection, infrastructure and illiteracy) are traceable to limited response analyses. Response analysis is one of the most crucial steps in program design and can help to direct the intervention and inform decisions if adjustments are needed. Using appropriate tools and dedicating time for a robust analysis conducted jointly with a variety of stakeholders is an essential step for a well-coordinated response. The partners' limited CTP capacity in Liberia and Sierra Leone restricted their ability to respond in a rapid manner.

In future similar responses, areas which can benefit from a closer examination include:

- The level of risk that service providers will bear in transporting money, and the limited number of mitigation measures;
- The risks of inflation and exchange rate fluctuations when selecting a static cash transfer rate;
- The alignment of cash transfer rates to those of the NSPPs. The smaller transfers may have limited the potential of improving transient food insecurity and/or resilience;
- Opportunities to link CTP projects to resilience-building through complementary activities;
- Integration of protection and gender issues throughout the project cycle.

Overall, the use of CTP in the Ebola response by USAID/FFP partners was a success. Future CTP in Liberia and Sierra Leone will benefit immensely from these experiences and those of other NGOs that implemented similar programs. The structures and systems developed through this CTP response at the national levels can help Liberia and Sierra Leone improve their NSPPs to explore shock-resistant or crisis-responsive options within their national CTP. The response also shows the need for stakeholders led by the governments to foster inclusive coordination.

Despite the fact that e-transfers were used less than initially expected, the projects have brought about an understanding of what needs to be done to be able to use e-transfers at scale in similar contexts. Even in the short time since these projects started, new e-transfer actors have emerged in both countries—Cellcom (now Orange) in Liberia, and Airtel (now Orange) and Africell in Sierra Leone. As a result, the accessibility and popularity of e-transfers will continue to grow.

5.2 LESSONS LEARNT AND RECOMMENDATIONS

5.2.1 For Stakeholders Working in Liberia and Sierra Leone

Invest in CTP preparedness now: Much has been learned about implementing CTP in a crisis. The focus should now be on how to do it better, faster and more efficiently. It is important to institutionalize CTP within NGOs' country offices and the appropriate staff in national governments. A multi-stakeholder review of CTP-preparedness in each country is strongly recommended, to assess how best to invest to boost readiness within contingency planning.¹²⁵ The Emergency Preparedness Response Working Group in the regional UN Office of

¹²⁵ ODI (2015).

Humanitarian Coordination (OCHA) in West and Central Africa is working to enhance the inclusion of CTP in contingency planning and preparedness activities in countries in the region.

E-transfers would, in theory, be an ideal means for CTP during the height of an epidemic, given likely movement restrictions and fear of interpersonal contact. Implementing CTP e-transfers at scale in a rapid manner requires a detailed map of the capacity, reach and regulations among e-transfer service providers to be developed in advance. The CDMAT (Cash Delivery Mechanism Assessment Tool) developed by the UN High Commission for Refugees (UNHCR) could be very useful to check the adequacy of the delivery mechanism used with the program objectives and to assess service provider capacity.¹²⁶ The further development of e-transfers in Liberia and Sierra Leone could be guided by the materials of the Electronic Cash Transfer Learning Action Network (ELAN). Their aim is 'to improve how electronic cash and electronic vouchers are used to assist survivors of natural disasters and conflict', bringing humanitarian organizations and the private sector together.¹²⁷

Develop shock-responsive capability within the NSPPs of Liberia and Sierra Leone: It has been argued that, where feasible and appropriate, cash transfers to crisis-affected populations could be timely, cost-efficient and implemented at scale, if delivered through existing social protection systems. However, many countries are still struggling to coordinate between disaster response and long-term social protection.¹²⁸ Nonetheless, there is growing momentum for this globally, as reflected in the Grand Bargain commitment to '*increase social protection programs and strengthen national and local systems and coping mechanisms to build resilience in fragile contexts*'.¹²⁹ A thorough and frank reflection on lessons learned from this response regarding the linkages between humanitarian CTP and the NSPPs in Liberia and Sierra Leone, involving governments and other relevant humanitarian and development stakeholders, would be valuable to further this agenda. As the social protection systems in both countries are at a relatively early stage in their development, there is a strong argument for the detailed consideration of how shock responsiveness can be integrated as these systems grow. Oxford Policy Management's ongoing research on the topic¹³⁰ may give relevant recommendations to the governments of Liberia and Sierra Leone as well. CaLP Guidance Note '*Working with Cash based Safety Nets in Humanitarian Contexts*' highlights recommendations on the topic.¹³¹

5.2.2 For Stakeholders Designing CTPs

NGOs need to make the business case for CTP to financial services providers: The High-Level Panel on Humanitarian Cash Transfers recommends that CTP capitalizes on the private sector's expertise in delivering payments and, where possible, delivers cash digitally in a manner that furthers financial inclusion.¹³² Private sector actors need to know whether it is a wise business investment for them to be involved in CTP. The USAID/FFP CTP in West Africa benefited from the involvement of some service providers that were willing to trial it. However, both parties did not share a clear understanding of what this would entail. The private sector can help prevent NGOs, especially smaller ones, from making mistakes on fundamental issues such as security, data protection, privacy, financial regulations and anti-money laundering legislation.¹³³ If NGOs learn to understand the 'bottom line' of a potential financial service provider partner, this will help to increase the possibilities for developing a mutually beneficial relationship. NGOs need to know the appropriate questions to ask to find out a service provider's real capacity. NGOs and host governments also need to work together to negotiate service fees and agreements, which are linked closely to the effective coordination of CTP. Though standardization may not be feasible because of the specificities of contexts (e.g. rural vs. urban, caseloads, distances from agents), similar terms and conditions could be negotiated. With the increased number of financial service providers in Liberia and Sierra Leone, there is an opportunity for greater engagement.

Choose a limited number of targeted feedback mechanisms that are appropriate to the available infrastructure on the ground: The NGO partners placed great emphasis on their feedback mechanisms. However, using fewer

¹²⁶ UNHCR (2017).

¹²⁷ ELAN produces materials such as webinars, guidelines and monthly updates on e-vouchers, e-cash, pathways to financial inclusion, and data management and protection. See ELAN (2015) and, for more general information on ELAN: www.cashlearning.org/elan/elan

¹²⁸ ODI (2007).

¹²⁹ World Humanitarian Summit (2016).

¹³⁰ The research project, led by Oxford Policy Management, aims to develop several case studies on shock responsive social protection systems, including those in Sahel and Mali. Both reports are expected to be published later in 2017.

¹³¹ For more information, see Kurkety, N. (2016).

¹³² Ibid.

¹³³ Ibid.

carefully selected methods would result in greater efficiency and potentially more use. Illiteracy and phone coverage need to be assessed as part of the decision on what mechanisms are most accessible, socially acceptable and safe.

Implement CTP alongside complementary activities to build resilience: This response demonstrated that low-cost activities, such as linking CTP to VSLAs and payments to market traders, can make an impact without significant investment. Budget permitting, other investments that support livelihoods should accompany CTP. However, the timing of these interventions is crucial, especially with agricultural activities. Implementing activities that seek to build social cohesion and rebuild traditional safety nets is strongly encouraged in the aftermath of an epidemic.

Budget for cash transfer amounts that can respond to market changes and inflation: If market analysis demonstrates significant changes in access to or availability of food due to price changes, rate adjustments should be considered. This shift requires sufficient flexibility and contingencies to be built into budgets and plans. This requires planning for marginal changes (i.e. increases or decreases in transfer amounts) and sensitization within communities about the potential for such modifications. These types of arrangements must be discussed widely, so that all the major players subscribe to this way of thinking and can maintain coherence across projects. Although outside the scope of USAID/FFP's mandate, multipurpose cash transfers may be a powerful means to address multiple needs such as education, livelihood investments or healthcare.¹³⁴ The Ebola outbreak resulted in a multitude of requirements. Multipurpose cash transfers can achieve one overarching objective rather than separate sector-based ones.¹³⁵

Integrate protection concerns into CTP design and implementation, as per UNHCR/Sphere guidance: The UNHCR has published a 'Training on Protection in Cash-based Interventions', which explains how to develop and implement CTP with a focus on protection, along with a training guide.¹³⁶ While the partners in the USAID/FFP Ebola response received nominal or no reports of protection issues, risks were still taken by those transporting cash to payment sites, beneficiaries travelling from pay points, and through intra- and inter-households dynamics (e.g. jealousy). The specific needs of the most vulnerable groups, such as elderly people, must be understood once projects have started. Future projects must strive to reduce risks and analyse the potential impacts of identified and unidentified risks. Greater adoption of e-transfers could minimize risks at the time of transfer, but the larger or other protection risks still need to be analysed. Also, as in this response, the particular protection concerns arising from epidemics must be included.

Meaningfully incorporate gender into the design, implementation and evaluation of CTP: Gender roles and power dynamics are culturally defined and geographically distinct,¹³⁷ and need to be well understood in each project's context to ensure that CTP contributes to the empowerment of women, men, girls and boys. Staff should understand the 'language of gender' (e.g. 'empowerment', 'equity', 'equality') so that they can best address the challenges they face in implementation and bring about change.¹³⁸ Inclusion and analysis of gender-disaggregated indicators of modality and mechanism preference are useful and important to include.

Tools such as the Inter-Agency Standing Committees' gender guidelines¹³⁹ and Oxfam's '*Minimum Standards for Gender in Emergencies*'¹⁴⁰ are useful to help organizations that may not have gender specialists.¹⁴¹ OCHA's '*ADAPT and ACT Framework Gender Toolkit*' is designed to 'help project staff review their projects or actions with a gender equality lens'.¹⁴²

It is important that donors foster their implementing partners' understanding of gender and require that they go beyond a cursory analysis. Reviewing projects for gender considerations should be an important part of the application review stage. A more robust integration of these themes throughout the program cycle will have a more positive impact on communities in need.

¹³⁴ Multipurpose cash grants (or multipurpose cash transfers) are unrestricted transfers (either regular or one-off) corresponding to the amount of money a household needs to cover, fully or partially, a set of basic and/or recovery needs. See UNHCR (2016).

¹³⁵ See European Commission (2015). European Civil Protection and Humanitarian Aid Operations published '10 Common Principles for Multi-Purpose Cash-Based Assistance to Respond to Humanitarian Needs', which can help actors explore whether this is a feasible method that is acceptable to donors

¹³⁶ UNHCR (2016).

¹³⁷ Concern Worldwide and Oxfam GB (2011).

¹³⁸ Ibid.

¹³⁹ IASC (2006).

¹⁴⁰ Oxfam International (2013).

¹⁴¹ A related online course is available through GenCap at www.humanitarianresponse.info/coordination/genicap/online-training

¹⁴² OCHA (n.d.).

5.2.3 For Stakeholders Working in Epidemics

Assess entry points/opportunities for cash earlier in epidemics: Most CTP implementation came after the peak of Ebola transmission, and little evidence could be collected during the early stages of the outbreak. *Médecins Sans Frontières* (MSF) anticipated that CTP could be a relevant tool to address the indirect impacts of the epidemics.¹⁴³ The effectiveness of such an approach is yet to be documented but could be analysed in similar outbreak contexts in future.

Use appropriate criteria to target beneficiaries for cash transfers: The targeting of households directly and indirectly affected by Ebola was a sound decision in light of assessments of needs at household and community levels. Standard criteria such as poverty levels should be considered alongside other considerations relating to the degree of impact from the epidemic, damage to traditional safety nets and other community-level dynamics, such as the existence of lending and credit schemes.

Ensure health advisors and psychosocial experts provide technical support to teams implementing CTP: In an open outbreak, a health advisor would be important project addition to make sure that team members know the right practices and can properly sensitize communities to risks. It is important to coordinate with health authorities to further reduce risks closely. CTP teams could benefit from the insights of mental health professionals to best target affected/infected people without fomenting stigmatization or promoting further transmission. The partners in this CTP response were able to incorporate national Ebola protocols successfully, but at the height of the outbreak, the situation changed daily. Such changes needed to be constantly and efficiently integrated into the analysis and practice of NGO staff.

5.2.4 For Donors Supporting CTP

Flexibility on volunteer incentives is needed: Donors and the development community as a whole should take into account the Sphere standard of a '*people-centered humanitarian response*',¹⁴⁴ which details clear actions that support community involvement and sets boundaries for incentives. Beneficiaries, NGOs and governments all agree that the participation of community members is critical to the success of CTP and humanitarian programming overall. The time investment of volunteers should not be underestimated in project design—but investment in volunteers will undoubtedly reap benefits. Donors should consider the importance of covering small costs that might emerge for partners; for example, covering the cost of community volunteers' mobile phone charges. Donors should try to be flexible in order to avoid potential problems or blockages due to volunteer costs.

Have a field presence to improve coordination and communication: The substantial involvement of USAID/FFP and the World Bank in Sierra Leone—backing the national coordination mechanism, providing technical input and being open to discussing the solutions to bottlenecks—encouraged the effective coordination of partner NGOs. In short, the moral support, physical presence and active involvement of donors in an emergency such as the West African Ebola response are important. The successes of this response are connected to such strong donor involvement. Donors have a stronger convening power and are thus able to bring together stakeholders who may not typically coordinate meetings with private sector stakeholders or government agencies. This support from donors can contribute to greater confidence and buy-in to national coordination mechanisms, as was evidenced by this response. Donors can improve coordination mechanisms for CTP, which are often fragmented into humanitarian and development systems.¹⁴⁵

Harmonize a limited number of standard performance and impact indicators: The use of a few key and common indicators by all partners in a CTP response allowed the NGOs to demonstrate immediate results and to make some comparisons across the projects and countries. This was not mandated by USAID/FFP. However, the use of key sector or response specific indicators by all partners in a response provides for a better basis for measurement and comparison.

¹⁴³ CaLP (2015).

¹⁴⁴ Sphere Project (2011).

¹⁴⁵ ODI (2015).

ANNEX I: TIMELINE FOR INTERVENTIONS

	2015												2016												2017
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Liberia																									
ACDI/VOCA			Start									1	1,2	2,3	4	3,5,6	4,5,6	4,5,6			End				
Mercy Corps++	Start					1,2	1,2	1,2	1,2,3	1,2,3	2,3	0	0	0	Retroac- tive UCT 1,2,3	1,2,3,4	1,2,3,4	1,2,3,4,5	1,2,3,4,5	1,2,3,4, 5,6	1,2,3,4, 5,6	1,2,3,4, 5,6	1,2,3,4, 5,6	4,5,6 (End)	
PCI		Start					1,2	1,2	1,2,3	1,2,3	1,2,3	1	1,2,3	1,2,3	1,2,3	1,2,3,4	1,2,3,4, 5,6	1,2,3,4, 4,5,6	3,5,6		End				
Save the Children									Start			1		2	2	3	4	4	5	5,6	6	7		End	
						Hunger Gap												Hunger Gap							
Sierra Leone																									
ACDI/VOCA				Start			1,2,3			4,5			6,7,8						9,10,11					P1 com- pleted	
CARE								Start				1,2		3,4,5				6,7,8			9,10,11*		P1 com- pleted		
CRS										Start			1st			2nd	3rd		4th			5th		P1 com- pleted	
Save the Children							1,2*		3,4,5*			5,6,7*			8,9,10*			11,12, 13*/ 1,2,3				14,15*/ 4,5+		16,17* / 6,7+ P1 com- pleted	
World Vision							Start						1st	2nd	3,4th				5,7th			8,9,10		P1 com- pleted	
							Hunger Gap										Hunger Gap								

*6445 HH +1492HH *11th transfer was \$15 =

++ Mercy Corps reached a little over 18,000 HHs with three UCT by December 2016. They conducted retroactive distribution in March 2016 for absentees of 2015 distribution and commenced registration of new beneficiaries in the same month. Registration of new beneficiaries continued up to August 2016. They commenced Mobile Money transfers in September 2016. Therefore, beneficiaries were at different stages or tranches up to the end of the programme in December 2016.

^P1 (Phase 1) completed: this table is not taking into consideration FFP project's extension in Sierra Leone

ANNEX 2: UCT BENEFICIARIES BY DELIVERY MECHANISM

Table A1: Total households Reached by First UCT Delivery Mechanism Used, by Partner

	Bank	E-transfer	Direct cash	Total
ACDI/VOCA	8,707	1,188	0	9,895
Mercy Corps	18,000	640	11,437	30,077
PCI	0	0	6,918	6,918
Save The Children	0	5,000	0	5,000
Liberia	26,707	6,828	18,355	51,890
ACDI/VOCA	0	0	13,584	13,584
Care	0	1,920	3,080	5,000
CRS	0	0	4,437	4,437
Save The Children	0	0	7,937	7,937
World Vision	0	2,575	2,749	5,324
Sierra Leone	0	4,495	31,787	36,282
Total	26,707	11,323	50,142	88,172

Table A2: Total Households Reached by Final UCT Delivery Mechanism Used, by Partner

	Bank	E-transfer	Direct cash	Total
ACDI/VOCA	8,707	1,188	0	9,895
Mercy Corps	0	640	29,437	30,077
PCI	0	0	6,918	6,918
Save The Children	0	5,000	0	5,000
Liberia	8,707	6,828	36,355	51,890
ACDI/VOCA	0	0	13,584	13,584
Care	0	0	5,000	5,000
CRS	0	0	4,437	4,437
Save The Children	0	0	7,937	7,937
World Vision	0	0	5,324	5,324
Sierra Leone	0	0	36,282	36,282
Total	8,707	6,828	72,637	88,172

ANNEX 3: PEOPLE CONTACTED FOR THIS REPORT

Name	Title	Organization	Geographic Focus
Nick Anderson	Associate Director, Emergency Food Security and Livelihoods	Save the Children	Global
Karl Frey	Food Security and Livelihood Specialist	Save the Children	Global
Tita Gemechu	Project Director	Save the Children	Sierra Leone
Meghan Bolden	Senior Specialist, Food Security Monitoring and Evaluation	Save the Children	Global
Leslie Mhara	Manager, Food Security and Livelihoods	Save the Children	Liberia
Joejoe Zubahyea	Food Security and Livelihoods Program Manager	Save the Children	Liberia
Josiah Monmia	Monitoring and Evaluation Coordinator	Save the Children	Liberia
Matebie Fentie	Area Manager	Save the Children	Sierra Leone
Hannah Gibbin	Director of Program Operations	Save the Children	Sierra Leone
Colette Powers	STA, Agriculture & Livelihoods	CRS	Global
Francis Kyobe	Food Security Program Manager	CRS	Sierra Leone
Idalia Amaya	Ebola Response/Recovery Coordinator	CRS	Sierra Leone
Martin Varnie	Program Manager	Mercy Corps	Liberia
Penny Anderson	Country Director	Mercy Corps	Liberia
James Sumo	Monitoring and Evaluation Manager	Mercy Corps	Liberia
Daniel Mulbah	Project Officer	Lutheran Church of Liberia	Liberia
Emmette Freeman	Coordinator from EREL	YMCA	Liberia
Darlington Talo	Program Manager	PCI	Liberia
Faruque Azan	Program Manager	PCI	Liberia
Rebecca Martinez	Operations Manager	PCI	Liberia
Jennifer Simpson	Technical Advisor, Monitoring, Learning & Evaluation	PCI	Global
Jolene Mullins	Country Director	International Medical Corps (Formerly of PCI)	Liberia
Michael Thayer	Senior Director at ACDI/VOCA	ACDI/VOCA	Global
Mazen Fawzy	Managing Director for Resilience & Stabilization	ACDI/VOCA	Global
Georgia Beans	Chief of Party, Sustainable Nutrition and Agriculture Promotion (SNAP)	ACDI/VOCA	Sierra Leone
James Flock	Emergency Relief Coordinator, SNAP	ACDI/VOCA	Sierra Leone
Robin Yokie	Rural Finance Specialist, SNAP	ACDI/VOCA	Sierra Leone
Umoro Kamara	VSLA Officer, SNAP	ACDI/VOCA	Sierra Leone
Victor Ngorbu	Deputy Program Director	ACDI/VOCA	Liberia

Kali Kosso	Emergency Operations Coordinator	ACDI/VOCA	Liberia
Manjou Konneh	County Operation Coordinator, Nimba	ACDI/VOCA	Liberia
Joseph Varney	County Operation Coordinator, Bong	ACDI/VOCA	Liberia
Jordan Hoffman	Yemen INGO Forum Coordinator	CARE	Sierra Leone
Gabriel Fernandez	National Coordinator for Social Protection	Ministry of Gender, Children and Social Protection	Liberia
Morie Amadu	Project Manager, Cash Transfers	CARE	Sierra Leone
Matthew Ndotte	Independent	N/A	Liberia
Tom Ombongo	Cash & Voucher Specialist, Emergency Food Security Program	World Vision International	Sierra Leone
Kevin Weseni	EFSP Project Manager	World Vision International	Sierra Leone
Abu Kargbo	Operations Officer and Social Protection Specialist	World Bank	Sierra Leone
Kevin Dixon	Senior Director, Support Services Division	NaCSA	Sierra Leone
Clifford Pabs-Garnon	Systems Specialist	NaCSA	Sierra Leone
Timothy Kortu	Coordinator	VOSIEDA	Liberia
Alessandro Dalle Carbonare	Head of Department Food Security and Livelihoods	Action Against Hunger	Sierra Leone
Patrick Monrovia	Coordinator, Grievances & Redress	ACC	Sierra Leone
Jenneh James	Program Assistant	WFP	Sierra Leone
Nathalie Cissokho	Focal Point West Africa	CaLP	West Africa
Amandine Frisetti	Program Manager, Ebola Response	CaLP	West Africa
Ruth McCormack	Senior Program Officer	CaLP	Global
Silke Pietzsch	Technical Director	Action Against Hunger	Global
Tefferu Betru	FFP Officer	USAID/FFP	Sierra Leone
Lawrence Oroma	FFP Officer	USAID/FFP	Liberia
Mette Karlsen	Senior Regional Advisor & Team Leader, Latin America and the Caribbean and Coastal West Africa (Formerly Ebola Response Manager)	USAID/FFP	Global

ANNEX 4: FOCUS GROUP DISCUSSION SCHEDULE

		NGO	Date	District/ County	Village	Women	Men	Total
Liberia	1	ACDI/VOCA	23 July 2016	Bong	Johnson Bay Sah	16	7	23
	2		24 July 2016		Kpotoloma	18	6	24
	3			Nimba	Korsen	18	5	23
	4	Mercy Corps	20 July 2016	Margibi	Kakata	11	10	21
	5		28 July 2016	Montserrado	Manjoe	10	2	12
	6		3 August 2016	Lofa	Voinjoma	15	5	20
	7		4 August 2016		Zango Town	14	6	20
	8	PCI	30 July 2016	Grand Cape Mount	Bamballa	13	7	20
	9				Lean	14	6	20
	10		1 August 2016	Bomi	Jenneth 3	16	12	28
	11			Bomi	Valley center	16	9	25
	12	Save the Children	19 July 2016	Bong	Geneta	13	7	20
	13		22 July 2016	Margibi	Yeallequellah	13	8	21
Sierra Leone	14	ACDI/VOCA	18 August 2016	Bombali	Kamaranka	9	1	10
	15		22 August 2016	Kailahun	Kpaama	10	2	12
	16	CARE	12 August 2016	Bombali	Masangali	7	3	10
	17		13 August 2016	Tonkolili	Masamba	7	0	7
	18	CRS	24 August 2016	Kenema	Gofo	7	7	14
	19	Save the Children	23 August 2016	Kailahun	Baiima-Korbuhun	5	5	10
	20	World Vision	9 August 2016	Porto Loko	Rotheren	5	18	23
Total						237	126	363

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ANNEX 6: SCOPE OF WORK FOR STUDY

SCOPE OF WORK FOR FOOD FOR PEACE (FFP) EBOLA RESEARCH DOCUMENTATION REPORT

Background and relevance of CTP in the recovery phase of the Ebola crisis response

The Ebola outbreak¹⁴⁶ in West Africa surprised most humanitarian actors, who were unprepared for this type of unexpected epidemic. The most affected countries included some of the most vulnerable in the world (e.g. as per the Human Development Index (HDI), Liberia was ranked 177 out of 188, and Sierra Leone at 181, before the crisis hit),¹⁴⁷ with inadequate public healthcare systems ill-equipped to deal with an epidemic of the magnitude of Ebola. At the time that a global emergency was declared by the WHO in August 2014, there were major concerns¹⁴⁸ that the epidemic would spiral out of control. Over time, interventions by medical and public health specialists, in some cases with military support,¹⁴⁹ were able to control and decrease the spread of infections within and beyond the most affected countries (Liberia and Sierra Leone). However, in tandem with the grievous impacts of Ebola in terms of health and mortalities, the knock-on effects at the socio-economic level were severe, with the extent of the assistance required to support recovery increasingly recognized as the epidemic itself was brought under control.

During the crisis, quarantine measures and drastic controls on borders dramatically slowed down economic and productive activities within the local, national and regional economies. For example, at national level, in April 2015, the World Bank estimated economic losses due to the crisis at \$2.2bn for the three most affected countries (\$240m in Liberia and \$1.4bn in Sierra Leone). At local level, the Ebola crisis severely affected the livelihoods of households and communities through its impacts on agricultural production, market functionality and access, and transport. This is in addition to the more acute impacts on households directly affected by the disease, and/or subjected to quarantine. The economic impact of the Ebola crisis presented survivors and victims' families with huge challenges in restoring damaged livelihoods.

In this context, key actors involved in the affected countries increasingly viewed CTP as a critical tool to support recovery while simultaneously strengthening market systems, thus potentially positively impacting several layers of the economy. CTP was also considered as an appropriate mechanism to restore commerce at community level by increasing access to credit or small investment. CTP was generally used in the recovery phase (from February 2015 until July 2016), which will be the focus of this work.

Core focus and key questions

FFP has funded the large majority of CTP projects implemented during the Ebola crisis response in Sierra Leone and Liberia. FFP partners have had a considerable degree of flexibility in defining their approaches, with varying modalities and objectives utilized. This diversity in delivery gives scope for mapping, documentation and learning from a wide range of CTP interventions, and facilitates the comparative technical analysis of the approaches used. The consolidation of CTP activity under the support of one donor agency provides a unique opportunity for coordinated learning and documentation, and for better comparison opportunities (as there will not be differences relating to donor constraints/restrictions).

This research will explore the CTP interventions implemented by FFP partner organizations in Sierra Leone and Liberia as part of the Ebola crisis response, with a focus on documenting what was done, what can be learned from this, and what can be shared to inform future programming. To this end, the study seeks to address two primary questions regarding the cash transfer programming undertaken by FFP partners, as follows:

¹⁴⁶ 28,636 cases were reported, including 11,315 deaths. WHO, January 2016.

¹⁴⁷ UNDP (2015).

¹⁴⁸ See MSF International President Dr Joanne Liu's speech at the UN General Assembly, September 2014 at <http://www.msf.fr/press/videos/Ebola-allocation-dr-joanne-liu-onu>

¹⁴⁹ Up to 2,800 US soldiers were sent to Liberia to support the crisis response.

- **What CTP interventions did FFP partners undertake, and how were these activities designed and implemented?** This comprises a diagnostic review and analysis of the various interventions, exploring what was done technically (e.g. targeting, transfer amounts, community engagement, complementary activities), and operationally (e.g. delivery mechanism selection, logistical and administrative considerations and requirements, including collaboration with financial service providers, etc. to deliver payments). The analysis will include an examination of similarities and differences between partners in terms of these technical and operational aspects of programming, in order to draw out related learning. This will necessarily involve consideration of how specific project objectives and other relevant contextual/organizational factors (e.g. access, costs, internal procedures, location, security, coordination, etc.) influenced how different CTP projects were designed and delivered.
- **What were the results of the FFP partner interventions, and what can be learned from these?** Based on an analysis of monitoring data, the study will provide a comparative and aggregate examination of the results of the interventions as the basis for drawing out broader learning, including the extent to which different types of objective were achieved using CTP. This is distinct from an evaluation of the effectiveness or impact of the projects, which will not be addressed in this study. Rather, this will look at both core/common (primarily output) indicators collected by all FFP partners, along with other project-specific indicators related to the outcome level (e.g. Coping Strategy Index, food consumption indicators) collected by individual agencies, as well as being triangulated through other qualitative data collection (e.g. focus group discussions). This will help enable analysis of factors including beneficiary experience of the intervention, and the immediate effects of activities relative to the intended results.

This documentation report will cover nine FFP partners (five in Sierra Leone, and four in Liberia, operating in various locations). At the same time, other CTP actors will be invited to contribute to the research process (especially during the learning events) to the extent that they will be able to provide valuable insights and data which can positively inform overall learning.

Technical questions

The key questions outlined above provide the practical and principal focus areas of this documentation report, within which further technical sub-questions can be formulated, not least those that will situate the analysis of the FFP-funded CTP interventions firmly within the context of the Ebola crisis and help understand how the nature of the crisis (epidemic) influenced project design, implementation and results. This includes some examination of the process of response analysis undertaken by partner agencies in selecting CTP for the delivery of assistance, and also how particular modalities (i.e. cash or voucher) were chosen with respect to factors including project objectives and technical and operational considerations.

To allow the necessary focus on the CTP activities undertaken by the FFP partners within and in response to the Ebola crisis context, the following technical questions have been developed to frame the relevant aspects of the analysis. This is also intended to help retain a manageable scope for the report by focusing largely on the specific context of the Ebola response in the two target countries, rather than more general issues regarding CTP design and implementation. For each question, research sub-questions may be developed during the process of data collection and analysis to define more precisely the expected learning of each section and the technical aspects that the research will address:

- **What was the rationale and process of the FFP partners in the specific design and targeting of their CTP interventions, including as this related to the Ebola crisis context?** Did the fact of using CTP to deliver assistance have any influence on the formulation of project objectives and intended results, or beneficiary selection? What contributed to decisions on issues including conditionality and restrictions, and the type of delivery mechanism? Did project monitoring integrate consideration of whether the cash transfers were proving to be appropriate in practice (e.g. market access and availability of commodities and services, market prices, etc.), including relative to project objectives?

- **How did contextual specifics influence, and how were they integrated, into the response design?** e.g. unexpected and large scaled epidemic, border closures and limitations of movements, impact and relevance of quarantine measures, resurgence of the epidemics, targeting process, community involvement, urban vs. rural, functionality of coordination systems (including linkages/alignment with national safety nets programs), government programming and regulations, accessibility of facilities, capacities and partnerships with service providers, etc. This will include analysis of how these contextual features influenced technical and operational elements of the design and implementation e.g. targeting, amount calculation, delivery mechanism selection, etc.
- **How did organizational capacities and resources, and the degree of preparedness and CTP institutionalization, influence the process of CTP intervention design and implementation?**
- **What were the operational challenges linked to the crisis during CTP implementation?** e.g. access to beneficiaries, data protection, cost efficiency calculations, coordination, partnerships, etc.
- **What have been the factors of success of each project and what were the weaknesses?** This is closely related to the analysis of the results of the projects. It will also allow some examination of the extent to which identified successes and weaknesses might be related to contextual, internal/organizational, technical design, operational planning and/or implementation issues. Building on this, it will be important for partners to reflect on what might, with the benefit of hindsight, been done differently, or better, in order to identify active learning that informs future action.

Body of the report

The report will aim to provide a comparative and technical analysis of the FFP partners' projects within the context of the Ebola crisis, rather than a simple or uncritical catalogue of what happened. The aim of this report is not to assess/evaluate the projects but to compare them from a technical perspective and to draw recommendations and learning from it. With this objective, the body of the report should be as follows:

- **Introduction:** Presenting the project, summarizing the methodology and Scope of Work (SOW) of the report.
- **Mapping of FFP partners' projects:** Mapping could be designed in table(s) or map(s) format or other upon suggestion of the consultant, highlighting the several approaches implemented and giving a quick and broad picture of the variety of CTP strategies implemented. This mapping may go beyond the SOW that has been defined by CaLP for the technical analysis, as an exhaustive view of differences (from project design to monitoring and evaluation) between all approaches may give a stronger understanding of technical analysis of the delimited SOW. Short textual descriptions may be needed to explain briefly the context, selected organizations/projects and summarize major similarities/differences used by different partners.
- **Technical analysis of CTP design and implementation:** This part should be the main section and the most developed, focusing on FFP partners' projects. The SOW has been defined around specific practical and technical key questions and the analysis should be built around those. It will be up to the consultant to decide either to separate analysis between Liberia and Sierra Leone contexts or if both can be compared. The structure of the section may be impacted by this decision. Technical analysis cannot be exhaustive on all steps of all projects from design to implementation and monitoring, so it is important to stick to the SOW. However, it is not excluded that some additional information collected through the mapping may be used in this section to enlighten some decisions that have been taken by project teams or to explain/define limitations to compare between different approaches. Technical analysis should not be an objective description of projects (that will be covered in the mapping) but a definition of the what, how and purpose of each approach, and identification of factors of success or failure of each approach, in combination with the key questions of the SOW and related to context, and opportunities for improvement, etc.
- **Recommendations:** based on the identification of factors of success and obstacles to each approach, and on the global technical analysis, the last section of the report should draw from this experience concrete and applicable recommendations for the global community of practice. Depending on the depth of information shared by partners and on the level of analysis allowed by project comparison, the consultant will draw several types of recommendations.



The Cash Learning Partnership

Over the course of 2015 and 2016, United States Agency for International Development/Food for Peace (USAID/FFP)-funded cash transfer programming (CTP) in Liberia and Sierra Leone reached over 500,000 crisis-affected people with a vital lifeline to tackle food insecurity. Monitoring data indicates that 75 percent of the money given through unconditional cash transfers (UCT) was spent on food. Across all projects, beneficiaries reported an average reduction of 27 percent on the Household Hunger Scale (HHS) and significant improvements in household dietary diversity scores (HDDS), with the number of food groups consumed nearly doubling to 6.65.

The exceptionality of the 2014–15 Ebola crisis and the resulting scale of the cash transfer program (CTP) response led by USAID/FFP in Liberia and Sierra Leone provides a unique opportunity to document and capture program learning. This documentation report compiles lessons from across the projects implemented by USAID/FFP partners, and draws from the diversity of their experiences to provide operational and strategic recommendations on CTP for humanitarian workers facing similar crises in the future.

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