

OUTCOME ANALYSIS: CASH TRANSFER PROGRAMMING RESPONSE TO THE EBOLA CRISIS IN SIERRA LEONE AND LIBERIA

YUVE GULUMA,
SUPPORTED BY AMANDINE FRISETTI



USAID
FROM THE AMERICAN PEOPLE



The Cash Learning Partnership

OUTCOME ANALYSIS:

Cash Transfer Programming Response to the Ebola Crisis in Sierra Leone and Liberia

Written by Yuve Guluma, supported by Amandine Frisetti

April 2018

CONTENTS

Acknowledgments	6
Abbreviations	7
Executive Summary	8
1 Introduction	11
1.1 Context of the Cash Transfer Programming intervention	11
1.1.1 The economic impact of the Ebola outbreak	11
1.1.2 USAID/FFP funded CTP response to the Ebola crisis	12
1.2 Outcome analysis objectives and scope	14
1.3 Outcome analysis methodology	14
2 Outcome Analysis: Findings for Sierra Leone and Liberia	17
2.1 Relevance and appropriateness of the CTP intervention	17
2.1.1 Unconditional cash transfers: the right assistance modality?	17
2.1.2 Addressing priority needs of Ebola-affected households through UCTs	18
2.1.3 Cash transfer value in theory and in practice	20
2.1.4 Timing, frequency, and duration of the cash transfers	22
2.2 Effectiveness of targeting	22
2.2.1 Relevance and community acceptance of targeting criteria and approaches	22
2.2.2 Women as recipients of the cash transfer	23
2.2.3 Exclusion and inclusion errors in relation to the CTP objective	23
2.3 Issues with cash transfer delivery	24
2.3.1 Addressing mobility constraints and other protection concerns	24
2.3.2 Possible diversion	25
2.4 Impact of the CTP intervention on community dynamics	25
2.5 Food security, livelihood, and resilience outcomes	25
2.5.1 Food expenditure trends	26
2.5.2 Evolution in food consumption	26
2.5.3 Contribution of the cash transfer to livelihood strategies	28
2.5.4 Impact of complementary activities on production	31
2.5.5 Influence of the cash transfer on market behavior and recovery	32
2.6 Sustainability of outcomes	33
3 Conclusions	35
4 Lessons Learnt and Recommendations	38
Annex 1: References	48
Annex 2: FGD participant profiles	50
Annex 3: FGD guide (Liberia example)	51

FIGURES AND TABLES

Figure 1: Household income loss, Guinea, Liberia and Sierra Leone	11
Figure 2: Map of USAID/FFP agency partners' implementation areas in Liberia and Sierra Leone	13
Figure 3: Average percentage cash transfer coverage of top six priority needs (2015/2016 – Liberia)	21
Figure 4: Average percentage cash transfer coverage of top six priority needs (2015/2016/2017 – Sierra Leone)	21
Figure 5: Changes in percentage of households experiencing moderate to severe hunger	27
Figure 6: Changes in the Household Dietary Diversity Score (HDDS)	28
Figure 7: Example of changes in the number of savings groups in six villages in Liberia	34
Figure 8: Example of changes in the number of traders in five villages in Liberia.	34
Table 1: Three priority needs of beneficiaries throughout the CTP intervention (Liberia and Sierra Leone)	19
Table 2: Examples of impact of CTP complementary activities on crop yields in Sierra Leone	32

ACKNOWLEDGMENTS

The author would like to thank the CaLP teams in Dakar and Oxford for their valuable inputs into the development of the methodology and tools and into the editing of this report. Special thanks goes out to the CaLP Ebola Response Project Manager, Amandine Frisetti, for her excellent planning, organizational, and coordination skills as well as her participation in data collection and consolidation. The CaLP team and the author extend our thanks to current and former FFP CTP implementing partner staff – Eddington Chinyoka from SCI, Joseph Cooper and Momodou Massaquoi from ACDI-VOCA, Francis Kyobe from CRS, James Nkemba Chifwelu from WVI, and Jamie Susu and Mustapha Camara from CARE in Sierra Leone and Kabbis Lorseh in Liberia – for successfully facilitating community entry and meetings in CTP intervention areas. We would also like to express our gratitude to community leaders and former cash recipients in both countries for the patience demonstrated during extended hours of discussions and for giving us their valuable time. We are grateful to Dalan Consultants in Sierra Leone and Subah-Belleh Associates in Liberia for providing researchers and translators to help with data collection and for their administrative and logistical support. Finally, this Outcome Analysis was possible through the generous support of the United States Agency for International Development/Food for Peace.

ABBREVIATIONS

ACC	Anti-Corruption Commission
ACDI-	Agricultural Cooperative Development International & Volunteers in Overseas Cooperative
VOCA	Assistance
AIV	Agricultural Input Voucher
CaLP	Cash Learning Partnership
CARE	Cooperative for Assistance and Relief Everywhere
CFW	Cash for Work
CRS	Catholic Relief Services
CT	Cash Transfer
CTP	Cash Transfer Programming (or Cash Transfer Program)
CWG	Cash Working Group
EVD	Ebola Virus Disease
FFW	Food for Work
FGD	Focus Group Discussion
GIS	Geographic Information System
HDDS	Household Dietary Diversity Score
HEA	Household Economy Approach
HH	Household
HHS	Household Hunger Scale
KI	Key Informant
KII	Key Informant Interview
LRD	Liberian dollar
MC	Mercy Corps
MoGCSP	Ministry of Gender, Children and Social Protection
MPGs	Multipurpose Cash Grants
NaCSA	National Commission for Social Action
PCI	Project Concern International
PDM	Post-distribution Monitoring
SCI	Save the Children International
SLL	Sierra Leonean Leone
UCT	Unconditional Cash Transfer
USAID/FFP	United States Agency for International Development/Food for Peace
VSLA	Village Savings and Loans Associations
WASH	Water, Sanitation, and Hygiene
WFP	United Nations World Food Programme
WHO	United Nations World Health Organization
WVI	World Vision International

EXECUTIVE SUMMARY

The United States Agency for International Development/Food for Peace (USAID/FFP) supported Cash Transfer Programming (CTP) response to the Ebola outbreak in Sierra Leone and Liberia greatly contributed to the recovery of affected communities and households. The CTP response provided a safety net to assist targeted communities to deal with transient food insecurity, and surpassed the objective of reducing transient food insecurity by also contributing to the recovery of livelihoods eroded by the Ebola crisis. Over a period of six to approximately 31 months and in a highly challenging context of poor road and telecommunications networks, seven USAID/FFP implementing partners in Sierra Leone and Liberia came together with Government focal points, service providers and community leaders to successfully provide monthly or quarterly cash payments to over 120,000 households.

OBJECTIVES AND METHODOLOGY

This Analytical document takes a consolidated and comprehensive look at the food security and livelihood outcomes of the CTP Ebola response, especially from the perspectives of the communities that benefitted from the cash transfers. It seeks to examine the short- and medium-term impacts of mainly unrestricted and unconditional cash transfers¹ and complementary activities on household food security, livelihoods, and resilience, and identifies critical lessons to inform future programming decisions in similar contexts.

The analysis in this report supports the wealth of existing data produced by USAID/FFP implementing partners in Sierra Leone and Liberia. It is based on multiple research methods, including a desk review, primarily of documentation from implementing partners. Existing data was complemented by independent data collected through fieldwork across CTP intervention areas in both countries. The preferred assessment approach for primary data collection was qualitative research, conducted in the form of semi-structured interviews with focus groups composed of beneficiaries of the CTP interventions and key informants, and using a mix of participatory techniques and tools.

LESSONS LEARNT AND RECOMMENDATIONS

Overall, the objectives of the USAID/FFP funded CTP response to the Ebola crisis were achieved. Food security as measured by the household hunger scale and the household dietary diversity score was well above the baseline situation. Livelihoods were strengthened by cash transfers and complementary activities, as demonstrated by the increase in food production, income generation, and savings groups, as well as by the rebuilding of assets.

The Outcome Analysis is an opportunity to learn from a unique and challenging experience in cash transfer programming involving multiple actors, significant infrastructural constraints, and varying levels of CTP capacity among USAID/FFP implementing partners. The following are the critical lessons learnt and associated recommendations. These are presented in detail in the last chapter of this report:

I Considering the wider spectrum of needs potentially covered by the cash transfer, cross-sectoral assessments and analysis are relevant and necessary prior to the design and implementation of cash transfer interventions. This is particularly crucial when responding to a food security crisis that evolves from a public health emergency.

Recommendations:

- Government led inter-agency outbreak preparedness and contingency planning should continue to include cash transfer programming, alongside other assistance modalities, as well as multisectoral analyses and baselines;
- Donors should support, as part of emergency preparedness, the development of comprehensive baselines that can eventually feed into joint rapid multisectoral situation analyses and needs assessments and into the design of more integrated CTP emergency responses;

¹ Unrestricted transfers can be used entirely as the recipient chooses – i.e., there are no direct limitations imposed by the implementing agency on how the transfer is spent. Cash transfers are by default unrestricted, *unless* they require beneficiaries to spend their cash on particular goods or services in order to receive subsequent transfers (source: <http://www.cashlearning.org/resources/glossary>).

- Multipurpose CTP should be systematically considered in the response analysis process for multidimensional crises; and preparedness activities should be designed accordingly;
- CTP implementing agencies should strengthen their capacity to carry out situation analysis, participatory needs assessments, and response analysis.

II Insufficient analyses of feasibility and risks prior to the design and implementation of CTP interventions can result in failure to identify foreseeable challenges and problems, as well as a lack of project-level prevention and mitigation measures.

Recommendations:

- CTP implementing agencies should strengthen their capacity to conduct proper feasibility studies, incorporating risk analysis, and to design risk prevention and mitigation measures;
- Results of feasibility studies and analysis of risks or challenges, including protection, should be incorporated into CTP design, and risk and challenges should be systematically monitored;
- Donors should require, as a prerequisite to funding, proper cash feasibility analysis as well as the identification of risk prevention and mitigation measures from CTP implementing agencies.

III Livelihood/economic resilience-based approaches to cash transfer programming in food security emergencies can greatly influence the level of outcomes and impact without jeopardizing short-term food security objectives.

Recommendations:

- Where appropriate and feasible, donor agencies should prioritize livelihoods/resilience-based approaches using cash transfers to address food security crises;
- CTP actors should maximize impact on livelihoods by designing interventions accordingly – particularly on transfer frequency, amounts, and duration;
- Where appropriate and feasible, agencies designing emergency CTP interventions should integrate livelihoods and resilience components as complementary activities into the design of emergency responses, emphasizing a phased approach to implementation and integrating disaster risk reduction.

IV Targeting for unconditional cash transfers is more likely to be effective and accepted when rigorous mixed methods, incorporating structured and participatory approaches as well as social and economic vulnerability criteria, are employed.

Recommendations:

- In order to meet standards of rigor and community acceptance, CTP implementing agencies should adopt mixed methods for beneficiary targeting and selection that result in a reduction in targeting errors and better community buy-in or ownership and remove the need to build parallel structure;
- Government ministry units for social protection or social action should lead on coordination and harmonization of targeting approaches for large-scale emergencies such as Ebola and build on humanitarian expertise to facilitate shock-responsive dimension of social protection systems. As demonstrated in Liberia and Sierra Leone, collaboration between government and humanitarian actors can greatly enhance uptake of social protection measures, and particularly safety nets, in cases of emergency.

V It is critical that, where assistance is delivered remotely or in hard-to-reach areas, transparent systems with robust accountability measures for direct cash transfers are instigated at several levels.

Recommendations:

- When feasible, agencies implementing larger scale cash transfers in hard to reach areas should use a trustworthy and accredited service provider to handle cash transfers, rather than undertake to do so themselves;
- CTP implementing agencies, donors, governments, international development institutions, and private sector actors should explore, advocate, and/or build capacity, including necessary investments in infrastructure, for e-transfers as potentially the safest, most transparent, and most cost-efficient means of delivery of cash to vulnerable populations in Liberia and Sierra Leone and in similar contexts;
- Internal and external controls and audits and other fraud prevention measures should be improved at all levels and adapted to the implementation context. Controls can include spot checks, external complaints mechanisms, whistle-blowing procedures, and adjustment measures during implementation, and more effective public awareness and zero-tolerance for corruption sensitization campaigns conducted by partners in collaboration with local authorities.

VI It is important for inclusive cash transfer programming that beneficiaries with restricted mobility are adequately accounted for.

Recommendations:

- CTP implementing agencies should institutionalize mechanisms that enable beneficiaries with restricted mobility to access their cash.

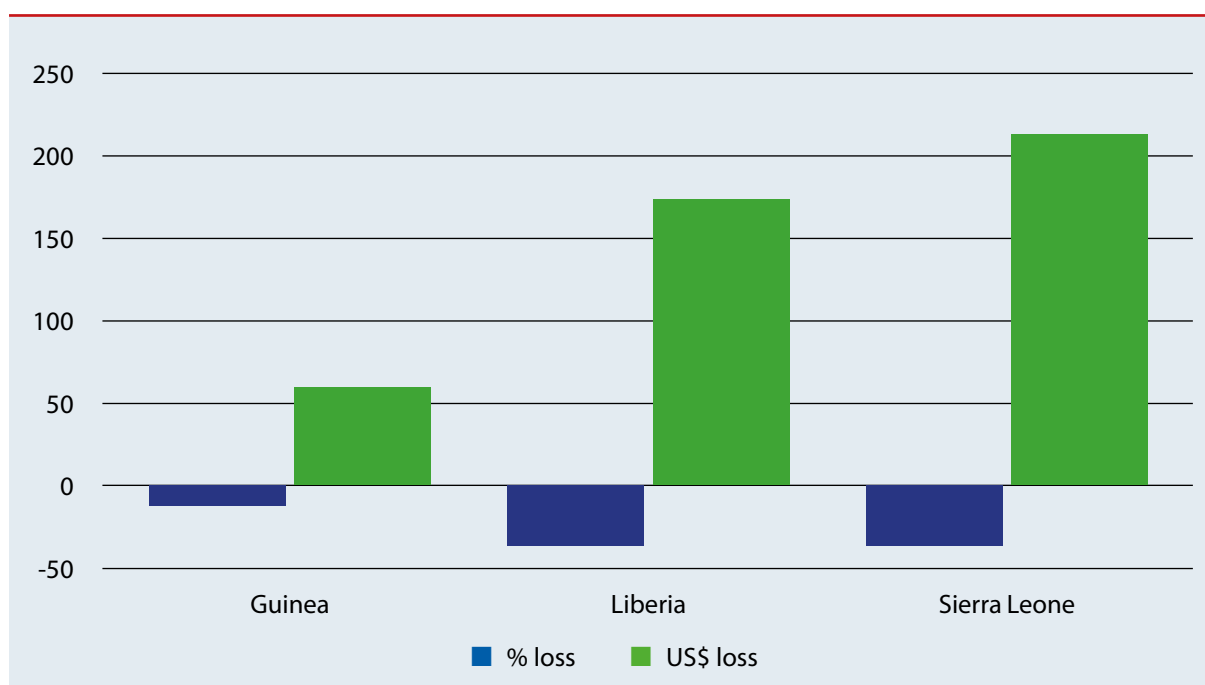
I INTRODUCTION

I.1 CONTEXT OF THE CASH TRANSFER PROGRAMMING INTERVENTION

1.1.1 The economic impact of the Ebola outbreak

In 2014–16, West Africa experienced the worst-ever outbreak of Ebola Virus Disease (EVD) globally. In less than five months, what looked like a confined outbreak in a remote community in Southern Guinea in March 2014 turned into a regional epidemic, unprecedented in scale and virulence. In eight months, the Ebola outbreak had resulted in more cases and deaths in Guinea, Liberia, and Sierra Leone than all previous epidemics combined.² In the affected countries, weak capacities, human resources, and health systems; uncontrolled migration flows; poor social cohesion; and the persistence of traditional beliefs and practices contributed significantly to the crisis. The Ebola outbreak left not only death and human loss in its wake³ but had also taken a terrible toll on the economies and social fabric of the affected countries: schools closed for extensive periods, agricultural production (including household food production) dropped dramatically, activities in key sectors such as mining were scaled back, and cross-border trade stopped completely.⁴ The social and economic impacts disproportionately affected women, because of various overlapping socio-economic vulnerabilities and pre-existing gender inequalities.⁵ According to a World Bank report, self-employment was the most important source of livelihood for female-headed households. The breakdown in small businesses because of the Ebola crisis meant that many women lost an important source of income.⁶ Additionally, the loss of cross-border trade had serious impacts on women's livelihoods. Women comprise 70 percent of all cross-border traders in the Mano River Union sub-region, which includes Guinea, Liberia, and Sierra Leone.⁷ In the three countries, consistent improvements in the level of per capita income since 2001 were reversed by the Ebola crisis. In just six months, the outbreak led to severe loss in household incomes (Figure 1).⁸

Figure 1: Household income loss, Guinea, Liberia and Sierra Leone (UNDP, 2014)



² UNDP, 2014.

³ 28,636 cases were reported, including 11,315 deaths. WHO, January 2016.

⁴ Mullan, 2015.

⁵ Korkoyah and Wreh, 2015.

⁶ Ibid.

⁷ AfDB, 2016.

⁸ UNDP, 2014.

The economies of Liberia and Sierra Leone were dealt significant blows; international travel and trade bans were imposed and airlines stopped servicing the countries. In urban areas, the flow of commodities in the quarantined communities was heavily restricted and traders had limited access to some of these quarantined areas. In rural areas, entire communities that reported cases of Ebola were stigmatized and transactions with other areas were limited out of fear of disease transmission. Government suspended weekly markets on which remote rural villages were highly dependent. The number of traders selling basic food items in both countries fell drastically. At the end of 2014, in Kailahun and Kenema, the first districts to be cordoned off in Sierra Leone, there were 69 percent fewer domestic rice traders than in 2012.⁹ Agriculture plays a central role in livelihoods and the economy in Sierra Leone and Liberia, producing a large share of GDP and employing a significant part of the rural workforce. Ebola hit some areas at a critical juncture during the preparation of land for rice cultivation. In other areas, the outbreak affected communities during the farm upkeep and harvesting seasons. Many farmer households lost their crops, seeds, and food stocks.

Measures put in place to curb the spread of the epidemic almost universally inflated market prices and the cost of transportation, led to a limited supply of good and services on markets, and resulted in significant reductions in the number of customers and the volumes purchased owing to serious declines in purchasing power.¹⁰ An ACIDI-VOCA market assessment conducted in March 2015, including Bombali and Tonkolili Districts in Sierra Leone, showed that demand for items in the markets had reduced by 30 to 53 percent in comparison to a normal year.¹¹ In 2014, the prices of oil, rice, and potatoes doubled in Liberia. The price of rice increased by at least 30 percent in Sierra Leone,¹² where in April 2014 alone, overall inflation rose from 6.39 to 7.8 percent.¹³ Households resorted to negative coping mechanisms such as additional borrowing to pay for food and reducing and/or skipping meals.

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. In May 2016, the World Bank estimated the overall impact of the crisis at \$300 million for Liberia and \$1.9 billion for Sierra Leone.¹⁴

1.1.2 USAID/FFP funded CTP response to the Ebola crisis

In response to the impact of the Ebola crisis on food security and livelihoods, humanitarian actors involved in the global response came to view cash transfer programming (CTP) as a vital tool to support household-level recovery while simultaneously strengthening market systems, and thus potentially positively impacting several layers of the economy. Under Pillar II of the US Government's Ebola response strategy, USAID/FFP played a leading role in funding the majority of CTP projects in Sierra Leone and Liberia throughout 2015, 2016, and 2017. Pillar II sought to "address the food security impacts of the response to Ebola in ways that support and promote recovery."¹⁵

During this period, USAID/FFP and their seven partner agencies¹⁶ supported the food security of over 120,000 households in Liberia and Sierra Leone through cash transfers.¹⁷ Between July 2015 and December 2016, partners implemented four types of CTP interventions in Liberia and Sierra Leone: Unconditional Cash Transfers (UCT), Cash for Work (CFW), Agricultural Input Vouchers (AIV), and conditional cash transfers for market traders. Unconditional cash transfers made up the bulk of CTP activities in both countries. Partners used a mix of delivery mechanisms, including banks, e-transfers using mobile phones, and mostly direct cash transfers.¹⁸ In Liberia, the majority of implementing partners supported monthly UCTs per household initially equivalent to \$50 (\$42 was used by Mercy Corps), coupled with complementary activities for a period of six months to over 15 months in some cases. In Sierra Leone, CTP interventions lasted for approximately 31 months. Implementing partners in Sierra Leone initially focused on UCTs equivalent to a monthly entitlement per household of \$30 disbursed on a quarterly

⁹ IGC, 2014.

¹⁰ ACF, 2015.

¹¹ CARE, 2015.

¹² UNDP, 2014.

¹³ Ibid.

¹⁴ World Bank Group, 2016.

¹⁵ Radice, 2017.

¹⁶ In Sierra Leone, the following five partners implemented the CTP intervention: 1. Agricultural Cooperative Development International & Volunteers in Overseas Cooperative Assistance (ACDI-VOCA); 2. Cooperative for Assistance and Relief Everywhere (CARE); 3. Catholic Relief Services (CRS); 4. Save the Children International (SCI); and, 5. World Vision International (WVI). In Liberia, four partners implemented the CTP intervention: 1. Mercy Corps (MC); 2. ACDI-VOCA; 3. SCI; 4. Project Concern International (PCI).

¹⁷ Based on data provided by FFP/USAID implementing partners for the documentation report.

¹⁸ Ibid.

basis, moving to a second extended phase of UCTs and complementary activities. Complementary activities took various forms of input distribution (direct or through a voucher system) and/or trainings or awareness-raising sessions in agriculture, nutrition, hygiene, savings, and financial management. All agencies with the exception of Project Concern International (PCI) and Mercy Corps (MC) in Liberia used financial institutions or service providers for the bulk of cash transfers. Save the Children International and ACIDI-VOCA used e-transfers to varying degrees in Liberia (SCI for 100 percent of beneficiaries and ACIDI-VOCA for 10 percent of beneficiaries). The banks were also used for direct distributions in some areas but had to be discontinued due to other challenges. MC Liberia piloted relatively small e-transfers in Monrovia later in the CTP intervention.¹⁹ World Vision International (WVI) and CARE attempted e-transfers for one and two transfers, respectively, but had to abandon this delivery option due to issues related to delays in pay-outs, liquidity problems, and SIM card errors.²⁰ PCI and ACIDI-VOCA also implemented CFW road rehabilitation projects in Liberia targeting non-UCT beneficiaries.

Figure 2: Map of USAID/FFP agency partners' implementation areas in Liberia and Sierra Leone (CaLP/Action Contre la Faim Geographic Information System (GIS))



¹⁹ Ibid.

²⁰ Ibid.

1.2 OUTCOME ANALYSIS OBJECTIVES AND SCOPE

The diversity of technical approaches used by partners across two distinct operational contexts funded by a single donor provides a unique opportunity to consolidate documentation, analysis of response outcomes, and learnings. CaLP recently completed a documentation review of USAID/FFP-funded CTP interventions in Liberia and Sierra Leone detailing partners' approaches to CTP intervention design and implementation, and the short-term outcomes of the different interventions. Following on from the CaLP documentation review, this analytical report examines the short- and medium-term impact of primarily UCTs and agricultural and savings support (complementary activities) on household food security and resilience, and identifies critical lessons to inform future programming decisions. Where possible, the Outcome Analysis compared the appropriateness and effectiveness of the constellation of interventions implemented in Liberia and Sierra Leone. Important to note is that the Outcome Analysis seeks to complement the wealth of existing data produced by USAID/FFP implementing partners. It does not aim to duplicate the work of FFP implementing partners or address important information gaps through the collection of new quantitative data. This is beyond the technical scope of the analysis.

Primary data for the Outcome Analysis was collected from the 8–15 February 2018 in Sierra Leone and from 21 February–4 March 2018 in Liberia. The assessment teams were composed of an international food security and livelihoods consultant, the CaLP Ebola Response Project Manager (CaLP PM), and for each country a locally recruited team of researchers, note-takers, and translators. Overall coordination and planning was mainly the responsibility of the CaLP PM, who prepared the ground for fieldwork with support from current and former USAID/FFP CTP implementing partner staff. Administrative and logistical aspects were facilitated by two research and logistics companies in Sierra Leone and Liberia. Three teams covered roughly two villages per county/district. Altogether, for both countries, 66 Focus Group Discussions (FGDs) with former cash transfer beneficiaries and 31 Key Informant Interviews (KIs) with community leaders were carried out in 42 villages or towns, culminating in at least 260 hours of interactive discussions and exercises with more than 700 participants. Nineteen trader interviews took place in Liberia and Sierra Leone. Key informant interviews were also organized with nine former implementing partner staff in Sierra Leone. Unfortunately, former program management and key field staff in Liberia were no longer present or available for interviews, resulting in two interviews with a former staff of Mercy Corps and the former Cash Working Group coordinator. Interviews were conducted in Freetown with the FFP focal points for Liberia and Sierra Leone.

1.3 OUTCOME ANALYSIS METHODOLOGY

Based on a matrix that covers key analytical questions, sub-questions and associated indicators, the Outcome Analysis assessment team used multiple research methods, including a review of contextual and quantitative data from USAID/FFP implementing partners' project documents. Indicators were primarily drawn from monitoring and evaluation reports. A desk review included implementing partner baseline reports, monitoring and evaluation reports, Annual Review Reports, and project proposals as well as CaLP publications and publications from other agencies (refer to Annex 1: References). Existing data was complemented by data collected through fieldwork across CTP intervention locations. In both countries, the preferred assessment approach for primary data collection was qualitative research in the form of semi-structured interviews with beneficiaries of the CTP interventions and key informants (KIs) and using a mix of participatory techniques and tools such as scoring and ranking/proportional piling, timelines, and seasonal calendars. In addition to facilitating an understanding of external interventions and/or of seasonal variations in livelihoods, timelines and seasonal calendars also served as memory prompts. The timeline included events, such as natural disasters, epidemics, pest invasions, and other important occurrences that widely impacted the food security and livelihoods of the community. The seasonal calendar consisted of visual representations of seasons and predominant livelihood activities, the latter including land preparation, planting, and harvests.

Before FGDs in each intervention area, KIs were organized with community leaders, including the village or town chief, religious leaders, the village chairlady and the youth leader. The aim of these interviews was to obtain general information on the context of the visited villages, other interventions, vulnerable groups in the community, and CTP intervention outcomes. Key informant interviews were equally an opportunity to produce timelines from 2013 to 2017 and to validate seasonal calendars, both of which were useful memory prompts and/or means of identifying seasonal variations in cash utilization during FGDs. Based on instructions from the Outcome Analysis assessment team, participants of FGDs were selected by community mobilizers. Participants were former beneficiaries who were selected as representatives of specific beneficiary profile groups (see Annex 2). Focus group were homogenous and mostly conducted with women, as they constituted the majority of direct recipients of the cash assistance. Focus group participants were regularly encouraged to represent and refer to the group of beneficiary “households similar to theirs” in the community. Discussions sought to bring out in-depth and diverse points of view about a subject but also attempted to reach consensus when the aim was to rank or to gain a quick and simple understanding of proportions. Where possible, respondent perceptions were converted into quantitative data through the use of proportional piling techniques (i.e., using 10–50 counters to quantify proportions or percentages).²¹ (The types of questions asked can be found in Annex 3).

Non-coded themes from data collection transcripts were identified for responses to several questions, entered into an Excel spreadsheet, and their frequency quantified. Although the data results are not statistically precise or representative, given the qualitative nature of the study and the number of FGDs conducted in the field, nevertheless, trends are presented where figures or themes were repeatedly identified in the analysis or where information was validated through triangulation with other sources, including in the same assessment (e.g. KIs), through other questions asked during the same discussion, or from the desk review.

Constraints, limitations, and solutions

There were a number of constraints and limitations encountered during the Outcome Analysis. These were primarily the reliance on partner documentation, the effect of targeting on the composition of focus groups, the potential bias resulting from the use of accessibility to select fieldwork locations, and the gap in time between project completion and the Outcome Analysis in Liberia. One of the biggest factors limiting analysis was the inconsistencies or gaps in and between baseline and end-line data of individual agencies and between USAID/FFP implementing partners. This was an important challenge for comparing outcomes between zones and agencies and before and after the CTP intervention. Where possible, the Outcome Analysis fieldwork collected qualitative data retroactively (e.g., cash utilization and changes in savings) and triangulated data through multiple sources.

With regard to focus group composition, ultimately, composition was largely determined by the results of actual targeting as well as community expectations around the continuity of the CTP intervention. In most FGDs, the socio-economic profile of the group was difficult to determine and included better-off households and family members of community leaders. This was in part a result of the fact that some agencies adopted targeting approaches that exclusively selected beneficiaries using social vulnerability criteria and those who were direct victims of Ebola, with no refinement in targeting through the application of economic criteria. Additionally, despite the assessment team clearly communicating the purpose of the visit before their arrival and at the beginning of the discussion, often the list of FGD participants was interpreted to be a beneficiary list. Focus group discussion results that were obviously biased (showing deviations from most interviews or unrealistic results when triangulated with other data) were removed from the analysis. When possible, participants were discreetly replaced with the help of community mobilizers. However, the variation in the socio-economic profiles of CTP beneficiaries across each country and even within districts or counties as well as villages and towns as a result of targeting makes it almost impossible to compare findings between intervention areas and focus group profiles. Therefore, comparative analysis between zones and beneficiary groups is limited in this report.

²¹ Proportional piling is a technique widely used in participatory data collection methodologies (Rapid Rural Appraisal/Participatory Rural Appraisal) to obtain qualitative values of comparable items. The technique is an interactive method of employing what is visual and tangible to generate a discussion, disagreement, and eventually consensus within a group of participants who are not necessarily literate and/or numerate. It shows relative proportions or shares of things to be compared. The values can be calculated out of the whole represented by ten to 100 counters (e.g., bottle tops, beans, and stones), depending on the number of items that are being compared, and then converted into percentages. Counters can be placed on images of the items or topics under discussion. Data generated from proportional piling exercises are both numerical and subjective (Sharp, 2007; Catley, Burns, Abebe, & Suji, 2014).

The challenge of getting people to remember information from as far back as 2015 (a recall period of approximately one to two years) was partially remedied through the use of timelines and seasonal calendars. These tools greatly facilitated FGD participants' recollection of events and changes in their lives through association with routine seasonal livelihood activities or important events affecting the entire community.

Finally, the inclusion of accessibility (i.e. road conditions and the time that it would take for the assessment team to reach villages) as a criterion for selection of fieldwork locations did cause some sampling bias. It was more likely that remote, less accessible villages, excluded from the fieldwork, will have faced additional challenges specifically linked to their inaccessibility, including market access, timeliness of distributions, and infrastructure. However, in some intervention zones, through reworking the data collection schedule, the assessment team eventually managed to include some more remote villages in the fieldwork.

Geographic scope

All five districts in Sierra Leone and all seven counties in Liberia, where USAID-FFP funded CTP interventions were implemented, were visited during the assessment. The key considerations applied when selecting the assessment locations at the district or county level, included the following: ensuring equitable representation of partner projects, ensuring adequate coverage of all project locations, and ensuring the inclusion of both urban and rural areas. Following the use of GIS to map village locations,²² specific communities were selected on the basis of consultation with community mobilizers according to the following criteria: presence of a minimum of 30 beneficiaries to ensure adequate participation, minimization of duplication with previous rounds of data collection, and accessibility. As noted above, the use of accessibility as a criterion for community selection introduces a potential bias, as more accessible areas may have better access to markets and fewer challenges related to distributions. In order to improve the potential use of the results to extrapolate trends, data was collected in each village or town for sister villages²³ that received cash assistance from the same agency. Villages visited had a minimum of three and a maximum of 18 sister villages.

²² Up to 50 percent of village locations have been excluded during the GIS mapping process due to inconsistencies in the spelling of names, which meant the review team was unable to accurately locate these communities.

²³ Sister villages are villages that the community knows particularly well and with which it interacts on a daily basis, sharing resources and livelihood strategies.

2 OUTCOME ANALYSIS: FINDINGS FOR SIERRA LEONE AND LIBERIA

Chapter Two presents findings on the effectiveness of the CTP Ebola response as manifested in the level of achievement of key food security and livelihood outcome and impact indicators. An assessment of the relevance and appropriateness of the CTP intervention to beneficiary preferences and needs is presented. Implementation approaches are also discussed, particularly in relation to how targeting and delivery may have influenced the achievement of CTP outcomes. The relevance of the CTP intervention is discussed in relation to the overarching objective of transient food insecurity and the secondary objective of economic resilience and whether this is matched with the priority needs of beneficiaries. The discussion on appropriateness presents the perspective of community leaders and beneficiaries on the CTP intervention in comparison to other assistance modalities and on the efficacy of delivery approaches in their context, taking into account the constraints and needs of different groups. The following sections do not analyze the performance of the CTP intervention and achievement of outputs, except where this influenced outcomes – e.g., how delivery approaches influenced timing, transparency, and hidden costs for the cash recipient. A comprehensive CaLP documentation review of the CTP Ebola response and a case study on the use of digital technology for CTP Ebola response are available on the CaLP online resource platform and both present detailed information on delivery mechanisms and particularities of each country and, where relevant, of each USAID/FFP implementing partner.²⁴ The information on effectiveness goes to the heart of the outcome analysis in terms of the extent to which the CTP intervention met its primary objective of improving transient food insecurity as well as secondary objectives related to livelihoods, market recovery, and resilience.

2.1 RELEVANCE AND APPROPRIATENESS OF THE CTP INTERVENTION

The initial objective of USAID/FFP implementing partners' CTP interventions in both Sierra Leone and Liberia broadly focused on improving transient food insecurity associated with the lean (hunger) period and in response to the negative impact of the Ebola epidemic on the livelihood strategies of affected communities and on markets. Additionally, from the outset of the CTP intervention, all implementing partners in Liberia implemented additional activities intended to be complementary to the UCT. Farming inputs were provided to targeted communities, along with trainings on planting techniques, seed storage, pest control, and post-harvest management. ACDI-VOCA, CARE, CRS, and WVI in Sierra Leone introduced similar complementary activities through a no-cost extension of the CTP intervention (Phase 2). Furthermore, ACDI-VOCA, CRS, and SCI added a financial management component to trainings, either in the form of household economics or basic business management skills. Village Savings and Loans Associations (VSLA) programs were implemented by ACDI-VOCA and WVI in Sierra Leone.

2.1.1 Unconditional cash transfers: the right assistance modality?

The CTP intervention was widely accepted and appreciated by local leaders and those who directly benefitted from the assistance. With the exception of one FGD in Montserrado County in Liberia,²⁵ participants in all other KIIs and FGDs in Sierra Leone and Liberia unanimously expressed satisfaction with the UCTs and viewed it as the preferred assistance modality to respond to the needs arising from the Ebola crisis. Although complementary activities such as savings programs, agricultural support in seeds and tools, and trainings were seen as extremely useful in boosting, and to a certain extent sustaining, impact, the UCT took precedence over these activities (see section 2.5.4 for a discussion on complementary activities).

²⁴ Radice, 2017 and Dumas, Frisetti, & Radice, 2017.

²⁵ Participants in this FGD felt that health and schooling should have been supported. However, this preference may be in relation to the size of the cash transfer (see section 2.1.3).

Many communities in the intervention zones also received food rations from the United Nations World Food Program (WFP) or other agencies during and after the Ebola crisis. From 2014 to 2016, a lot of the villages and towns in the visited intervention zones also benefitted from agricultural support in various forms. Reviews of Outcome Analysis timeline information obtained from KIIs in Sierra Leone and Liberia revealed that very few community leaders reported that their communities received cash assistance from other agencies during the same period as the USAID/FFP-funded CTP intervention. For example, some communities in Sierra Leone did participate in CFW projects (and Food for Work (FFW) projects) to repair roads and to rehabilitate inland valley swamps for rice cultivation and, in 2015, mothers' clubs in Mamuri village in Tonkolili District, were recipients of education focused conditional cash transfers from Concern Worldwide. Also, in 2015, several Ebola-affected areas in Montserrado County received food and cash from the Red Cross (e.g. Vonzon Town).

However, none of these interventions were viewed as having such a significant impact on recovery as the USAID/FFP funded CTP intervention. This was especially the case for Sierra Leone, where the overwhelming majority (68 percent) of discussions with KIIs and former beneficiaries ranked the CTP intervention as the most important factor contributing to their post-Ebola economic recovery, followed by farming prior to the CTP intervention (20 percent).²⁶ In Liberia, the impact was less directly articulated – 30 percent of communities interviewed viewed the CTP intervention as the main factor facilitating their recovery.²⁷ More important factors cited were the resumption of farming and income-generating activities (i.e., petty trade) following the lifting of the quarantine and subsequently the revival of community savings groups. Income-generation and savings were then boosted or expanded by the CTP intervention. This difference between Sierra Leone and Liberia could be related to the length of the intervention and the frequency of transfers, the latter influencing the utilization of the cash transfer.

2.1.2 Addressing priority needs of Ebola-affected households through UCTs

Overall, the primary CTP objective to address the short-term (three to six months) transient food insecurity of households affected by the Ebola crisis was very relevant to beneficiary priority needs and preferences. Food, followed by investments in agriculture and petty trade, were highlighted during KIIs and FGDs as the first priority, especially at the start of the intervention (Table 1). Cash transfers were primarily spent on direct purchases of food from the market or on farming and petty trade inputs, the latter directly or indirectly contributing to food access and meeting other essential needs. There were some differences in the Outcome Analysis fieldwork findings between districts in Sierra Leone: food was the first priority for women in the eastern districts – i.e., Kenema and Kailahun – while farming and petty trade inputs were predominantly the first priority for women in the northern districts – i.e., Port Loko, Bombali and Tonkolili. Findings from Liberia are less explicit. Female FGD participants in Lofa, Grand Cape Mount, and Montserrado counties identified food as a first priority more than respondents in other counties. Bomi County was the only county that prioritized roads, and Bong County focused more on health and water as the first priority needs at the beginning of the CTP intervention. It should be noted, however, that these findings are inconclusive, since the timing of the start of the cash transfer may have influenced needs.

²⁶ Unavoidably, there is some degree of bias in the responses to this question.

²⁷ It is difficult to avoid bias in participants' responses due to expectations that the CTP intervention will continue.

Table 1: Three priority needs of beneficiaries throughout the CTP intervention (Liberia and Sierra Leone). Outcome Analysis fieldwork

Liberia (2015/2016)			Sierra Leone (2015/2016/2017)		
Level	Need	No. of mentions during FGDs for all seasons	Level	Need	No. of mentions during FGDs for all seasons
Priority 1	Food	51	Priority 1	Food	55
	Agricultural inputs	22		Agricultural inputs	22
	Petty trade inputs	18		Petty trade inputs	11
Priority 2	Food	31	Priority 2	Food	31
	Health	28		Health/School	18
	School/Water	12		Agricultural inputs	15
Priority 3	Health	31	Priority 3	Health	26
	School	24		Agricultural inputs/School	23
	Water	13		Shelter	18

Other basic needs that were among the top three priorities and progressively gained importance during the CTP intervention were health, schooling, shelter, and safe drinking water. Health (i.e., consultations in a health center and the purchase of medicine) was an important need at the beginning of the intervention, since medical facilities were among those social services that were hardest hit by Ebola and are still recovering to date. In several CTP intervention zones, scabies and other epidemics (e.g., cholera outbreaks and unknown illnesses with symptoms of vomiting and diarrhea) were recurrent from 2013 to 2017.²⁸ Following the reopening of schools after six to nine months of closure, the top three priorities of households included the payment of school fees, and purchase of supplies and uniforms. An additional need, arising from a cessation of government services but also as a result of beliefs around how Ebola propagates, was safe drinking water. Wells and water pumps were not maintained or chlorinated and people were convinced that “Ebola was in the wells.”²⁹

Shelter or housing was also among the predominant needs for both countries. Building materials (e.g., zinc, cement, and other materials required for regular maintenance of dwellings) were sold during and immediately after the Ebola crisis to pay for other essential needs. Additionally, before and during the CTP intervention, a few of the visited communities were also affected by storms, which resulted in the urgent need to repair shelters. With the exception of a few focus groups which mentioned that most households like theirs used part of the cash transfer to contribute to repair of community water pumps, all three other needs were partially covered by the cash transfer.

Seasonal and temporal variations in needs

Although food continued to be indicated as the priority need during the entire CTP intervention, it progressively became less important towards the end of the intervention as agricultural and petty trade inputs along with health and schooling gained in importance. This evolution in needs correlates with changes in coverage of needs by the cash transfer (especially for Sierra Leone) and in household expenditure patterns captured by the desk review and the Outcome Analysis fieldwork. In Liberia, when a comparison is made with Sierra Leone, health is more prevalent among the top three needs. Whereas food is the first priority need at the end of the CTP intervention in Sierra Leone, in Liberia, health is the first priority need at the end of the intervention, remaining relatively static as a priority need from the beginning to the end of the intervention. In contrast to Sierra Leone, it is not always possible to draw parallels between the ranking of needs and the coverage of these needs by the cash transfer in Liberia.

²⁸ Source: Timeline data from KIIs with village or town community leaders. Outcome Analysis fieldwork.

²⁹ FGD 3, Folu Village, Kailahun, Sierra Leone. Outcome Analysis fieldwork.

There were considerable seasonal variations in the ranking of needs. Evidently, food was a priority need during the lean period (June/July to August/September, depending on the region) and less of one during the rice harvest period. In both Sierra Leone and Liberia, the seasonal importance of agricultural inputs varied according to the type of farming that was predominant in the zone or practiced by certain impact groups. For example, the brushing and planting seasons were different for upland rice as opposed to inland valley swamp rice. Women, especially single female-headed households, tended to focus more on kitchen gardening of pepper, bitter balls, potato greens, okra, and other vegetables in the raining season. The labor-intensive land preparation for the planting of rice was mainly carried out by men at the beginning of the year. School materials and fees were a need throughout the year but mainly around September when school reopened. Paying for health consultations and medicine took place primarily in the rainy season and during the periods of the year when farming activities were more strenuous. Housing repairs were habitually carried out during or straight after the rainy season. The period in the year when petty trade inputs were most needed differed depending on the type of activity. If petty trade was linked to the sale of farming produce (mostly vegetables), then the need was mainly at the end of the year. If it was linked to the sale of non-food commodities, then the need was greatest during the dry season at the beginning of the year when agriculture activities for women were less demanding, allowing greater mobility. The need for clothing was often more evident at the end of the year due to the festive season.

2.1.3 Cash transfer value in theory and in practice

In most FGDs and KIs, participants were satisfied with the cash transfer value and felt it covered a significant amount of their food needs. Peri-urban areas in Montserrado County in Liberia, were the only areas where KIs and FGD participants felt that the amount was insufficient for food needs. In Vonzon Town, for example, participants claimed that they paid LRD 400/day (or LRD 12,000/month) for food purchases in addition to other expenses, including rent and leasing of land for small-scale farming.³⁰ In general, beneficiaries did not use the monthly or quarterly amount solely for food. The cash was distributed between the household's priority needs, which alternated between seasons (discussed above), including schooling, health, shelter, and safe drinking water. However, some participants felt that the amount was not sufficiently adjusted to inflation in the price of rice, other staple food items, and transportation or fuel. A rapid value for money calculation carried out by Save the Children in Sierra Leone showed that the actual value of the cash grant (based on initial food basket calculations) had decreased between May 2015 and August 2016, therefore reducing beneficiaries' purchasing power and access to food.^{31, 32} Monitoring data allowed agencies to adjust the value of the cash transfer near the end of the CTP intervention. Other participants who had to travel a distance to pick up their money mentioned the additional costs associated with transportation and with meals and water during the distribution day (if waiting periods were long, which was the case for all implementing partners, with the exception of PCI). The cost of transportation, meals, and water incurred for each transfer was anywhere between 5 and 10 percent of the total cash value in Liberia and approximately 1–5 percent for Phase 1 and 0.5–1 percent in Phase 2 of the total cash value in Sierra Leone.³³ Additionally, 7–40 percent of the cash transfers in Liberia were unusable banknotes (dirty and torn-up), which were not systematically replaced by certain implementing partners. These notes were exchanged in the marketplace at an unfavorable rate of LRD 30–50 or 70 Vitta/Maggi cubes (or a mix of LRD and cubes) for LRD 100 of unusable banknotes. According to KIs and FGD participants in Liberia, up to 30 percent (at times more) of the cash transfer was also diverted by community leaders and the CTP distribution staff of one implementing partner in intervention areas in three counties (see section 2.3.2 below for more information on possible diversion). Cash transfer (CT) coverage of food (captured through proportional piling) in some of these areas was as low as 15 percent, compared to an overall average of 50 percent (Figures 2 and 3)³⁴ (see section 2.5.1 for additional findings on CT coverage/household (HH) expenditure).

³⁰ FGD 5, Vonzon Town, Montserrado County, Liberia. March 2018. Outcome Analysis fieldwork. In this particular example, it means that, in theory, the cash transfer covered roughly 30 percent of monthly food needs purchased on the market.

³¹ SCI, 2016.

³² 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. In Liberia, \$1 was traded at Liberian dollar (LRD) 92 in October 2015 to LRD 86 in December 2015, returning to the previous level by March 2016 (Radice, 2017).

³³ Compared to Liberia, the percentage of the value of the cash transfer allocated to transportation, food, and water is lower for Sierra Leone because the cash was delivered less frequently. Phase 2 had a significantly larger transfer than Phase 1 in Sierra Leone.

³⁴ The data in Figures 2 and 3 represents the percentage of the need that is covered by the cash transfer. The remaining is covered by other income sources. For example, 45 percent of market purchase of food is covered by the money from the CTP intervention. The remaining 55 percent is covered by money from other sources. The exercise did not explore non-monetary sources.

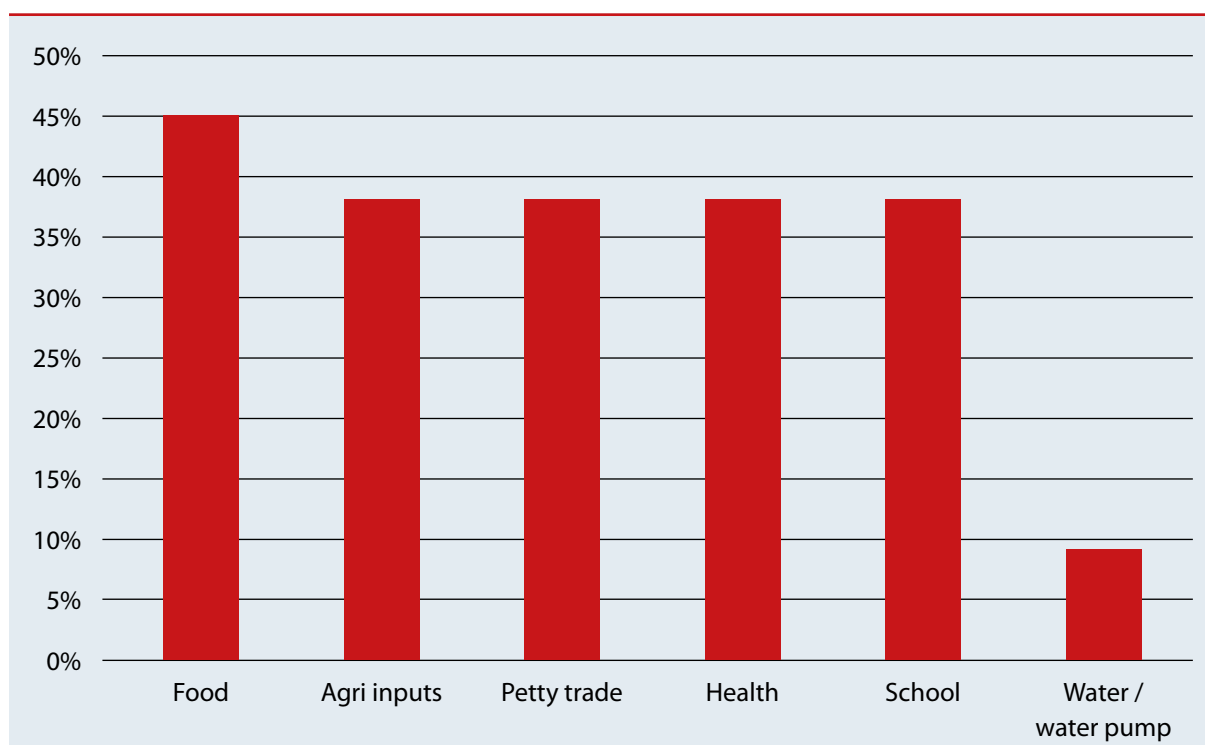


Figure 3: Average percentage cash transfer coverage of top six priority needs (2015/2016 – Liberia) Outcome Analysis fieldwork

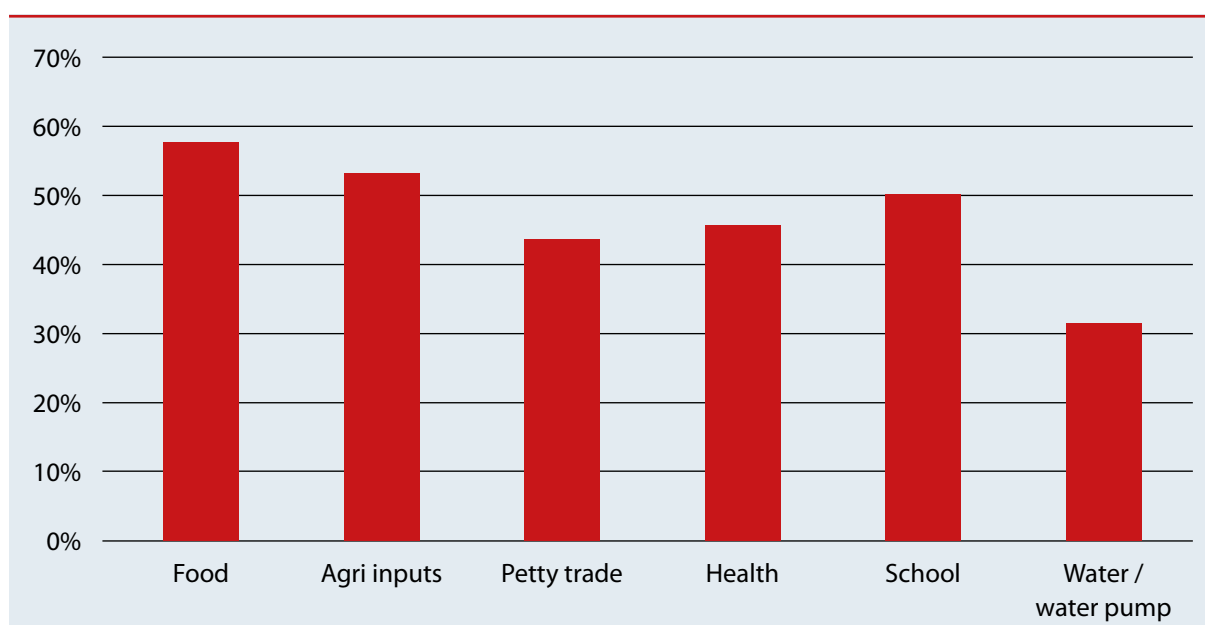


Figure 4: Average percentage cash transfer coverage of top six priority needs (2015/2016/2017 – Sierra Leone) Outcome Analysis fieldwork

2.1.4 Timing, frequency, and duration of the cash transfers

In both Liberia and Sierra Leone, the satisfaction of respondents in the timing of the first cash transfer was linked to which needs were prioritized by beneficiary groups. If food was prioritized, then satisfaction increased if the cash transfer came during the lean period. If agriculture was the first priority, then satisfaction was greater if the first cash transfer came before the planting season.

In Liberia, with the exception of delays, cash transfers were mostly made on a monthly basis. In Sierra Leone, most cash transfers were disbursed every three months. From discussions with community leaders and former beneficiaries in both Liberia and Sierra Leone, communities preferred the frequency of cash transfers employed by USAID/FFP implementing partners in their respective country. Findings from the Outcome Analysis fieldwork in Liberia show that the majority of FGD participants favored receiving the money every month rather than quarterly. Only FGD participants in peri-urban areas of Montserrado County preferred even shorter transfer frequencies of two weeks. For beneficiaries in Liberia, shorter times between cash transfers were seen to be crucial in preventing the “misuse” of the cash. This was contrary to the findings from Sierra Leone, where the majority of participants in FGDs and KIs preferred receiving greater amounts of cash every three months instead of smaller amounts every month. The reasoning for this preference was that larger amounts allowed them to better plan for their needs and production activities and to invest in income generation. There were no cited differences in preference between men and women or between any other groups.

Predictably, most community leaders and FGD participants indicated that they would have preferred a longer duration for the CTP intervention, but, overall, the intervention played a pivotal role in increasing beneficiaries’ access to food and other resources. The extended Phase 2 intervention in Sierra Leone, along with the frequency of cash transfers, may have contributed to a higher achievement of certain livelihood and resilience outcomes compared to Liberia (refer to section 2.5 on food security, livelihood, and resilience outcomes).

2.2 EFFECTIVENESS OF TARGETING

Targeting approaches varied between Liberia and Sierra Leone and among implementing partners in Liberia. Whereas in Sierra Leone, targeting in Phase 1 was harmonized through government standard operating procedures, in Liberia, agency-specific approaches were used.³⁵ There were several cases in Liberia of communities that were targeted but were neither quarantined nor restricted in movement (e.g., Varticker village in Margibi County). Moreover, these same communities did not lose anyone to Ebola and were not surrounded by any communities directly affected by the epidemic. The targeting of beneficiaries was one of the most contentious issues emerging from discussions held with community members, including former cash transfer recipients.

2.2.1 Relevance and community acceptance of targeting criteria and approaches

The concern expressed during community discussions with targeting was not so much in relation to the criteria that qualified someone for assistance but rather in relation to the quotas for beneficiary numbers applied by USAID/FFP implementing partners. In order to narrow down lists of potential beneficiaries, three approaches were adopted depending on the agency. The first approach adopted by some agencies was to organize an open day registration exercise for people who fitted a particular category, such as pregnant and lactating women, the elderly, widows, or the physically challenged. Once the quota was met, then the list was closed. The second approach was to ask community leaders to identify and produce a list of those fitting the criteria provided to the community by the implementing partner (mainly related to social vulnerability or if someone was a direct Ebola victim). Sometimes the implementing partner would carry out a verification exercise. The third approach was door-to-door screenings or interviews by the implementing partner as well as community verification exercises. The third approach tended to use individual economic vulnerability indicators such as dwelling, livestock holdings, dependency ratios, consumption patterns, and income sources along with social vulnerability (or categorical) criteria and community verification to finalize the beneficiary lists. A common complaint that emerged from all three approaches was that several people in need were absent during the registration of beneficiaries due to work in the fields and elsewhere or because of illness. According to participants, a second passage for those who were absent was not organized by any of the agencies in either country. In Liberia, FGD participants in areas where there were issues with receiving the correct amount of cash preferred the involvement of outsiders in the selection process compared to the other FGD, where a community-based approach was preferred.

³⁵ Radice, 2017.

2.2.2 Women as recipients of the cash transfer

Seventy percent of direct cash transfer recipients were women, irrespective of whether a woman was a head of household. The reasoning was that women were more vulnerable and exposed to epidemics and that a lot of targeted households practiced polygamy. The targeting of women revealed two viewpoints communicated during KIIs. The first viewpoint was associated with the role of women in the household as providers of food and other basic needs. In line with global trends, women tended to prioritize the food, health, and educational needs of household members more than men. Indeed, only 15 percent of FGDs with men in Sierra Leone identified food as the first priority when the CTP intervention started, whereas more than half of the FGDs with women mentioned food as the first priority. Needs were divergent among FGD with women in Liberia.³⁶ During the CTP intervention in Sierra Leone and in Liberia, most community leaders and FGD participants reported that the cash transfer brought peace to the home as women had no longer fought with their husbands to get money to prepare the daily meal or to pay for school fees. Men were content with women starting petty trade with part of the cash transfer. In Sierra Leone a newfound respect for women was translated through their increased presence and acceptance in leadership committees that had traditionally been dominated by men³⁷ – even if at times this was promoted by the implementing partner. An alternative perspective on the consequences of choosing women as recipients of the cash transfer was that this targeting choice emasculated men. In several FGDs, the manifestation of women’s empowerment was described as “rude” and “disrespectful.” In several FGDs and KIIs, women and community leaders felt it was better to hand over the money to their husbands. In some intervention zones, the CTP implementing partner staff sensitized women to do exactly that.

The cash transfers, coupled with complementary activities, spontaneously or intentionally contributed to the strengthening of women’s groups either in the form of savings groups, farming groups, or other self-help groups. For example, in the town of Blama in Bombali District in Sierra Leone, the cash transfer and complementary activities organized by CRS brought together single mothers who did not know each other before the cash transfer. They started to work together for mutual benefits because of the CTP intervention. Providing cash to these mostly female-headed households also helped them to gain confidence and self-esteem.³⁸ In a number of intervention areas, single women with children mentioned that they were more respected, heard, and included by their communities when they started receiving the cash.³⁹ Noteworthy was the fact that several FGDs and KIIs mentioned that the increased labor capacity and capital of women’s farming groups increased access to free land owned by village landowners or allowed them to lease more land and, subsequently, improve yields. In some cases, women were given more positions in leadership committees because of the CTP intervention.⁴⁰

2.2.3 Exclusion and inclusion errors in relation to the CTP objective

The Outcome Analysis team noted in both countries – especially Liberia – a high inclusion error due to the initial targeting process that adopted social vulnerability or social status criteria (e.g. single-female headed households, pregnant and lactating women, the elderly, and the physically challenged) which do not necessarily correlate with economic vulnerability. On numerous occasions, focus groups included the spouses or other family members of community leaders or better-off households (well-off or those financially able to provide for themselves) in the community who benefitted from the CTP intervention since they met the social “vulnerability” criteria for inclusion. A number of focus groups included very young unmarried women who had children and were living with their parents.

The Outcome Analysis assessment team discreetly evaluated the economic vulnerability of FGD participants through observation and primarily through discussions around asset ownership and livelihood strategies. In Sierra Leone, the team’s perception was that a little under three-fourths of FGDs were with economically very vulnerable former beneficiaries, who were selected for Phase 2 in 2017. There were uncertainties around the vulnerability of the remaining FGD participants. Around one-third of participants from 2015/2016 appeared to be economically vulnerable and the status of the rest was ambiguous. Only two focus groups were composed of mainly participants who appeared to be well-off. Using the same approach as Sierra Leone, the assessment team

³⁶ In Liberia, there were too few FGDs with male beneficiaries to draw any conclusions.

³⁷ KII with CARE staff, Makeni, Bombali District, Sierra Leone. February 2018. Outcome Analysis fieldwork.

³⁸ CRS, 2016.

³⁹ Single women (divorced, separated, or never married) with children were either heads of households or living with a relative who was the head of household.

⁴⁰ FGD 7, Ferenbeya Village, Tonkolili District, Sierra Leone. February 2018. Outcome Analysis fieldwork.

in Liberia felt that not one focus group in Liberia was composed of mainly economically vulnerable households. On the contrary, around one-quarter of focus groups appeared to be composed of mainly better-off household representatives, often community leaders or relatives of community leaders. Ultimately, these findings are subjective and, therefore, only indicative and should not be taken as conclusive of targeting results.⁴¹ Furthermore, the composition of focus groups was biased and often based on expectations of community leaders around the continuation of the CTP intervention. Nonetheless, comparisons between the two countries do bring out a distinct difference.

In separate discussions, community leaders and FGD participants were asked to quantify, using a proportional piling technique, the proportion of the population in their village or town as well as in sister villages that was in need of the cash transfer but was excluded from the CTP intervention. Being in need was defined by the assessment team as those who experienced great difficulties in the absence of external support to feed members of their households. Findings show a perceived exclusion of 40 percent for both Sierra Leone and Liberia. However, it is difficult to state with precision whether exclusion existed as a result of inappropriate targeting criteria coupled with restrictions on the number of people who could benefit from the CTP intervention or whether it was only linked to the beneficiary quotas per village/town. In general, no one felt that there was differential targeting based on discriminatory practices affecting any particular group in the community. In Sierra Leone, there was no apparent difference in perceptions of the proportion of people left out between Phase 1 and 2 beneficiaries.

2.3 ISSUES WITH CASH TRANSFER DELIVERY

Overall, the delivery mechanism of providing direct cash to recipients was appreciated by all participants in Sierra Leone and in Liberia. Considering the implementation context, for the most part characterized by the lack of communications infrastructure and road networks, and the limited to near absence of institutional experience with CTP, implementing partners did a commendable job. The only participants who spoke of problems with the choice of delivery mechanism were those targeted by ACDI-VOCA and SCI who had to use mobile phones to receive the cash transfer in Bong and Margibi counties in Liberia. There were problems associated with low phone usage and, hence, the resulting lack of familiarity with devices and with SIM card functioning or validity.

In Liberia, there were significant delays of between one to three months between some transfers. These delays, which evidently were not thoroughly assessed or considered prior to implementation, were mainly due to the poor state of roads during the raining season, which was equally the lean period when the need for the cash was greatest. In other areas, liquidity constraints (including from the capacity of commercial banks in meeting competing priorities and the government's decision to print new banknotes) and whistle-blowing reports of attempted fraud caused delays in receiving the cash on schedule.

2.3.1 Addressing mobility constraints and other protection concerns

Problems picking up the cash were experienced by elderly, chronically ill, and physically challenged beneficiaries. Transportation was often required to access cash transfer points, and in some cases the elderly fell off motorbikes.⁴² In other intervention areas, community members were obliged to carry the elderly or physically challenged on their backs to reach the cash collection points.⁴³ In a number of discussions, participants claimed that all these groups, including the chronically ill, were not allowed to send someone in their place to receive the cash. In most of these situations, agencies did not find an alternative means of getting the money to these beneficiaries, and the result for these groups was significant gaps between receiving the cash transfers and, in exceptional cases in Liberia, some beneficiaries with mobility issues did not receive any of their entitlement.⁴⁴ All but one agency allowed for retroactive payments. In FGDs and KIIs, where these issues were raised, there were few reports of official "proxies" or of mobile teams bringing the cash to social cases or assisting them with transport. Yet, these strategies are frequently used in other cash transfer programs elsewhere in the region. However, there were some exceptions where persons with mobility issues were assisted by the implementing partner or their local partner. In Sierra Leone, according to FGD participants, Splash (money transfer company) distribution agents working with ACDI-VOCA in Jokibu Village in Kailahun District did use their motorbikes to transport cash recipients with

⁴¹ Furthermore, economic vulnerability during a public health crisis can be quite different than observations of economic vulnerability three years later.

⁴² FGD, Kailahun District, Sierra Leone. February 2018. Outcome Analysis fieldwork.

⁴³ KII with community leaders, Tonkolili District, Sierra Leone. February 2018. Outcome Analysis fieldwork.

⁴⁴ FGD, Margibi County, Liberia. February 2018. Outcome Analysis fieldwork.

mobility constraints to collection points and back to their villages. Other agencies allowed particular cases (e.g., the chronically ill and physically challenged) to have a replacement, but these recipients had to come to the cash collection point and officially appoint their replacement. Although implementing partner CTP design may have included the use of proxies and some implementing partners did indeed use them, it was reported by KIs and FGD participants that the practice was not consistently applied across partners and locations.

There were some disconcerting accounts related to women's security on the day of cash collection in peri-urban areas of Montserrado County. FGD participants mentioned that unknown men would loiter around the cash collection points in Vonzon Town, and this made them feel unsafe. Women in FGDs in Perry Town recounted instances of thefts from women returning to their neighborhoods, forcing them to return in groups or to pay for transport.

2.3.2 Possible diversion

It would appear that certain choices in relation to the handling of the cash made by one implementing partner in Liberia as a result of the sheer number of beneficiaries and volume of cash may have created opportunities for possible fraud and abuse. Instead of using a financial institution with traceability, accountability, and security procedures in place, the cash was kept, transported, and distributed by the implementing partner to avoid problems of liquidity and delays. The Outcome Analysis assessment team recorded accounts by former cash recipients of threats and duplicitous acts targeting women in several counties in Liberia that resulted in recipients losing between approximately 10 and 30 percent, and in some cases more, of their entitlement. Possible diversion of the cash transfer was not raised as an issue during the fieldwork in Sierra Leone. It is important to note that the claims of diversion recorded in KIs and FGDs in Liberia, implicating community leaders in villages or towns targeted by the CTP intervention, are yet to be validated through a formal ongoing investigation.

2.4 IMPACT OF THE CTP INTERVENTION ON COMMUNITY DYNAMICS

With the exception of reports of "grumbling" and initial tensions between those who received the cash and those who did not receive the cash, community relations were not significantly affected by the CTP interventions. In one village visited, FGD participants mentioned that community members who did not receive the cash transfer refused to participate in communal work. However, there are significantly more examples of sharing the cash (including in the form of rice purchases) with members of the extended family and at times friends and neighbors. Small amounts of the cash transfer were also given as communal taxes and as a contribution to the church or the mosque. One of the most significant impacts of the cash transfer on community dynamic was the reinforcement or creation of traditional and externally created savings groups, farming groups, and to a lesser extent other self-help groups. Lastly, as was previously mentioned in section 2.2.2 above, communal plots were provided by large land-owners or community leaders to women's farming groups because of their increased capital resulting from the cash transfer. This reinforced practices of group or communal labor on farms that were severely affected during the Ebola crisis due to restrictions on and fears around assembling.

2.5 FOOD SECURITY, LIVELIHOOD, AND RESILIENCE OUTCOMES

This section looks at the effectiveness of the CTP intervention in achieving food security and livelihood-related objectives. The discussion centers on changes in food expenditure and consumption, including household hunger and dietary diversity, and on the extent to which the cash transfer contributed to the revival of livelihood strategies, particularly income generation, agricultural production, savings practices, and asset building. There is compelling evidence that complementary activities have strengthened the impact of the transfers in achieving intended livelihood and, potentially, resilience outcomes and this is discussed in more detail below. The section ends with findings on the influence that the cash transfer had on market behavior and recovery.

2.5.1 Food expenditure trends

Household food expenditure is a key determinant of food security when analyzed within the entire household budget. The larger the share of food within total household expenditure, the stronger the correlation with household poverty and food insecurity. Interestingly, some implementing partners interpreted results that followed this pattern as an indication that the cash transfer was not having the intended result.⁴⁵

Only CRS and WVI in Sierra Leone and SCI in Liberia have temporal data on cash transfer utilization. WVI is the only agency with existing information for 2015, 2016, and 2017. Despite the patchiness in cash transfer utilization data, the general trend from the review of implementing partners' documentation and one that is supported by the FGD Outcome Analysis data, with the exception of SCI, is that there is an overall reduction in the proportion of the cash transfer being used to buy food. Proportional piling results from the Outcome Analysis fieldwork show that in Sierra Leone and Liberia, the cash transfer coverage of food needs at the beginning of the intervention was approximately 65 percent and 50 percent, respectively. Coverage declined to 35 percent for Sierra Leone and 30 percent for Liberia at the end of the intervention. However, most implementing partners' interventions ended during the rice harvest season (the end of the year), when households are normally less reliant on markets to cover their food needs, which could partially explain this trend.

CARE, SCI, and WVI in Sierra Leone and ACDI-VOCA in Liberia have baseline or mid-line household food expenditure data that can be compared to end-line data. In Sierra Leone, in contrast to reductions in the proportion of the cash transfer used to purchase food, the share of the overall household budget spent on food seems to slightly increase for CARE and SCI between 2015 and 2016 and for WVI between 2016 and 2017. These findings could indicate a shift towards investments in income-generation using the cash transfer while the household uses more money from other sources (e.g., profits from the sale of crops and from petty trade, boosted by the cash transfer) to meet its food needs.

2.5.2 Evolution in food consumption

From discussions with communities receiving the cash transfers, the start of the CTP intervention played a catalytic role in improving food consumption on the one hand by increasing community access to food through market purchases and on the other hand through improving crop yields as a result of better access to inputs (seeds and tools), and for some CT beneficiaries by means of acquiring new farming skills (see section 2.5.4 on complementary activities). All focus groups reported being able to prepare larger and more diverse meals because of the cash transfer and being able to incorporate more fish, meat, fruits, and vegetables into their diets. The cash transfer allowed them to buy dry goods in bulk, and in Sierra Leone, cash recipients were able to access bigger and cheaper regional markets (e.g., Makeni and Kenema) or markets in Freetown. Before the CTP intervention, they would purchase small quantities of staples and condiments almost every day through village or town shops or at the closest market. During the cash transfer, rice was bought in bags and palm oil in gallons instead of cups. Nutritional education offered by some implementing partners also influenced the types of food items purchased with the cash transfer and the use of harvests.

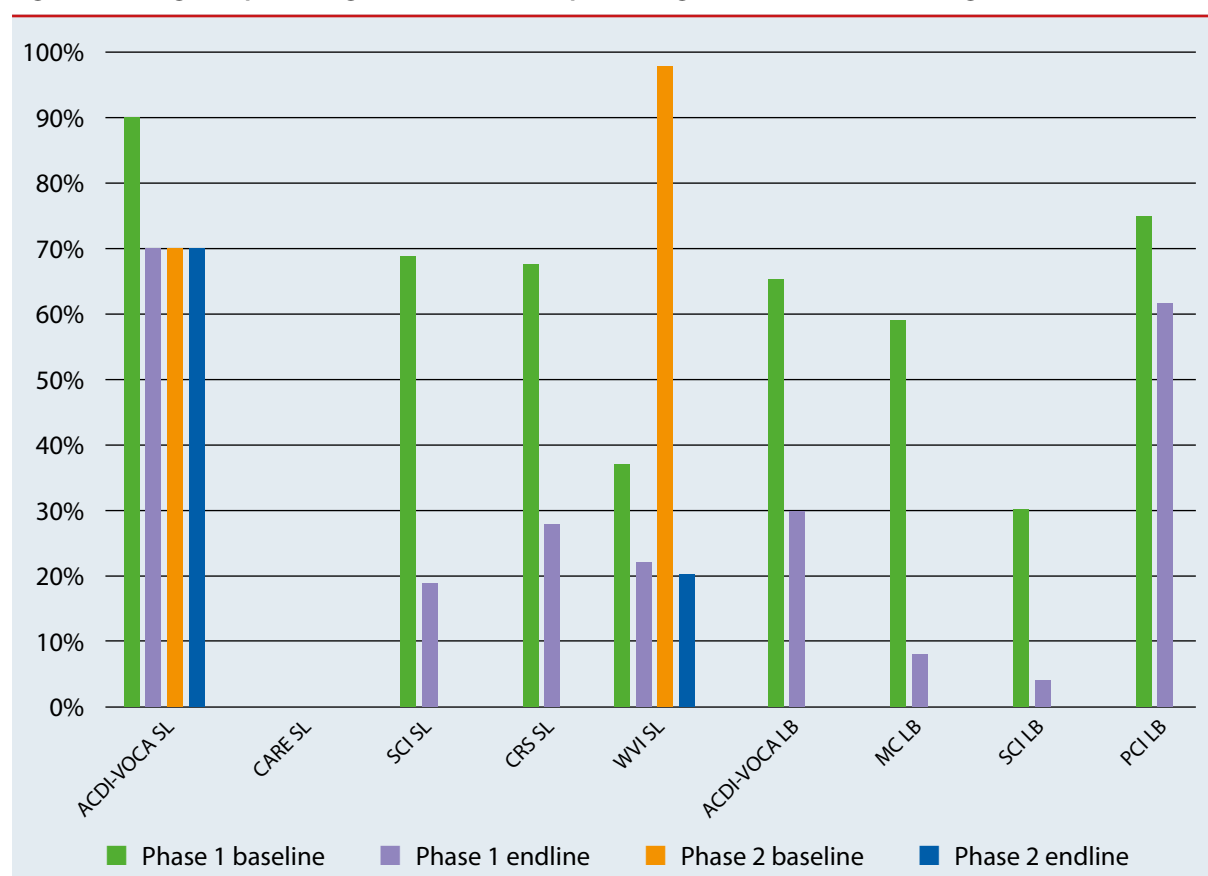
Household hunger and dietary diversity

When comparing all implementing partners' baseline data with end-line data, substantial improvements in food consumption were documented. The main indicators assessed were the Household Hunger Scale (HHS), which assesses the spectrum of hunger experienced by household members, from no to little hunger all the way up to severe hunger. This indicator was collected by implementing partners for eight of the nine CTP interventions in Liberia and Sierra Leone. Seven out of nine interventions collected baseline and end-line data on the Household Dietary Diversity Score (HDDS), which records the number of food groups consumed by a household within a seven-day or 24-hour window. Depending on the implementing partner, the HHS for those who are moderately to severely hungry has reduced by approximately 20 percent to 60 percent, and the HDDS has improved by approximately 40 percent to 70 percent (Figures 5 and 6). On the whole, the data below indicates more significant improvements in the HHS and HDDS in Sierra Leone compared to Liberia.

⁴⁵ SCI, 2017.

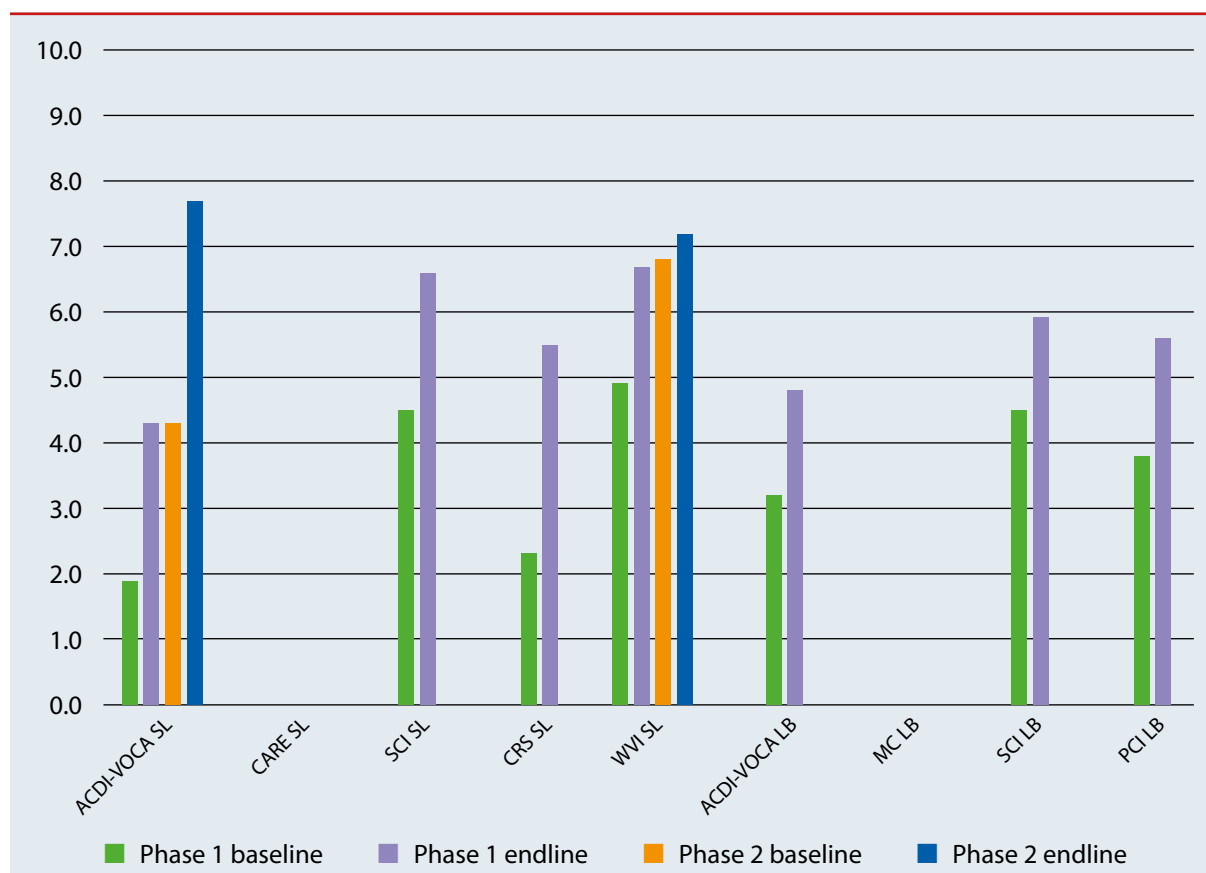
Markedly, as seen in the figures below, data varied considerably between implementing partners. Improvements in the HHS for Mercy Corps in Liberia and SCI in Liberia and Sierra Leone show deviations from other agencies that are difficult to explain. No HHS data and HDDS baseline data is available in CARE's documentation. Mercy Corps and CARE present the HDDS differently from the other five agencies. While the other agencies present a score representing the number of food groups consumed, Mercy Corps and CARE present the percentage of beneficiaries with high, medium, and low dietary diversity. Dietary diversity data for CARE was only found for the Phase 2 end-line, whereas Mercy Corps had available data for both the baseline and end-line.⁴⁶ Some variations in implementing partners' data could be due to differences in timing of data collection, or as a result of reference periods, different food security and livelihood profiles of the populations in intervention areas, the agencies' technical capacity, and/or the quality of some of the data. However, the analysis of assessment approaches and data quality of each implementing partner is beyond the scope of this Outcome Analysis.

Figure 5: Changes in percentage of households experiencing moderate to severe hunger



⁴⁶ 89 percent of beneficiaries in CARE's Phase 2 end-line evaluation had high dietary diversity. Data from Mercy Corps shows the following: Baseline dietary diversity – 25 percent low, 44 percent medium, and 31 percent high/End-line dietary diversity – 21 percent low, 37 percent medium, and 42 percent high.

Figure 6: Changes in the Household Dietary Diversity Score (HDDS)



*Note: Dietary Diversity ranges are presented as low (0–3 groups consumed), medium (4–6 groups consumed), and high (7 or more groups consumed).

In Sierra Leone, CRS's data shows a noticeable decrease in the consumption of carbohydrates and an increase in the consumption of vegetables from 2016 to 2017. ACIDI-VOCA's results for Sierra Leone demonstrate consumption of more nutritious foods. There was a 20 to 50 percent increase in the consumption of cereals, protein, vegetables, and dairy products.

Implementing partners have illustrated improvements in household food consumption during the CTP intervention using other indicators, including changes in energy intake (CARE in Sierra Leone) and in the number of daily meals consumed by household members at the beginning and near the end of the CTP intervention (WVI in Sierra Leone and ACIDI-VOCA in Liberia). WVI reported an improvement of almost 50 percent in the number of households consuming two or more meals per day.⁴⁷ ACIDI-VOCA recorded a 10 percent increase in the number of households consuming at least two meals a day.⁴⁸ According to Outcome Analysis FGD participants, many households stopped searching for wild foods, such as bush yams, and replaced cassava (less expensive and less preferred food) with rice at the start of the first cash transfer.

2.5.3 Contribution of the cash transfer to livelihood strategies

This section discusses findings on cash utilization beyond its initial intended purpose – i.e., direct food purchase – and how the cash transfer directly or indirectly contributed to fostering economic autonomy and the self-sufficiency of beneficiaries. The Ebola crisis led to the adoption of a range of negative livelihood-related coping strategies by households, such as the sale of durable goods and productive assets (including female livestock), spending savings, and consuming seed stock – the latter including seeds distributed by the Ministry of Agriculture.⁴⁹ Findings from the desk review and the Outcome Analysis fieldwork clearly illustrate that differences

⁴⁷ WVI, 2017a.

⁴⁸ ACIDI-VOCA, 2016.

⁴⁹ CARE, 2015; MC, 2015.

in the frequency and duration of the UCT can have varied levels of impact on the recovery or strengthening of household and community livelihood strategies and assets (the latter of which includes financial, social, human, and physical capital).

Utilization of the cash transfer on livelihood investment needs

Figures 3 and 4, in section 2.1.3, show that a substantial part of livelihood investment needs was covered by the cash transfer. In Sierra Leone, as the proportion of the cash transfer used on food and health decreased, its use for farming and petty trade inputs and education increased. Proportional piling results for Liberia, however, seem to convey a contrasting picture. The percentage of farming investment needs covered by the cash transfer reduced parallel to a decrease in the coverage of food and health needs by the same transfer. On the other hand, cash transfer coverage of petty trade investments increased. Again, the premise is that the frequency of the cash transfer and duration of the CTP intervention influenced cash utilization. In Liberia, the cash was delivered at shorter intervals (i.e., monthly) and the intervention lasted on average six months, whereas in Sierra Leone, most implementing partners delivered the cash more or less on a quarterly basis. On average, the CTP intervention duration for Sierra Leone was around 29 months. Of course, this is not to underestimate the influence of the start date of the CTP intervention and the time transpired since the Ebola crisis on cash utilization. Two out of four implementing partners in Liberia began distributing the cash in June/July 2015, immediately after Liberia was declared Ebola-free by the United Nations World Health Organization (WHO).⁵⁰ During these same months, new cases of Ebola emerged, possibly creating a disincentive for household to invest in their livelihood activities. Liberia was declared Ebola-free again in January 2016.⁵¹ According to a nationwide food security assessment conducted by the UN Food and Agriculture Organization and the Food Security Cluster, the fear of Ebola was cited by households with access to farm land as one of the main reasons they did not harvest in 2015.⁵² The World Health Organization declared Sierra Leone Ebola-free in November 2015 and made a second declaration of the end of the recurrence of the epidemic in March 2016.⁵³ Two partners started implementing the CTP intervention in 2015 and three in 2016; all extended into 2017.

Impact of the cash transfer on petty trade

Regardless of the trends in cash utilization over the duration of the intervention in both countries, the CTP effect on petty trade cannot be understated. There are striking accounts from village leaders of how the cash transfer has influenced growth in petty trade activities either through direct investments or indirectly through agriculture supported by the cash transfer and, subsequently, through the use of profits from crop sales to invest in petty trade. For example, in Mabeko village in Tonkolili in northern Sierra Leone, community leaders believed that 80 percent of cash transfer recipients invested part of the cash transfer in agriculture and petty trade. In Mafiallah (Port Loko District) and Mabeko villages in Sierra Leone, community leaders estimated an increase in petty trade of around 40–50 percent from pre-Ebola times. According to community leaders in Pelemue village in Bong County (Liberia), community leaders identified a 10 percent increase in petty trade attributed to the CTP intervention. In Kpakolokoyata in Bong County in Liberia, community leaders estimated that there had been a 50 percent increase in petty trade through the sale of garden produce as a result of the cash transfer.

Household income and agricultural production

Two out of the five implementing partners in Sierra Leone provided information on changes in sources of income, whereas this information is unavailable for all implementing partners in Liberia. The results for the two agencies in Sierra Leone vary, showing stagnation in the overall sources of income (farming, petty trade, and casual labor) for SCI's data and a significant increase in farming as the main income source with a slight increase in petty trade for WVI's data and a drastic decrease in all other sources. Along with the restoration of farming activities, boosted by the cash transfer, one would also expect to see an increase in casual farm labor, but WVI records show a complete absence of casual labor in end-line data.⁵⁴ Casual farm labor is an important source of income for poorer households. The cash transfer may have reduced dependency of these households on this source of income.

⁵⁰ WHO, 2015.

⁵¹ Ibid.

⁵² LFSC, 2015.

⁵³ WHO, 2016.

⁵⁴ WVI, 2017b.

Only one partner (CARE in Sierra Leone) collected information on changes in household income levels and reported considerable increases from baseline levels in monthly incomes at the end of Phase 1. The data also shows that overall household income is 64 percent more than the cash transfer value.⁵⁵ The Outcome Analysis also explored the contribution of the cash transfer to overall household income, and findings show contrasting information. Based on analysis of proportional piling data from FGDs, over the life of the intervention, an estimated 70 percent of households' income in Sierra Leone and between 40 to 60 percent in Liberia came from the cash transfer. The reasons for the difference between the two countries is unclear but could be, hypothetically, related to issues around targeting. Particularly for Sierra Leone, it can be assumed that, over the life of the CTP intervention, the proportion of the cash transfer of overall household income progressively decreased as beneficiaries invested more in farming and petty trade.

Data from CRS and WVI in Sierra Leone indicate increases in the size of land under cultivation, from approximately 50 to 90 percent, respectively, as a result of the CTP intervention. Documents from ACIDI-VOCA and SCI in Liberia indicate increased crop production (26 percent of ACIDI-VOCA respondents) or high yields (80 percent of SCI respondents). However, comparative data pre- and post-intervention, or other possible ways to analyze links with the CTP intervention, were absent. Nevertheless, based on community discussions during the Outcome Analysis fieldwork, it was clear that with the cash transfer, recipients could, in addition to purchasing seeds and tools, hire more farm labor or expand acreage and, therefore, increase crop yields.

Revival of community savings groups

Most communities in both Sierra Leone and Liberia had in place savings groups before being affected by the Ebola epidemic. These groups, traditionally known as Osusu in Sierra Leone and Susu in Liberia and under the external project name of VSLA (Village Savings and Loans Associations) in both countries, serve several purposes. Members save weekly or monthly, contribute at times to a social fund, and, depending on the type of group, can access credit at low interest rates. The groups either provide rotating funds to its members or savings are shared at a specific point in the year – e.g., when school reopens or at the beginning of the year (often the land preparation period).

During the Ebola crisis, these groups disintegrated and savings boxes (metal cashier lock boxes) were either opened for the amounts to be shared or the boxes disappeared entirely. Two important developments greatly contributed to the revival of savings groups in both countries, especially in Sierra Leone. These were the cash transfers and the VSLA and financial education programs implemented by several agencies, including by implementing partners as part of complementary activities of the CTP intervention.

Implementing partners in Sierra Leone, with the exception of SCI, all reported improved savings practices as a result of either the CTP intervention or financial education. For example, the percentage of participants receiving CRS's basic financial management training who had no savings decreased from approximately 70 percent before the CTP intervention to approximately 20 percent during the CTP intervention.⁵⁶ However, there is no available data to compare the savings levels of trained participants and non-trained participants. The other agencies do not have comparative baseline and end-line data on savings. SCI in Sierra Leone saw a 50 percent drop in household savings between baseline and mid-line data (no end-line data available). No savings data was found for implementing partners in Liberia.

The Outcome Analysis collected data on changes in savings practices and links with the CTP intervention in both countries. In Liberia, VSLA projects played a more significant part in rebuilding group savings, whereas in Sierra Leone, the CTP intervention was the driving force behind the revival of savings groups and, in some cases, the forming of new groups. In Sierra Leone, approximately 70 percent of FGDs for which information is available reported a revival or creation of savings groups during the CTP intervention. Most of them attributed these changes to the CTP intervention. In Liberia, 60 percent of FGDs for which there were data on savings groups reported a revival or the creation of groups during the CTP intervention. There were accounts from some FGDs in both countries of an increase in the size of groups and, to a lesser extent, savings amounts. Savings groups were indirectly impacted by the contribution of cash transfers to petty trade and the use of part of profits to contribute to the savings box.

⁵⁵ CARE, 2017.

⁵⁶ CRS, 2018.

Debt servicing and access to credit

Rural credit practices in Sierra Leone and Liberia are similar. Credit sources include village-based traders, traders in markets, and community savings groups. Another credit source in some of the visited villages is the BRAC rural microfinance program (applying interest rates of around 13–25 percent).⁵⁷ Households heavily rely on credit during the lean period before the rice harvest; prior to, or at the beginning of, the new school year when schools fees, uniforms, and supplies have to be purchased; and before the planting season when tools have to be replaced, seeds bought, and labor compensated. In more isolated rural areas, during the lean period traders travel to villages to provide credit services. Debt in this context is usually serviced with interest rates of 25–50 percent and is paid either in cash or in farm produce (e.g., palm oil).

The CTP intervention directly or indirectly influenced credit practices either through removing the need for cash recipients to draw on credit for food purchases or by stimulating community savings practices. In a few cases, Outcome Analysis FGD participants reported an increased perception of their credit-worthiness by traders because of the cash transfer. In ACIDI-VOCA's monitoring data, fewer than 2 percent of cash respondents in Sierra Leone reported taking out credit since the last cash transfer and during the lean period.⁵⁸ Community savings groups frequently provide credit at interest rates within the 5–10 percent range. The majority of FGDs in Sierra Leone and in Liberia that mentioned credit practices reported a decrease in debt as a result of the CTP intervention. Although the use of the cash transfer on debt servicing is underreported, some implementing partners captured this information through post-distribution monitoring (PDM) exercises, and participants in several Outcome Analysis FGDs mentioned using some of the cash transfer to service debt at the beginning of the intervention.

Asset recovery

The sale or loss of durable and productive assets during the Ebola epidemic was recorded during FGDs held during the Outcome Analysis fieldwork. A few implementing partners also collected information, albeit limited, on assets. In both countries, the main assets FGD participants reported having sold were building materials (zinc, cement), clothes/lappas (wax print fabrics), farming tools, kitchen utensils, and livestock. Several FGDs in Liberia reported sales of jewelry. Other items sold were farmland, rice stocks, palm oil stocks, radios, plastic buckets/tubs, and mattresses. A practice in Sierra Leone during the Ebola period would be to mortgage assets, including land or building materials, in exchange for credit. Unfortunately, many households were unable to repay their debt and lost these assets.⁵⁹ Part of the cash transfer was used to recover a certain number of these assets, in particular farming tools, kitchen utensils, and clothing, and in some cases livestock and mattresses. At a later stage, improvements in income generation allowed households to begin to rebuild their asset base lost during the epidemic. In Sierra Leone, participants in some FGDs claimed that assets were bought with the cash transfer during the second or third transfer.

2.5.4 Impact of complementary activities on production

The Outcome Analysis results show a stark difference between Sierra Leone and Liberia when comparing the impact of complementary activities on crop production and savings. An increase in crop yields compared to the period before Ebola was indicated by more respondents in Sierra Leone than in Liberia and was claimed to be primarily as a result of trainings.⁶⁰ In contrast, more FGD participants in Liberia compared to Sierra Leone believed that crop yields were the same or less than during the pre-Ebola period. This disparity could be related to the pre-existence of more projects and extension services but also to the timing and the consecutive nature of UCTs and complementary activities in Sierra Leone. The assessment team also had the impression that training participants in Sierra Leone were more enthusiastic about the trainings and really felt that they learned new techniques that drastically improved how they farmed. This is not to say that trainings offered by implementing partners in Liberia were not appreciated or did not have an effect on production. FGD participants talked about the improvements in farming practices. For example, farmers supported by MC in Lofa County changed the way they farmed by using lowlands for rice and planting new products such as coffee, cacao, and vegetable in upland areas. Increase

⁵⁷ BRAC, formerly known as "Building Resources Across Communities," is an international development organization based in Bangladesh. In Sierra Leone, the organization delivers microloans to women organized in groups. The organization also provides financial literacy training and technical support to the women.

⁵⁸ ACIDI-VOCA, 2017.

⁵⁹ FGD, Mabeko Village, Tonkolili District, Sierra Leone. February 2018. Outcome Analysis fieldwork.

⁶⁰ FGDs in Liberia: Krukai Village, Lofa County; Gwepolosue Village, Margibi County; and, Gayah Hills Village, Bomi County. February–March 2018. Outcome Analysis fieldwork.

in acreage in Liberia was mentioned in several FGDs (increases of 30–150 percent was reported in some FGDs) and was mainly attributed to the ability to lease farmland because of the cash transfer. There were also incidences of poor germination of seeds provided by at least three implementing partners in Liberia (MC and SCI in Margibi County and PCI in Grand Cape Mount County) and at times issues around the quality of tools and the timing of seed distributions or voucher programs (MC Margibi and PCI Grand Cape Mount County). Table 2 outlines some of the changes in yields in villages visited in Sierra Leone that were reported in FGDs and KIs during the Outcome Analysis.

Table 2: Examples of impact of CTP complementary activities on crop yields in Sierra Leone. Outcome Analysis fieldwork

Village or town/district	Pre-Ebola crop yields*	Crop yields during or after CTP intervention
Blama Town/Bombali (CRS)	2 bushels rice seed = 3 bushels rice harvest	2 bushels rice seed = 6 bushels rice harvest
Mafiallah Village/Port Loko (WVI)	3 bags corn harvest	6 bags corn harvest
Mabeko Village/Tonkolili (CARE)	3 bags groundnut seed = 5 bags groundnut harvest	3 bags groundnut seed = 7 bags groundnut harvest

*Note: One bushel is approximately 35 to 40 liters or 27kg. One bag of corn or groundnut is approximately 20kg. The table presents the range of units conveyed by participants in FGDs and KIs.

2.5.5 Influence of the cash transfer on market behavior and recovery

Data from implementing partners on markets is mainly the result of price monitoring, with very little information on other aspects of market behavior and no data on the possible contribution of the CTP to market recovery. Therefore, information in this section derives mainly from the Outcome Analysis. The degree to which the cash transfer influenced market behavior and recovery greatly depended on the size of villages and towns and their distance from markets, as well as the size of the markets. The bigger and further away the market, the lesser the perceived effect of the CTP intervention on commodity supply, variety, and prices.

Supply and variety

In Sierra Leone, according to KIs and FGD participants from smaller towns with access to smaller markets close by, there were some changes in quantities, variety, and at times prices of goods brought in by traders. Businesses would stock staples, especially rice and condiments, a little ahead of the cash distribution date. Likewise, the variety of food items increased. Food items that were once rare on the market, such as certain fruits (e.g., pineapples) and vegetables, gari (dried cassava flour), coco yams, expensive big fish, meat, beans, plantains, eggs, bread, vegetable oil, corn flour, and margarine, were brought in by shops or market stands. Traders also began to bring in non-food items such as clothes and slippers. In Liberia, there was less evidence that these changes coincided with and resulted from the CTP intervention. Very few KIs and FGD participants spoke about CTP-attributed changes in the supply and variety of products sold on markets, and when they did, then this was mainly related to a few non-food items (e.g., clothes and soap).

Prices

Overall, any change in prices was attributed mainly to the price inflation of key imported commodities, for the most part rice and fuel, high transportation costs due to bad road networks, or to normal seasonal trends in both countries. However, there were some intervention zones visited by the assessment team where KIs or FGD participants attributed the increases in the prices of certain food items to the CTP intervention: in Sierra Leone, some participants claimed that the price of dry fish, palm oil, and Maggi cubes on the market went up around the same time as the distribution period and then returned to normal as soon as the distribution was over. For example, in several villages in Kailahun District, traders decreased the number of fish in the pile but maintained the price – e.g., four fish cost SLL 10,000 on normal days, but during the distribution period three fish cost SLL 10,000.⁶¹

⁶¹ FGD 3, Folu Village, Kailahun District, Sierra Leone. February 2018. Outcome Analysis fieldwork.

Cash recipients in some villages even claimed that the price of transportation went up on the cash transfer date. For example, in Folu village in Kailahun District in Sierra Leone, it was claimed that transportation costs increased by 20 percent during the cash distribution period. In the same district in Golahun village, which is an isolated rural community far from markets, the round trip price for taking a motorcycle to the main market in Daru on normal days is SLL 10,000, while on the days around the cash distribution period, the price increased to SLL 25,000. In other intervention areas, traders actually came to the village or town on the cash distribution day, since commodities would be in high demand.

In a number of KIs and FGDs, there were reports of an increase in the number of traders in the community, corresponding to the start of the CTP intervention. For example, before the Ebola outbreak there were four traders in Krukai village in Lofa County, Liberia. During the CTP intervention in 2015/16, two new traders began to operate. In Tonkolili District in northern Sierra Leone, there was an increase of traders from 20 in Kabaray Village and five in Ferenbeya Village in 2016 (before the CTP intervention), to 40 and 12 traders, respectively, in 2017 (during the implementation of the CTP intervention).⁶²

2.6 SUSTAINABILITY OF OUTCOMES

This section reviews to what extent food security and livelihood outcomes, achieved by USAID/FFP implementing partners, are likely to be sustainable. The Outcome Analysis explores household and community resilience from two different angles. The first angle gathered participants' perception of what they had gained from the CTP intervention in terms of knowledge, practices, and other improvements in their lives that would better prepare them to absorb or mitigate the impact of future shocks. The second approach reviewed the continuation of practices and results brought about or improved by the CTP intervention a year or two after the intervention ended. The Outcome Analysis documents the effects of UCTs and complementary activities on broad welfare outcomes related to consumption, health, education, and, to a certain extent, female empowerment – the latter through control over resources, the formation of female self-help groups, participation in leadership committees, and access to land. Likewise, positive changes in savings practices, the purchase of durable and productive assets, and investment in livelihood activities, particularly farming and petty trade, are well documented.

When FGD participants were asked what makes them more resilient to future shocks, the three prevailing responses were the strengthening of savings groups and better understanding of how to manage the household budget (when financial education was provided by the implementing partner); improvements in agricultural practices that enabled the production of higher yields and stock seed and cash crops (e.g., palm oil); and investments in petty trade made with part of the cash transfer. Without doubt, the existence of savings groups and boxes in several communities at the time of Ebola allowed member households to better cope with the initial impact of the Ebola crisis.

In a good number of villages covered by the Outcome Analysis, the assessment team recorded incremental growth in savings groups and petty trade into the post CTP intervention period (2017/18). However, the findings are mixed. In some villages and towns, savings groups and the percentage of the population involved in petty trade remains the same or increased the year after the CTP intervention ended. In other cases, they decreased (see Figures 7 and 8 for examples from Liberia of decreases and increases in the number of savings groups in six villages and among traders in five villages). Where savings groups do continue to grow, then this is most frequently due to the success of VSLA programs. The purchase of livestock, the establishment or revival of farming groups, and increased production capacity as a result of the cash transfers have also contributed to improved resilience.

⁶² KIs with community leaders, Tonkolili District, Sierra Leone. February 2018. Outcome Analysis fieldwork.

Figure 7: Example of changes in the number of savings groups in six villages in Liberia. Outcome Analysis fieldwork

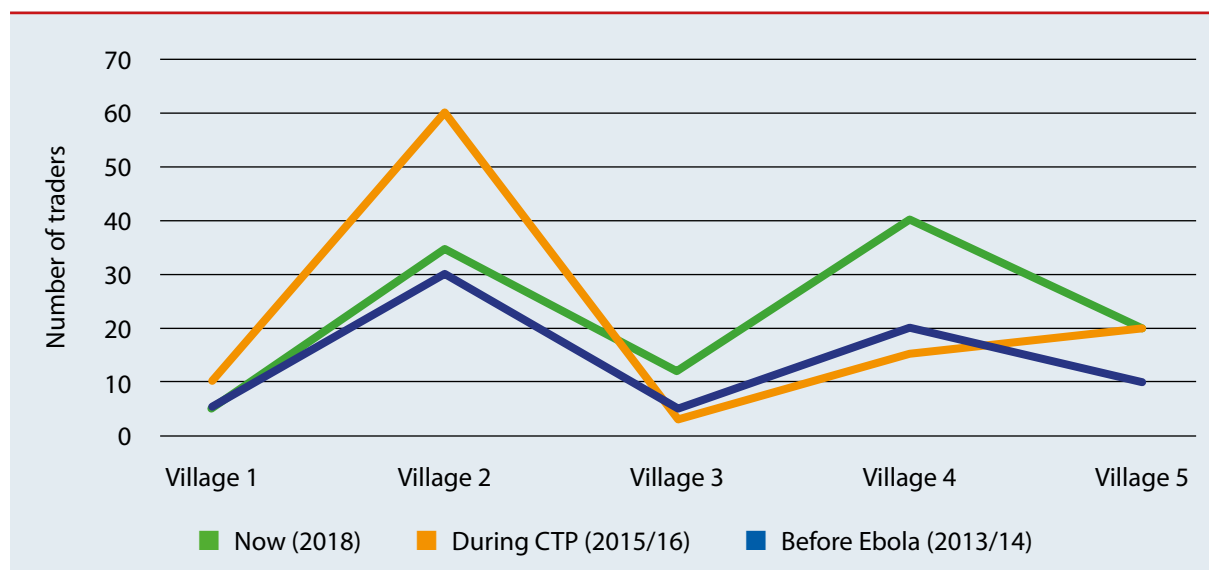
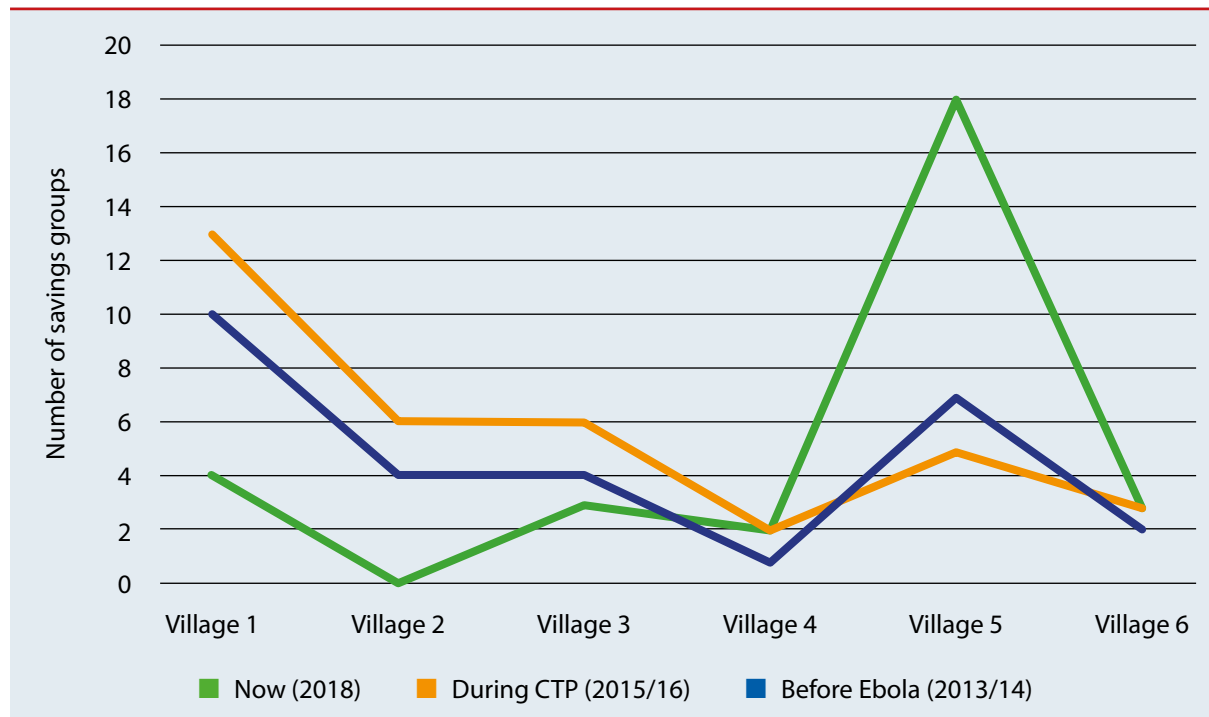


Figure 8: Example of changes in the number of traders in five villages in Liberia. Outcome Analysis fieldwork

The sustainability of impact, nonetheless, is threatened by recurrent exogenous shocks, including continued inflation and natural hazards. Approximately 70 percent of the villages and towns that were visited by the assessment team experienced recurrent hazards, such as pest invasions (locust and army worms), storms, and epidemics (cholera, scabies, and unknown illnesses) over the five-year period recorded in community timelines. Yearly locust and other insect attacks in some villages considerably reduce rice, cassava, vegetable, and fruit harvests, negatively affecting household food consumption, income, and savings. In Mabeko village in Tonkolili District of Sierra Leone, KIs estimated an annual 50 percent reduction in cassava harvests due to these locust attacks.⁶³ Likewise, structural deficiencies, including poor road networks, the lack of government extension services (health and agriculture) and in some areas, land confiscation by big companies for palm oil and rubber plantations, are major obstacles to building and sustaining economic resilience.

⁶³ KII with community leaders, Tonkolili District, Sierra Leone. February 2018. Outcome Analysis fieldwork.

3 CONCLUSIONS

The USAID/FFP supported CTP response to the Ebola outbreak greatly contributed to the recovery of affected communities and households by providing a safety net to assist targeted communities to deal with transient food insecurity. The CTP response surpassed the objective of reducing transient food insecurity by also contributing to the recovery of livelihoods eroded by the Ebola crisis. Over a six- to approximately 29-month period and in a highly challenging context of poor road and telecommunications networks, seven FFP implementing partners in Sierra Leone and Liberia came together with government focal points, service providers, and community leaders to successfully provide monthly or quarterly cash payments of \$30 to \$50 to over 120,000 households using mainly direct cash transfers and a small number of e-transfers with mobile phones. The CTP response is a unique and impressive endeavor in the sense that large-scale cash transfer programming was at an embryonic stage in both countries. It is also the first time that cash transfers have been provided to assist in the economic recovery of communities affected by a public health crisis of such magnitude and severity. This meant that capacity and institutional arrangements had to be built up in a relatively short time period and stakeholders had to adapt to the initial operational challenges associated with frequent delivery of cash to underdeveloped areas in the interior of the country.

The CTP response to the Ebola crisis in Liberia came to an end in 2016, and in Sierra Leone most implementing partners provided the last cash transfer in 2017.⁶⁴ Several works exist that shed light on the performance of the USAID/FFP funded CTP interventions. This Outcome Analysis, which builds on a desk review and qualitative research in the field, takes a consolidated and comprehensive look at the food security and livelihood outcomes of the response, especially from the perspectives of the communities that benefitted from the cash transfer. It seeks to provide critical lessons to inform future programming decisions in similar contexts.

The main findings of the Outcome Analysis can be summarized as follows and are linked to lessons learnt and recommendations in the next and final chapter:

- Both community leaders and former cash recipients expressed a high level of satisfaction with the CTP intervention. Overall, the response was **relevant to the initial objective of addressing transient food insecurity**. It also became relevant to the secondary objective of supporting livelihoods and building resilience. (*Lesson iii, Recommendation a.*)
- Indisputably, **food was the most important need at the beginning of the CTP intervention** and was still among beneficiary households' top three needs throughout the intervention. On the whole, in both Sierra Leone and Liberia, **farming and petty trade inputs were the second and third most important needs**, respectively, followed by health (the latter more frequently reported as a priority in Liberia). (*Lesson i, Recommendations a, b, c, d*)
- Globally, the **cash value covered approximately 50 percent of food** purchased on markets⁶⁵ – with some extremes on the lower and higher ends of 15–80 percent. Additionally, the **cash transfers contributed to a wider spectrum of seasonally variable and evolving needs than originally intended**, including health, education, shelter, and water. Towards the end of the intervention, the cash transfer in both countries covered approximately one-third of food needs, with a parallel increase in coverage of livelihood investment needs, particularly for beneficiaries in Sierra Leone. (*Lesson i, Recommendations a, b, c, d; Lesson iii, Recommendations a, b*)
- The majority of targeted communities felt that the **timing and the cash transfer value was acceptable** for the intended purpose and expected coverage (i.e., the purchase of part of the monthly food basket). There were, however, **additional costs to the beneficiary of up to 10 percent** for transportation as well as food and water provisions on the distribution day. In several intervention zones in Liberia, the cash amount was further reduced as a result of the non-replacement of dirty or torn-up bank notes and in some cases as a result of the **possible diversion of 30 percent or more of the cash transfer** by distribution agents and community leaders. The consequence of this loss was to a certain degree reflected in the level of cash transfer coverage of food

⁶⁴ Additional no-cost extensions were approved by USAID/FFP for SCI and CARE up to the first quarter of 2018.

⁶⁵ Out of a fixed number of counters (i.e., 10–20 bottle caps were used in both countries) representing HH food expenses, FGD participants were asked to put aside the number of counters that represented the proportion of food expenses covered by the cash transfer.

needs, with coverage in some intervention areas as low as 15 percent compared to a global coverage of 50 percent. Other implementing partners in Liberia managed this risk better, partly due to certain implementation conditions and choices. Possible diversion of the cash transfer was not raised as an issue during the fieldwork in Sierra Leone.⁶⁶ (*Lesson ii, Recommendations a, b, c; Lesson v, Recommendations a, b, c*)

- There is some indication that the timing and the fact that households in Sierra Leone received larger amounts of cash less frequently influenced cash utilization, with a **gradual shift (more significant than in Liberia) towards farming and petty trade inputs near the end of the CTP intervention**. In Liberia, less of the cash transfers was spent on farming inputs and more was allocated to petty trade inputs as the intervention drew to a close. (*Lesson i, Recommendation c; Lesson iii, Recommendation b*)
- Outcome Analysis findings from the field show that the **cash transfers, complemented with a VSLA program, had more of an effect on growth in savings groups and that complementary agricultural trainings contributed more to an increase in crop yields** in Sierra Leone than in Liberia. Pre-existing savings and agricultural projects and an unintended phased implementation in Sierra Leone may have partially contributed to this variation in outcomes.⁶⁷ (*Lesson iii, Recommendations a, b, c*)
- Targeting may have influenced outcomes: depending on the country, targeting criteria, and/or targeting approach of the agency, and funding-based ceilings for beneficiary numbers, there were **significant inclusion and exclusion errors, with communities perceiving exclusion at 40 percent**. This resulted in better-off household receiving cash in many intervention areas, the non-coverage of poor households (especially in Liberia and to a certain extent during Phase 1 for Sierra Leone), and tensions at the beginning of the CTP intervention. (*Lesson iv, Recommendations a, b*)
- When considering **women's empowerment** from several perspectives, the majority of community respondents felt that the targeting choice allowed women to have more control over resources for food and other basic needs. This appeased tensions, where they existed, between husband and wife, as women no longer fought with men over money needed for food and other basic needs. The cash transfer equally contributed to strengthening women's groups, either in the form of savings groups, farming groups, or self-help groups. The increased labor capacity and capital of women's farming groups increased access to free land and improved yields. In some cases, women were given more positions in leadership committees because of the CTP intervention and improved economic status. Single women with children felt more respected and less excluded by their communities because of the cash transfer. (*Lesson iii, Recommendation a*)
- Implementing partners' delivery approaches were mostly accepted by targeted communities, with the exception of those facing problems because of their unfamiliarity with phones or because of technical problems with SIM cards. Some issues concerned delays between transfers due to poor road networks, liquidity problems, reports of possible fraud, or issues with the SIM card, which in turn led to **significant time gaps between receipts of cash transfers**. A common complaint in some locations was the **inflexibility of implementing partners to allow for proxies for those recipients with mobility restrictions** as a result of age, disability, or illness, which equally resulted in delays in receiving the transfer or, for some recipients, a loss of their entitlement. (*Lesson ii, Recommendations a, b, c; Lesson vi, Recommendation a*)
- Post-distribution monitoring data of implementing partners shows that **household hunger and dietary diversity significantly improved by 25–75 percent** during the course of the CTP intervention. By the end of the intervention, households were buying in bulk and integrating more fruits, vegetables, and protein into their diets. The nutritional training or sensitization offered by a few implementing partners also contributed to improvements in the diversity of foods purchased and consumed in some beneficiary households.
- Where credit practices were mentioned in both countries, a **decrease in debt** as a result of the CTP intervention was reported. The cash transfer and complementary VSLA activity also contributed to **group credit practices at low interest rates** (5–10 percent group rate compared to a rate of 13–50 percent through other credit sources).

⁶⁶ It is important to note that the claims of diversion recorded in KIs and FGDs are yet to be validated through a formal ongoing investigation.

⁶⁷ Several implementing partners would have preferred complementary activities in Phase 1 of the CTP intervention. USAID/FFP only approved the budget to integrate complementary activities for Phase 2.

- Households lost a number of assets during the Ebola crisis. In most cases, durable and productive assets were sold to obtain cash for food and other urgent needs. **The cash transfer did help them to recover important assets** such as farming tools, shelter materials, and kitchen utensils. (*Lesson i, Recommendations a, b, c, d; Lesson iii*)
- Undoubtedly, the **CTP intervention contributed to the revival and even growth in trading and smaller markets used by villages and towns receiving the cash transfers**. In smaller markets, traders were aware of the CTP intervention and, consequently, the quantity and variety of food items and some non-food commodities increased. Traders either came to the collection point on the day of the cash transfer or traders residing in the community grew their businesses. In several intervention areas, the number of traders in a village increased by 30–50 percent during the CTP implementation period.
- The CTP intervention allowed several communities and many households to **build their resilience to future shocks through the recovery of some of their lost assets; the revival, initiation, or access to membership in savings groups; increased production; and investments in petty trade**. In the majority of cases, these impressive livelihood outcomes, achieved in a relatively short time period, were maintained one year after the CTP intervention ended and in some intervention areas, actually grew. However, there are also indications that these same outcomes diminished in other intervention areas when cash transfers were no longer received. Recurrent exogenous shocks, including inflation and natural hazards, as well as structural barriers, including poor road networks and land grabbing, are a threat to the sustainability of impact and community and household resilience. (*Lesson i, Recommendation a, b, c*)

Overall, the objectives of the USAID/FFP funded CTP response to the Ebola crisis were achieved. Food security as measured by the household hunger scale and the household dietary diversity score was well above the baseline situation. Livelihoods were strengthened by cash transfers and complementary activities, as demonstrated by the increase in food production, income generation, and savings groups, and by the rebuilding of assets. There are some variations in outcomes between partners and between Sierra Leone and Liberia. Variations in outcomes between partners are more to do with the different zones and beneficiary profiles, implementation choices, and monitoring rigor than with CTP technical design. Differences in outcomes between the two countries are most probably influenced more by institutional arrangements and structural factors, as well as by technical design. These aspects, which constitute important lessons for future CTP programming, are discussed in more detail in the next chapter.

4 LESSONS LEARNT AND RECOMMENDATIONS

In addition to assessing the outcomes of the USAID/FFP supported CTP response to the Ebola crisis, this Outcome Analysis is an opportunity to learn from a unique and challenging experience in cash transfer programming in which multiple actors are involved (i.e., implementing partners, service providers, community leaders, and government), important infrastructural constraints, and varying levels of CTP capacity among USAID/FFP implementing partners. This final chapter of the report discusses the important lessons learnt, including some good practices as well as challenges encountered, both of which have influenced the achievement of intended outcomes. Recommendations are presented for potential stakeholders in Liberia, in Sierra Leone, and in countries with comparable contexts, who plan to use UCTs in some form to assist communities to recover from a similar crisis.

The section below outlines the key lessons learnt, challenges for implementation, and recommendations:

I Considering the wider spectrum of needs potentially covered by the cash transfers, cross-sectoral assessments and analysis are relevant and required prior to the design and implementation of cash transfer interventions. This is particularly crucial when responding to a food security crises evolving from public health emergencies:

Since the mid-2000s, the diversity of intervention options introduced to tackle food and nutrition security emergencies has significantly expanded, particularly with the rapid rise of cash transfer programming. Assessment findings need to be properly translated into the most appropriate and feasible response. Situation analysis, rapid needs assessments, and response analyses,⁶⁸ using food and nutrition security conceptual frameworks, are essential before any CTP intervention with food security objectives is designed. The multidisciplinary and cross-sectoral nature of food security requires a cross-sectoral/multisectoral rather than sector-specific response analysis, especially in the context of epidemic. Response analysis should build on the results of quality situation analysis and needs assessments and incorporate temporal analysis of responses – including in relation to seasonal variations and other trends. It should equally consider all assistance modalities based on the same level of quality standards.

From the outset of the CTP intervention in both countries, beneficiaries used the cash transfer to meet several of their priority needs, including those directly associated with food security, such as health and WASH (water, sanitation, and hygiene). The Ebola crisis greatly affected access to the latter. The nutritional status of beneficiaries was also dependent on access to health and WASH services and not solely on food availability and access. Needs assessments at the beneficiary level followed by a proper response analysis should have been able to capture this and serve as a justification for designing either a cross-sector or an integrated cash transfer program. Cross-sector cash transfers would have provided a pre-determined amount of cash to beneficiary households to enable them to meet a wider range of needs across a number of sectors. Analysis could have also supported an alternative approach for a more integrated program, involving or complementing several actors in the health, WASH, education, and shelter sectors. These approaches would have potentially greatly improved the impact and sustainability of the intervention.

Findings from Sierra Leone and Liberia demonstrate that the flexibility of the donor and implementing partners and the decision to use UCTs allowed beneficiaries to manage their food and livelihood needs in the context of cyclical and seasonal food insecurity and evolving priorities.

Potential Challenges:

- Quality data in several sectors is frequently lacking in situations where humanitarian needs are high, existing information on affected communities is insufficient, and access to them is constrained;
- A proper needs assessment and response analysis is not always feasible in the urgent provision of humanitarian assistance to those affected by a widespread public health emergency such as Ebola;
- Donor priorities and funding often influence CTP objectives, sidelining the needs and desired outcomes of the beneficiaries themselves;
- Capacity gaps of implementing partners may exist in response analysis, using food and nutrition security conceptual frameworks.

⁶⁸ Response analysis is the analytical process by which the objectives and modality of program response options in an emergency are determined.

Recommendations:

- a Government-led inter-agency outbreak preparedness and contingency planning should continue to include cash transfer programming, alongside other assistance modalities, as well as multisectoral analyses and baselines.*

Using CTPs at scale and in a timely manner to meet urgent needs following public health disasters such as the Ebola crisis requires integration into national and regional preparedness and contingency planning processes. Consolidating and updating existing assessments, including comprehensive situation analyses and vulnerability assessments, across several sectors, and working with interdisciplinary teams in preparedness and contingency planning, increases opportunities for a more integrated and harmonized CTP humanitarian response. Preparedness analyses can serve as a convincing basis for resource mobilization and financial support from donors.⁶⁹

- b Donors should support, as part of emergency preparedness, the development of comprehensive baselines that can eventually feed into rapid multisectoral situation analyses and basic needs assessments (including minimum expenditure basket calculations) and into the design of more integrated CTP emergency responses.*

Implementing partners are often under pressure to produce project proposals in an extremely short timeframe that does not allow for proper analysis, including needs assessments and response analysis. Adapting to changes in project approaches when interventions have already begun can be more costly for the donor and implementing partner. Baselines such as the WFP's Comprehensive Food Security and Vulnerability Analysis baseline survey produces a situation analysis on, inter alia, the political, socio-economic and agro-ecological context, food supplies, markets, livelihoods, coping strategies, nutrition, health, and education. Save the Children International is working on adapting the Household Economy Approach (HEA) to analyze the household situation beyond food security needs, by including other data related to sectors such as education and health. It has been tested in Niger. Donor project approval systems should also require that implementing partners present need assessments and response analysis findings, including how potential beneficiaries were consulted, and how the CTP intervention is part of integrated programming either through complementary activities or partnerships.

- c Multipurpose CTP should be systematically considered in the response analysis process for multidimensional crises; and preparedness activities should be designed accordingly.*

Multipurpose Cash Grants (MPGs) are unrestricted cash transfers that put beneficiary choice and prioritization of needs at the forefront of a humanitarian response.⁷⁰ The response analysis should consider using minimum expenditure baskets and other calculations in order to adjust the cash value. MPGs have the potential to be a more cost-efficient and cost-effective way to meet multiple needs and, depending on the context, could be used alone, implemented alongside sector-specific interventions, or implemented within an integrated program.

- d CTP implementing agencies should strengthen their capacity to carry out situation analysis, participatory needs assessments, and response analysis.*

Better response analysis and planning could have improved the quality of the CTP Ebola response in Liberia and Sierra Leone in relation to food security-related immediate to medium-term needs, selection of the most appropriate mix of program options, and identification of areas for collaboration, which in itself depends on the quality of situation analyses and multisectoral needs assessments. Capacity building in these areas should be institutionalized by agencies that integrate CTP as a core component in their humanitarian and emergency programs or strategies for a particular country. Due to the interdependency of all three types of analyses, capacity building activities should bring together, under one curriculum, situation analysis, participatory needs assessment, and response analysis. Trainings should target CTP program managers, field staff, and monitoring and evaluation staff – the latter responsible for the downstream linkages of response analysis with monitoring and evaluation.

⁶⁹ A preparedness mission in West Africa led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) took place in February 2017 and included the development of contingency plans. CaLP supported OCHA in sensitizing the government to include CTP. Further work is necessary on integrating CTP into contingency planning.

⁷⁰ See www.cashlearning.org/ctp-and-multi-sector-programming/multipurpose-cash-grants

II Insufficient analyses of feasibility and risks prior to design and implementation of CTP interventions can result in failure to foresee challenges and problems, as well as a lack of project-level prevention and mitigation measures:

Findings from the Outcome Analysis and previous analysis of the CTP Ebola Response commissioned by CaLP bring to light numerous potential challenges, such as timely delivery, liquidity problems, beneficiary monetizing of poor quality bills at lower rates, and exposure of beneficiaries to risks, including protection and cases of possible fraud. Most of these issues could have been avoided or impacts reduced with a proper examination of feasibility and risks prior to the design and implementation of the CTP intervention.

Potential Challenges:

- Cash feasibility studies require a mix of technical skills, including, but not limited to, the ability to analyze markets (access and capacity), examine financial and operational systems, review delivery options/mechanisms/partnerships, conduct risk analysis, analyze the political context, and assess organizational and partners' (including service providers) capacities;
- First-time cash feasibility studies can take time to conduct due to the range of areas that need to be assessed.

Recommendations:

- a CTP implementing agencies should strengthen their capacity to conduct proper feasibility studies, incorporating risk analysis, and to design risk prevention and mitigation measures.*

Often, confusion exists over the types of analysis needed prior to the design of CTP interventions. For example, a market analysis alone is not a cash feasibility study. A cash feasibility study comprises an analysis of constraints and opportunities related to cash modality choices, markets (not limited to prices), implementation conditions, political context, financial and operational aspects, delivery mechanisms, and organizational and partner capacity. It should also explore all potential risks associated with various cash modalities and delivery options, including fraud and protection risks. Feasibility studies must involve or consult with communities, including women and specific "vulnerable" groups. Trainings in feasibility studies can target various profiles from CTP program managers and other implementing staff to administrative and financial staff and even protection staff, where relevant. A number of the areas mentioned above can be assessed beforehand and rapidly reassessed when the time comes as part of the recommendation to integrate CTP into emergency preparedness.

- b Results of feasibility studies and analysis of risks or challenges, including protection, should be incorporated into CTP design and risks and challenges systematically monitored.*

It is not sufficient to conduct cash feasibility studies. Findings should be incorporated into CTP design and systems put in place, including in the form of risk monitoring, prevention, and mitigation mechanisms. Some USAID/FFP implementing partners did not capture several protection concerns because of insufficient prior analyses, inadequacies in certain aspects of technical design (i.e., currency choices and contingency margins linked to projections in inflation rates, timing of transfers, delivery options, complaints and grievance mechanisms, and trainings) and shortfalls in systems to monitor risks. For example, feasibility studies should have captured issues associated with liquidity, especially considering that these issues are prevalent in countries with a low-value local currency, and the findings of such studies may have justified a different assistant modality or a mixed modality approach. The accessibility or otherwise of various regions during the rainy season is another area that such studies evaluate. The assessment of infrastructure could have informed the frequency and timing of transfers, particularly in Liberia, potentially reducing the delays encountered between cash transfers. Trainings of CTP agency program managers and field staff as well as community members in gender and protection concerns and monitoring should also be viewed as a preventive/mitigation measure.

- c Donors should require, as a prerequisite to funding, proper cash feasibility analysis as well as the identification of risk prevention and mitigation measures from CTP implementing agencies.*

III Feasibility studies or other analyses that cover the key areas mentioned above should be a prerequisite to funding of CTP interventions. Donors should ensure that CTP proposals address risks in analysis, in technical design, and in monitoring and evaluation. They should hold agencies responsible and accountable for the monitoring of risks.

Livelihood/economic resilience-based approaches to cash transfer programming in food security emergencies can greatly influence the level of outcomes and impact without jeopardizing short-term food security objectives:

The CTP response to the Ebola outbreak in Sierra Leone and Liberia demonstrated that, when effectively designed and implemented, a livelihoods/resilience-based approach to addressing a food security crisis using cash transfers can set the foundation for longer term recovery while saving lives. In both countries, the cash transfers represented a dominant share of household income and resolved temporary constraints to obtaining cash. In turn, this reduced undesirable coping strategies, increased access to investments for production and income generation, facilitated the recovery or building of assets, improved access to markets, and influenced beneficiaries' involvement in social networks (i.e., savings, farming, and self-help groups) and collective action. It can be assumed that these changes contributed somewhat to the ability of beneficiary households to deal with future shocks and strengthened resilience at the household and community level.

Cash transfers alone and especially MPGs can play a pivotal role in contributing to livelihoods and resilience. Furthermore, recent evaluations indicate that cash transfers plus access to complementary activities have a much bigger effect on a range of outcomes than just transfers alone, particularly if these activities address gaps that the cash transfer could not address.⁷¹ In Sierra Leone and to a lesser extent in Liberia, complementary activities to the UCT were the driving force behind the strengthening of households' capacities to absorb or mitigate future shocks. For example, participating households that received UCTs and engaged in local savings or farmer groups supported by CRS were coping much better compared to those participating households working as individuals. This was because they were able to share farming inputs and labor and were able to save cash and lend to each other to meet their basic needs. Catholic Relief Services predicted that they were also likely to cope better after the end of the project.⁷²

Unquestionably, there are many other factors that play an important role in achieving livelihood or resilience outcomes, including the existence of these activities prior to the CTP intervention, the technical design of complementary activities, and the timing of complementary activities. Extension services, state-supported farmers' groups and community/group-owned financial associations programs appear to be less developed in Liberia compared to in Sierra Leone.^{73, 74} The CTP Ebola response has also shown that the distribution of seeds and tools or savings boxes is not sufficient to maximize outcomes and impact. Structured trainings significantly contributed to the fulfillment of intended outcomes, which could be translated into increased yields or growth in saving groups and amounts. Finally, the timing of complementary activities in an emergency response may determine beneficiary motivation and acceptance. According to analysis from ACDI-VOCA in Sierra Leone, the provision of cash in the earlier stages of implementation had the potential to be a highly effective recovery model for re-establishing access to basic needs, particularly food. The provision of cash enabled participants to choose their own path to food security. Once they invested, they were highly motivated to protect that investment and participate in more livelihood/resilience-orientated activities that would in turn reinforce these choices. Phasing in complementary activities could have made them more responsive to the needs of the participants and contributed to resilience after the program closed.⁷⁵ Cash transfers in Liberia were made during a period of uncertainty around the Ebola epidemic and, as a consequence, resulted in less willingness to invest in livelihood/resilience-orientated activities.

⁷¹ IFPRI, 2008; Hagen-Zanker et al., 2016.

⁷² CRS, 2016.

⁷³ Amadu, Silvert, Eisenmann, Mosiman, & Liang, 2017; Peterson, 2016.

⁷⁴ The government of Sierra Leone began working with the International Fund for Agricultural Development (IFAD) in 2008 in an effort to improve the market chain infrastructure for smallholder farmers. Under the IFAD-funded Rural Finance and Community Improvement Program (RFCIP), a system of lending institutions specializing in appropriate programs for smallholder farmers was established (Amadu, Silvert, Eisenmann, Mosiman, & Liang, 2017).

⁷⁵ ACDI-VOCA, 2017.

Complementary activities to cash transfers can potentially play a role in women's empowerment as a source of resilience. Supporting the creation and strengthening of women's groups through complementary activities to the cash transfer contributes significantly more to women's empowerment than merely targeting them as cash recipients. Evidence from the Outcome Analysis in Liberia and Sierra Leone shows that structured complementary activities focused on strengthening savings groups and improving the management of savings; practical/real-time trainings on improving farming techniques, yields, and post-harvest management (the latter incorporating seeds and sales); and business or financial management trainings greatly improved women's collective empowerment.

Potential Challenges:

- The bifurcation of donor funding for development on one side and for humanitarian crises or emergencies on the other makes it challenging for agencies to obtain funding for a livelihoods or resilience-based approach to cash transfer programming for food security emergencies and for extended interventions that may ensure sustainability;
- The level and sustainability of outcomes and impact are threatened by recurrent hazards, economic shocks, and structural deficiencies – the latter including the lack of infrastructure and government extension services.

Recommendations:

- a Where appropriate and feasible, donor agencies should prioritize livelihoods/resilience-based approaches using cash transfers to address food security crises.*

The integration of complementary activities, especially those supporting livelihoods, into the CTP response to the Ebola crisis in Sierra Leone and Liberia has shown that this approach has a better chance of addressing transient food insecurity while achieving sustainability of impact. USAID/FFP was flexible in allowing implementing partners in Liberia to add agricultural support from the onset. USAID/FFP also adapted to the need to change the approach in Sierra Leone by allowing the inclusion of complementary activities through a second phase extension of the CTP intervention and for a greater part of the budget allocated to complementary activities. The latter may have even contributed to better outcomes in some areas for Sierra Leone.

- b CTP actors should maximize impact on livelihoods by designing interventions accordingly – particularly in relation to transfer frequency, amounts, and duration.*

When the objectives of the CTP intervention include recovery and resilience, then CTP actors should design interventions accordingly. The cash amount or value, frequency, and the duration of the program should be designed to maximize impact on livelihoods. It is common knowledge that less frequent cash transfers of bigger amounts over an extended period are more likely to also contribute to investments in income generation, in addition to meeting the basic needs of beneficiaries. The MPG transfer design should be based on percentages of minimum expenditure baskets and estimations of expenditure on livelihood investments.

- c Where appropriate and feasible, agencies designing emergency CTP interventions should integrate additional livelihoods and resilience components as complementary activities into the design of emergency responses, emphasizing a phased approach to implementation and integrating disaster risk reduction.*

Asset restoration, agrarian interventions, training programs and/or Village Savings and Loans Associations (VSLAs) were all livelihood strategies employed by USAID/FFP implementing partners as complementary activities to cash transfers. Depending on situation analyses (including needs assessments) and feasibility studies (including market analysis), agencies planning to implement a CTP intervention in a similar context should develop a phased approach to integrating complementary activities. Timing should be based on seasonal factors and how needs are expected to evolve. CTP implementing agencies should integrate into CTP design and sustainability strategies disaster risk analyses produced by other agencies for intervention areas. Efforts to enhance resilience require an understanding of different shocks that could affect local communities and the effects of these shocks on food and livelihood security.

IV Where assistance is delivered remotely or in hard-to-reach areas, targeting for UCTs is more effective and accepted when rigorous mixed methods, incorporating structured and participatory approaches as well as social and economic vulnerability criteria, are used:

In general, the targeting practices that were the most accepted by beneficiary communities in Sierra Leone and Liberia were those that employed mixed methods. Mixed methods involved more technical approaches, such as door-to-door surveys or Household Economy Analysis assessments, alongside community consultations as well as validation of survey or assessment techniques and findings and verification exercises of households identified as vulnerable and in need of cash assistance. These were the communities where it was mostly perceived that the poorest of the poor or the most socially vulnerable were covered. The exclusive use of social vulnerability criteria greatly increased inclusion and exclusion errors and dissatisfaction in the wider community. At times, two criteria sets – the socially vulnerable and the economically vulnerable – were used and were also accepted, depending on whether the ceiling for the number of beneficiaries allowed them to include everyone who fit within these two groups. In Sierra Leone, Phase 1 targeting was more cohesive than that carried out in Liberia. Geographic targeting using government poverty maps and proxy means testing, as well as community-based verification and identification. Standard operating procedures and a set of standardized targeting criteria from the National Commission for Social Action (NaCSA) were used by all implementing partners. Sierra Leone's shift in Phase 2 to the incorporation of food insecurity vulnerability criteria to identify households in need of cash transfers considerably reduced targeting errors. Targeting errors appeared to be significantly higher in Liberia because more social vulnerability criteria were used exclusively in poverty or food insecurity vulnerability criteria. Approaches were not harmonized between implementing partners and at times targeting rigor was lacking (e.g., first come, first served), and community leaders were not always sufficiently monitored in the selection process, resulting in a higher risk of friends and family members being selected compared to Sierra Leone.

Potential Challenges:

- A technically imprecise definition of vulnerability to food insecurity often results in the interchangeability of social and economic criteria along with a range of targeting criteria and approaches used by agencies. Having a disability, being old, or being pregnant and lactating does not ipso facto equate to vulnerability and nor does it infer a static or standard set of additional areas of need;⁷⁶
- Targeting, as conducted in Sierra Leone, incurs considerable administrative costs and can result in delays in the start of the intervention. Revisits to ensure the inclusion of absentees and re-verification of beneficiary selection by implementing agencies can also be costly and time consuming;
- If carried out properly, community-based targeting is known to be a more cost-effective method. However, there are numerous challenges in employing it at a larger scale and in more isolated areas where verification and monitoring by the implementing agency is problematic. Also, community definitions of vulnerability do not always correspond to standardized poverty criteria used by agencies.

Recommendations:

- a In order to meet standards of rigor and community acceptance, CTP implementing agencies should adopt mixed methods for beneficiary targeting and selection that result in a reduction in targeting errors and better community buy-in or ownership and remove the need to build parallel structure.*

⁷⁶ HelpAge International and Handicap International, 2014

Targeting approaches that employ mixed methods, such as those ensuing from the HEA used by SCI and a number of other implementing partners, are increasingly being adopted as an alternative to cumbersome, costly, and time-consuming household surveys. Such approaches adopt methodical and participatory methods that reduce targeting errors, result in better community buy-in or ownership, and remove the need to build parallel structures. If properly supported by agencies, incorporating community-based approaches into targeting also has the potential to reduce potential conflict and jealousy and increase transparency. Experience from implementing partners using, almost exclusively, community-based approaches to targeting without rigorous checks and balances, resulted in higher inclusion and exclusion errors. This was more apparent for implementing partners with larger beneficiary numbers and working in more isolated areas in Liberia. Examples from Liberia show that improvements in the appeals and complaints processes are essential to increase the transparency and accountability of the community targeting system. Implementing partners should accompany community-based targeting and monitor the process at each stage.

b Government ministry units for social protection or social action should lead on the coordination and harmonization of targeting approaches for large-scale emergencies such as Ebola and build on humanitarian expertise to facilitate a shock-responsive element of social protection systems. As demonstrated in Liberia and Sierra Leone, collaboration between government and humanitarian actors can greatly enhance scale-up of social protection measures, and particularly safety nets, in case of an emergency.

A more cohesive approach to targeting by the five implementing partners in Sierra Leone was owed to the leadership of the Government of Sierra Leone through the NaCSA, that communicated standards and conditions for the joint CTP response to the Ebola crisis, as encouraged by donors and particularly USAID/FFP. The Ministry of Gender, Children and Social Protection (MoGCSP) coordinated the CTP response in Liberia and led the Cash Working Group (CWG). The effective harmonization of tools and practices requires unimpeded collaboration between implementing partners and the Ministry's Social Transfer Cash Transfer Unit, which was a challenge that emerged during KIs.

V Transparent systems with robust accountability measures for direct cash transfers are critical at several levels:

Even with the best of controls, no program is immune from errors and leakages, and this also applies to cash transfer programming. It is often assumed that delivering cash directly to beneficiaries reduces the risk of possible diversion by removing several layers of intermediaries. However, the USAID/FFP funded CTP response to the Ebola crisis encountered incidences of possible diversion of the direct cash transfers in several intervention zones of one implementing partner. This is a strong indication that control and accountability systems as well as complaints and grievance mechanisms did not work. Notwithstanding the fact that the partnerships with service providers were found to be cost prohibitive and inefficient for some implementing partners, the handling of large amounts of cash⁷⁷ by the implementing partner without recourse to a reputable financial or money transfer institution may have been the primary reason for failings in the flow and traceability of the cash from start to end. Typically, the number of cash recipients and the total volume of individual payments were large in comparison to what was managed by other implementing partners. Furthermore, program managers were most likely under considerable pressure to expedite payments due to the urgency of the crisis.

Although Liberia has made great progress in tackling endemic corruption, there is still much work to be done. Two of the four implementing partners experienced serious cases of possible or attempted fraud involving community leaders and staff. One agency was able to take corrective measure through whistle-blowing procedures that were put in place. In Sierra Leone, there were no accounts of diversion of cash. Through sensitization work carried out by implementing partners, cash recipients were made aware of their entitlements and what was allowed and forbidden behavior by the service provider, field staff, and community leaders.⁷⁸ Implementing partners in Sierra Leone were also expected to have a separate Memorandum of Understanding with the semi-autonomous government agency, the Anti-Corruption Commission (ACC).⁷⁹

⁷⁷ The implementing partner provided UCT to 30,000 households (150,000 individuals).

⁷⁸ FGD, Blama Town, Kenema, Sierra Leone. February 2018. Outcome Analysis fieldwork.

⁷⁹ The mandate of the Anti-Corruption Commission is the prevention, investigation, and prosecution of corrupt practices. They have regional offices in Makeni, Kenema, Bo, and Kono, with a head office based in Freetown as well as three toll-free lines for people to report corruption anonymously (Radice, 2017).

Potential Challenges:

- Although digital systems can increase the traceability of cash transfers, the poor literacy and telecommunications networks are barriers in underdeveloped areas for e-transfers;
- The use of intermediaries and non-direct means of transferring cash can lead to significant delays in transferring entitlements to the beneficiary;
- Banking systems have limited geographic coverage and liquidity;
- Control and accountability systems or audits can become overworked when cash is transferred every month.

Recommendations:

- a When feasible, agencies implementing larger scale cash transfers should use a trustworthy and accredited service provider to handle cash transfers, rather than undertake to do so themselves.*

In cases where a CTP implementing agency does not have the experience and/or control and accountability systems in place for handling large amounts of cash, and when making cash available to remote areas is extremely risky and unsustainable, then it is preferable to go through a reliable and accredited service provider. Where a reliable service provider does not exist, then the implementing agency has two options: either it builds its capacity similar to that of a service provider or it abandons the CTP response option and explores other assistance modalities for which capacity on the ground exists. In Sierra Leone, Splash, a money transfer service that partners with different mobile service providers, was finally used by all five implementing partners. Splash increased their network of local agents to meet the demand, potentially dispersing (although not eliminating) the risk of transporting large amounts of cash. However, capacity assessments of service providers in Liberia and Sierra Leone identified some gaps that eventually led to challenges at the beginning of the CTP intervention and changes in service providers. The experience and capacity of service providers should be fully assessed before entering into contract agreements.⁸⁰

Government social protection or social action units should lead on the harmonization of service provider fees, and CTP implementing actors should collaborate with these units as well as coordinate among themselves. Coordination and collaboration make collective bargaining for affordable services more feasible. The CWG in Sierra Leone recommended acceptable fees that implementing partners should pay to service providers. In Liberia, all implementing partners went separately to a service provider, Ecobank, to negotiate fees. Ecobank actually increased fees by 50 percent compared to what the MoGCSP had previously negotiated.⁸¹ The CWG in Liberia attempted to negotiate a common rate for all implementing partners with the main service provider, but service providers were not willing to reduce their profits through a harmonization of fees to a lower rate.⁸²

Working with a service provider demands that thorough mapping, capacity assessments, and due diligence exercises of financial service providers are undertaken. The urgency of a humanitarian crisis can be a barrier to conducting such exercises. However, the hurdles and delays witnessed in Sierra Leone and Liberia at the beginning and/or during the CTP response as a result of capacity issues with service providers illustrates the necessity of the exercise in the design of the response. This sort of analysis should also be incorporated into government and other agencies' preparedness and contingency planning where cash transfer programming is considered as a response option.

- b CTP implementing agencies, donors, governments, international development institutions, and private sector actors should advocate for and/or build capacity, including necessary investments in infrastructure, for e-transfers as potentially the safest, most transparent, and most cost-effective means of delivery of cash to vulnerable populations in Liberia and Sierra Leone, and in similar contexts.*

⁸⁰ See <http://pqtoolbox.cashlearning.org/Partnership-preparedness>

⁸¹ KII Monrovia, Liberia.

⁸² Dumas, Frisetti, & Radice, 2017.

As part of emergency preparedness, governments, donors, international development institutions, and private sector actors should build on the experience of the CTP response to the Ebola crisis to develop the mobile money ecosystem, including necessary infrastructural investments, in Liberia and Sierra Leone. Mobile money has made significant advancement since the Ebola outbreak in 2014. The crisis shed light on deficiencies in the digital ecosystem and stimulated the growth of digital banking services offered by the private sector.⁸³ Connecting humanitarian cash transfer recipients with digital financial services has its advantages. E-transfers can reduce the risk of fraud and error associated with large-scale payouts by providing a transparent audit trail to the end user. The establishment of digital payment systems may be costly at the beginning, but in the long term the operating costs and human resource requirement, per transaction, will be low.⁸⁴ The issues with the use of technology reported by several implementing partners and possible solutions could have been captured in feasibility studies prior to the design of the CTP interventions in Liberia and Sierra Leone. The use of mobile phones for receipt of funds has been shown to be acceptable to recipients if there is adequate training at inception of the project and ongoing support, as receipt of cash seems to provide a strong incentive for beneficiaries to learn how to use an unfamiliar system.⁸⁵ Depending on the capacity to communicate effectively with inexperienced and illiterate customers, either the service provider or the CTP implementing agency can provide these trainings.⁸⁶ In addition, the use of digital financial services can potentially serve as a pathway to financial inclusion and resilience for vulnerable groups.

- c *Internal and external controls and audits and other fraud prevention measures should be improved at all levels and adapted to the implementation context. Controls can include spot checks, external complaints and whistle-blowing mechanisms, and more effective public awareness and zero tolerance for corruption sensitization campaigns conducted by partners in collaboration with local authorities.*

In addition to promoting the use of digital payments as a partial solution to reducing fraud risks, the internal and independent external controls and audits of implementing partners need to be strengthened at the country level and at headquarters. Most cash transfer programs have externally contracted processes or operational audits in addition to financial and procurement audits. However, the Liberian case brings into evidence that internal processes for some implementing partners need to improve. Spot checks could be an option employed as part of regular program monitoring and should allow for real-time feedback and lead to rapid remedial action. They are considerably less expensive and often just as effective as extensive operational audits.⁸⁷ In other parts of the world where cash transfer programming is more or less institutionalized, there is a push for “social auditing” or downward accountability of local institutions or committees to participate in the monitoring of cash transfer programs. However, this is a longer-term strategy promoting good governance that could be adopted by the Governments of Liberia and Sierra Leone.

Complaints and grievances mechanisms should be better designed and managed. Lessons from both countries on mechanisms and whistle-blowing procedures that worked should be shared. In the end, cash recipients should have access to complaints or whistle-blowing mechanisms that are external to the CTP intervention, such as the ACC in Sierra Leone, or potentially another independent entity. Finally, effective sensitization of cash transfer beneficiaries on fraud risks and zero tolerance for corruption at all levels is essential and should involve district and county authorities.

⁸³ Ibid.

⁸⁴ Harvey, Haver, Hoffmann, & Murphy, 2010.

⁸⁵ Ibid.

⁸⁶ Ibid.

⁸⁷ Chêne, 2010.

VI It is important for inclusive cash transfer programming that beneficiaries with restricted mobility are adequately accounted for:

Although protection concerns were specified at the proposal stage by USAID/FFP implementing partners, the accompanying risk analyses and proposed mitigation mechanisms tended to be inadequate.⁸⁸ A lack of procedures for particular groups in most of the CTP interventions meant that a significant number of physically challenged, old, and sick (especially chronically ill) beneficiaries were not able to receive their full cash entitlement. Very few alternatives to traveling to the cash collection point existed for beneficiaries with reduced mobility.

Potential Challenges:

- If not properly assessed and monitored, alternatives to traveling to the cash collection point could increase the risk of diversion of the cash transfer of beneficiaries with mobility issues;
- Certain groups can be further stigmatized, if they are accorded differential treatment;
- Additional procedures for particular groups can be costly, especially if this entails mobile teams.

Recommendations:

- a CTP implementing agencies should institutionalize mechanisms that enable beneficiaries with restricted mobility to receive their cash.*

The election of a proxy to collect the funds in situations where a beneficiary's mobility is restricted is recommended in a number of guidance notes for cash transfer programming, including Mercy Corps' "Cash Transfer Programming Toolkit".⁸⁹ Mechanisms for resolving constraints faced by particular groups should be integrated into the protection strategy outlined in donor proposals and applied and monitored in the field. Putting in place "Power of Attorney" or nomination agreements is recommended and should be signed by several people, including the beneficiary, the nominated person, and an implementing agency staff member. There are also numerous examples in other parts of the world in which mobile teams take the service or entitlement directly to the beneficiary on particular days or during time slots on the day of the cash transfer. The question of which approach to use depends on its inclusiveness and to what extent it protects the cash recipient from abuse. Distinctions also have to be made between those with permanent mobility constraints and those with temporary mobility constraints.

⁸⁸ Radice, 2017.

⁸⁹ MC, 2015.

ANNEX I: REFERENCES

- ACDI-VOCA (Liberia). (2016). *Ebola Recovery and Resilience Program (ERRP)*. Internal ACDI-VOCA Annual Results Report: unpublished.
- ACDI-VOCA (Sierra Leone). (2017). *Emergency Food Security Program (EFSP)*. Internal ACDI-VOCA Annual Results Report: unpublished.
- ACF International (Action Contre la Faim/Action Against Hunger). (2015). *Ebola in Liberia: Impact on food security and livelihoods*. London: Action Against Hunger. Retrieved from [/www.actionagainsthunger.org.uk/sites/default/files/publications/ebola_in_liberia_impact_on_food_security_and_livelihoods.pdf](http://www.actionagainsthunger.org.uk/sites/default/files/publications/ebola_in_liberia_impact_on_food_security_and_livelihoods.pdf)
- Adato, M. and Hoddinott, J. (2008). *Lessons from Cash Transfers in Africa and Elsewhere: Impacts on vulnerability, human capital development, and food insecurity* [PowerPoint presentation]. IFPRI Presentation to Regional Inter-governmental Experts Meeting, Cairo, May 13-14.
- AfDB (African Development Bank). (2016). *Women's Resilience: Integrating gender in the response to Ebola*. Office of the Special Envoy on Gender. Abidjan: AfDB. Retrieved from www.afdb.org/fileadmin/uploads/afdb/Documents/Generic-Documents/AfDB_Women_s_Resilience_-_Integrating_Gender_in_the_Response_to_Ebola.pdf
- Amadu, F.O., Silvert, C., Eisenmann, C., Mosiman, K., & Liang, R. (2017). *Sierra Leone Landscape Analysis*. (Working document). University of Illinois at Urbana-Champaign, United States Agency for International Development (USAID) and the United States Government Feed the Future project "Integrating Gender and Nutrition within Extension and Advisory Services" (INGENAES). Champaign: University of Illinois. Retrieved from www.agrilinks.org/post/sierra-leone-landscape-analysis
- CARE (Sierra Leone). (2015). *Rapid Ebola Social Safety Network and Economic Recovery Program (RESSNER)*. Internal CARE Annual Program Statement-FFP: unpublished.
- CARE (Sierra Leone). (2017). *End of Project Evaluation: Rapid Ebola social safety net and economic recovery (RESSNER) project in Bombali and Tonkolili Districts in Sierra Leone – Phase 1*. Internal CARE Final Evaluation Report: unpublished.
- Catley, A., Burns, J., Abebe, D., & Suji, O. (2014). *Participatory Impact Assessment: A design guide*. Feinstein International Centre. Somerville: Tufts University. Retrieved from http://fic.tufts.edu/assets/PIA-guide_revised-2014-3.pdf
- Chêne, M. (2010). *Corruption Prevention Strategies in Cash Transfer Schemes – U4 Expert Answer*. Berlin: Transparency International. Retrieved from www.transparency.org/files/content/corruptionqas/244_Corruption_prevention_strategies_in_cash_transfer_schemes.pdf
- CRS (Catholic Relief Services Sierra Leone). (2016). *Cash Based Food Security Assistance for Ebola Virus Disease (EVD) – Affected Sierra Leoneans in Kenema District*. Internal CRS Annual Results Report: unpublished.
- CRS (Catholic Relief Services Sierra Leone). (2018). *Cash Based Food Security Assistance for Ebola Virus Disease (EVD) – Affected Sierra Leoneans in Kenema District*. Internal CRS Annual Results Report: unpublished.
- Dumas, T., Frisetti, A., & Radice, H.W. (2017). *Harnessing Digital Technology for Cash Transfer Programming in the Ebola Response: Lessons learned from USAID/Office of Food for Peace Partners' West Africa Ebola Response (2015–2016)*. Oxford: CaLP. Retrieved from www.cashlearning.org/downloads/calp-ebola-case-study-web.pdf
- Hagen-Zanker et al. (2016). *Understanding the Impact of Cash Transfers: the evidence*. (Overseas Development Institute Briefing). London: ODI. Retrieved from www.odi.org/sites/odi.org.uk/files/resource-documents/10748.pdf
- Harvey, P., Haver, K., Hoffmann, J., & Murphy, B. (2010). *Delivering Money: Cash transfer mechanisms in emergencies*. Cash Learning Partnership. London: Save the Children. Retrieved from www.cashlearning.org/downloads/delivering-money---cash-transfer-mechanisms-in-emergencies2.pdf
- HelpAge International and Handicap International. (2014). *Hidden Victims of the Syrian Crisis: Disabled, injured and older refugees*. London: HelpAge International / Lyon Cedex: Handicap International. Retrieved from http://d3n8a8pro7vhmx.cloudfront.net/handicapinternational/pages/454/attachments/original/1397045203/Hidden_Victims_of_the_Syrian_Crisis%E2%80%94disabled_injured_and_older_refugees.pdf?1397045203

- IFPRI (International Food Policy Research Institute). (2008). *Lessons from Cash Transfers in Africa and Elsewhere: Impacts on vulnerability, human capital development, and food insecurity* [PowerPoint presentation]. Retrieved from www.ipc-undp.org/doc_africa_brazil/IFPRI.pdf Accessed 30 April 2018.
- IGC (International Growth Centre). (2014). *The Implication of the Ebola Outbreak on Markets, Traders, and Food Security in Sierra Leone*. (Economic Impact of Ebola Bulletin One). London: IGC. Retrieved from www.theigc.org/wp-content/uploads/2014/12/Economic-Impact-of-Ebola-Bulletin-One.pdf
- Korkoyah, D.T. and Wreh, F.F. (2015). *Ebola Impact Revealed: An assessment of the differing impact of the outbreak on women and men in Liberia*. UN Women, Oxfam, Ministry of Gender, Children and Social Protection and the WASH Consortium. Retrieved from www.oxfam.org/sites/www.oxfam.org/files/file_attachments/rr-ebola-impact-women-men-liberia-010715-en.pdf
- LFSC (Liberia Food Security Cluster). (2015). *Liberia Food Security Assessment – Draft Summarised Report of Preliminary Findings*. Retrieved from <https://reliefweb.int/sites/reliefweb.int/files/resources/Liberia%20Food%20Security%20Assessment-%20Draft%20Summarised%20Report%20of%20Pre-liminary%20findings.pdf>
- MC (Mercy Corps). (2015). *Cash Transfer Programming Toolkit*. Portland: Mercy Corps. Retrieved from <https://www.mercycorps.org/sites/default/files/CTP1MethodologyGuide.pdf>
- Mullan, Z. (2015). *The cost of Ebola*. The Lancet Global Health, 3(8), e423. [https://doi.org/10.1016/S2214-109X\(15\)00092-3](https://doi.org/10.1016/S2214-109X(15)00092-3)
- Peterson, A.A. (2016). *Liberia Landscape Analysis*. (Working document). University of California-Davis, United States Agency for International Development (USAID) and the United States Government Feed the Future project “Integrating Gender and Nutrition within Extension and Advisory Services” (INGENAES). Davis: University of California, Davis. Retrieved from www.agrilinks.org/library/liberia-landscape-analysis
- Radice, H.W. (2017). *Cash Transfers for Food Security in Epidemics: A review of the Food for Peace response to the Ebola crisis in Liberia and Sierra Leone*. Oxford: CaLP. Retrieved from www.cashlearning.org/downloads/calp-ebola-documentation-report-web.pdf
- SCI (Save the Children International Liberia). (2017). *Emergency Food Assistance for Ebola affected families in Liberia – Margibi and Bong Counties*. Internal SCI Annual Results Report: unpublished.
- SCI (Save the Children International Sierra Leone). (2016). *Kailahun Food for Emergency Ebola Virus Disease Support (FEEDS) – Request for 2017 Cost Extension*. Internal SCI report: unpublished.
- Sharp, K. (2007). *Squaring the “Q”s? Methodological Reflections on a Study of Destitution in Ethiopia*. World Development, 35(2), 264–80. <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.570.5806&rep=rep1&type=pdf>
- UNDP (United Nations Development Program). (2014). *Socio-economic Impact of the Ebola Virus Disease in Guinea, Liberia and Sierra Leone*. (Policy Notes Volume 1, Numbers 1–5). New York: UNDP. Retrieved from http://www.africa.undp.org/content/dam/rba/docs/Reports/UNDP%20Policy%20note%20EN_web.pdf
- WHO (United Nations World Health Organization). (2015). *Latest Ebola outbreak over in Liberia; West Africa is at zero, but new flare-ups are likely to occur* [Press release]. Retrieved from www.who.int/mediacentre/news/releases/2016/ebola-zero-liberia/en/
- WHO (United Nations World Health Organization). (2016). *WHO statement on end of Ebola flare-up in Sierra Leone* [Press release]. Retrieved from www.who.int/mediacentre/news/statements/2016/end-flare-ebola-sierra-leone/en/
- World Bank Group. (2016). *2014–2015 West Africa Ebola Crisis: Impact Update – May 10, 2016*. Washington D.C.: World Bank. Retrieved from <http://pubdocs.worldbank.org/en/297531463677588074/Ebola-Economic-Impact-and-Lessons-Paper-short-version.pdf>
- WVI (World Vision International Sierra Leone). (2017a). *Emergency Food Assistance to Port Loko*. Internal WVI Annual Results Report: unpublished.
- WVI (World Vision International Sierra Leone). (2017b). *Cash based Emergency Food Security Program (EFSP) Implemented by World Vision in Port Loko District, Sierra Leone*. Internal WVI Final Evaluation Report: unpublished.

ANNEX 2: FGD PARTICIPANT PROFILES

Focus Group Discussion Participant Profiles	
Country	Profile
SIERRA LEONE	FG 1: 10 to 12 <i>female</i> UCT beneficiaries (<i>not single female-headed HH, not elderly or disabled</i>) – same socio-economic standing, most prominent livelihood groups equally represented
	FG 2: 10 to 12 <i>single female-headed HH</i> UCT beneficiaries (<i>not elderly or disabled</i>) – same socio-economic standing, most prominent livelihood groups equally represented
	FG 3: 10 to 12 <i>male-headed HH</i> UCT beneficiaries (<i>not elderly or disabled</i>) – same socio-economic standing, most prominent livelihood groups equally represented
	FG 4 – OPTIONAL: (if time allows for more than 3 FGDs in a day and if beneficiaries can be identified): 10 to 12 <i>female/male (50/50) elderly</i> UCT beneficiaries (<i>not disabled</i>) – same socio-economic standing, most prominent livelihood groups equally represented
	FG 5 – OPTIONAL: (if time allows for more than 3 FGDs in a day and if beneficiaries can be identified): 10 to 12 <i>female/male (50/50) physically disabled</i> UCT beneficiaries (<i>not elderly</i>) – same socio-economic standing, most prominent livelihood groups equally represented
	FG 6: 10 to 12 <i>female</i> UCT Phase II beneficiaries (<i>not single female-headed HH, not elderly or disabled</i>) – same socio-economic standing, most prominent livelihood groups equally represented
	FG 7: 10 to 12 <i>single female-headed HH</i> UCT Phase II beneficiaries (<i>not elderly or disabled</i>) – same socio-economic standing, most prominent livelihood groups equally represented
	FG 8: 10 to 12 <i>female/male (50/50) UCT Phase II/complementary activities</i> beneficiaries (<i>not female headed HH, not elderly or disabled</i>) – same socio-economic standing, most prominent livelihood groups equally represented
LIBERIA	FG 1: 10 to 12 <i>single female-headed HH</i> beneficiaries UCT + agricultural inputs (<i>not elderly or disabled</i>) – same socio-economic standing (very poor or poor), most prominent livelihood groups equally represented
	FG 2: 10 to 12 <i>male-headed HH</i> beneficiaries UCT + agricultural inputs (<i>not elderly or disabled</i>) – same socio-economic standing (very poor or poor), most prominent livelihood groups equally represented
	FG 3: 10 to 12 <i>female</i> UCT beneficiaries (<i>not single female-headed HH, not elderly or disabled</i>) – same socio-economic standing, most prominent livelihood groups equally represented
	FG 4: 10 to 12 <i>female</i> UCT beneficiaries + agricultural inputs (<i>not single female-headed HH, not elderly or disabled</i>) – same socio-economic standing, most prominent livelihood groups equally represented
	FG 5: 10 to 12 <i>single female-headed HH</i> beneficiaries UCT no agricultural inputs (<i>not elderly or disabled</i>) – same socio-economic standing, most prominent livelihood groups equally represented
	FG 6: 10 to 12 <i>male-headed HH</i> beneficiaries UCT no agricultural inputs (<i>not elderly or disabled</i>) – same socio-economic standing, most prominent livelihood groups equally represented

ANNEX 3: FGD GUIDE (LIBERIA EXAMPLE)

INTERVIEW GUIDE FOCUS GROUP DISCUSSIONS

CTP beneficiaries – Liberia

A: INTERVIEW PREPARATION	
TOPICS	Estimated duration per group (3 hours 15 min)
1. Exogenous events over the life of the CTP intervention – <i>tools/techniques: impact timeline</i>	45 min
2. CTP appropriateness, timeliness, and performance – <i>tools/techniques: ranking and scoring/proportional piling</i>	1 hour 15 min
3. CTP food security, livelihoods, and resilience outcomes/Intervention attribution – <i>tools/techniques: impact seasonal calendar, ranking, and scoring/proportional piling</i>	1 hour 15 min
GROUP SIZE:	10 to 12 household representatives/1 interviewer/1 translator/1 note-taker.
GROUP PROFILE:	<p>FG 1: 10 to 12 <i>single female-headed HH</i> beneficiaries UCT + agricultural inputs (<i>not elderly or disabled</i>) – same socio-economic standing (very poor or poor), most prominent livelihood groups equally represented</p> <p>FG 2: 10 to 12 <i>male-headed HH</i> beneficiaries UCT + agricultural inputs (<i>not elderly or disabled</i>) – same socio-economic standing (very poor or poor), most prominent livelihood groups equally represented</p> <p>FG 3 – OPTIONAL: (if time allows for 3 or more FGD in a day and if beneficiaries can be identified): 10 to 12 <i>female/male (80%/20%) elderly</i> beneficiaries UCT + agricultural inputs or UCT + no agricultural inputs (<i>not disabled</i>) – same socio-economic standing (very poor or poor), most prominent livelihood groups equally represented</p> <p>FG 4 – OPTIONAL: (if time allows for 3 or more FGD in a day and if beneficiaries can be identified): 10 to 12 <i>female/male (80%/20%) physically disabled</i> beneficiaries UCT + agricultural inputs or UCT + no agricultural inputs (<i>not elderly</i>) – same socio-economic standing (very poor or poor), most prominent livelihood groups equally represented</p> <p>FG 5: 10 to 12 <i>single female-headed HH</i> beneficiaries UCT no agricultural inputs (<i>not elderly or disabled</i>) – same socio-economic standing, most prominent livelihood groups equally represented</p> <p>FG 6: 10 to 12 <i>male-headed HH</i> beneficiaries UCT no agricultural inputs (<i>not elderly or disabled</i>) – same socio-economic standing, most prominent livelihood groups equally represented</p> <p>FG 7: 10 to 12 <i>female/male (40%/60%) CFW* only</i> beneficiaries (mix CFW only, CFW + UCT, CFW + agricultural inputs, CFW + UCT + agricultural inputs) – same socio-economic standing, most prominent livelihood groups equally represented.</p>
INTERVIEW SPACE:	Closed space with no distractions. Table or smooth ground/floor space for flip charts and interactive work. If using chairs, then organize them in a circle around work space. Snack and water should be available for participants.
REFERENCE PERIOD:	Start (month/2015) of CTP intervention/End of CTP intervention (month/2016)

TOOLS:	Impact timeline, impact seasonal calendar, and ranking and scoring exercises (before & after, prioritization matrix, nominal baselines – all using proportional piling techniques)
COMMENTS:	<p>The completed timeline and seasonal calendar are reference materials for all subsequent KIs and FGDs in the village.</p> <p>Timelines should be completed by community KIs and quickly validated by FGDs. In zones where FGDs can only be organized before KIs, then timelines will have to be produced by FGD participants. This will impact on the duration of the discussion.</p> <p>Seasonal calendars should be produced before the fieldwork (build on the work of FFP partners/FEWSNET) and variations and impact for each year of the project drawn in/filled in during KIs or FGDs</p>

B: INTERVIEW GUIDE – FOCUS GROUP DISCUSSIONS

IMPORTANT:

- During discussions, always refer to reference periods based on the timeline/seasonal calendars and to “households like theirs” that participated in the CTP intervention. Describe “households like theirs” using socio-economic criteria used for targeting (e.g., HEA wealth groups) and when relevant using sex and age.
- Reference of “community” should spread out to surrounding sister villages covered by the same CTP where members of the community know each other very well and share resources and livelihoods strategies.
- Identify with key informants (local leaders/community resource people) a reference name for the FFP Ebola Response CTP intervention that participants can relate to (e.g., local name used, name of service provider, or name of agency).
- Choose the time of day when most women will be available to participate in the FGDs.

INTRODUCTION:

- Explain why you are here (objectives of discussion) and what participants should expect and not expect from the visit; the duration of the discussion (3 plus hours); how the discussion will be facilitated/run; and, the rules of interaction (including the importance of the participation of everyone).
- Check composition/profile of group.
- Explain the importance of representing and speaking about “households like theirs” during the discussion.
- Define the reference periods.
- Define the community/limits of the community (villages to include).
- Do not read questions but use your own words to match with the literacy/education level of FGD participants and to allow the discussion to flow naturally.

QUESTIONS

**Note: If timeline and detailed calendar already exists from KIs, questions for this section should be related to validating them.*

1 CTP appropriateness, timeliness, and performance – 60 MINUTES

Needs

- As a result of the Ebola epidemic, what were the most important needs for households similar to yours in 2015? (Ranking)
- How did these change over time? When and why? (*Refer to timeline and seasonal calendars. Ask participants to re-rank for each of the three seasons*)
- How does this differ between groups in your community?
- Which of these needs were NOT met by the cash transfer in 2015? In 2016? (*Refer to timeline and seasonal calendars to help participants recall*)

- Which of these needs were met by the cash transfer in 2015? In 2016? (*Refer to timeline and seasonal calendars to help participants recall. Use proportional piling with 10 counters for proportions of each need covered by CT*)
- (For FG that received agricultural inputs) Which of these needs were NOT met by the help in seeds and tools in 2015? In 2016?
- (For FG that received agricultural inputs) Which of these needs were met by the help in seeds and tools in 2015? In 2016? (*Refer to timeline and seasonal calendars to help participants recall. Use proportional piling with 10 counters for proportions of needs covered by agricultural inputs for each season*)
- How does this differ between groups in your community?
- How did households like yours meet those needs that were not covered by the cash transfer?
- If there were better alternatives/ways than the cash transfer to cover these needs, can you describe them and explain why they are better?
- Which training or other support (probe for VSLA where pertinent) did you receive from [agency X/project X/person X] during the time that you regularly received money?
- How useful were these in helping you cover your food and other needs?

Delivery mechanism/cash transfer value, frequency, and duration

- How do you feel about the way you were able to receive the cash (delivery mechanism)? Describe any difficulties faced especially by households like yours and the reasons for this?
- Describe any additional costs that households like yours may have had to pay or additional efforts made to pick up the money or to participate in other activities (complementary) that agency X asked you to participate in.

Targeting

- How do you feel about the decision on what type of conditions qualified and disqualified someone in your community for cash assistance? (*rank satisfaction with targeting criteria from 1 to 5*)
- How do you feel about how people identified as those who needed the cash were selected (put on the final beneficiary list) in your community? (*then rank satisfaction with targeting approach from 1 to 5*)
- If there were certain groups of people who were in need but who were not covered by the intervention, can you describe these people? How many of them are there in your community (*proportional piling with 10 counters*)
- How has the cash transfer intervention affected relationships (the way people interact, get along, work together, etc.) in your community? (probe for tensions, mutual help, reinforcement of existing inclusion or exclusion practices)

2 Food security, livelihoods, and resilience outcomes/CTP intervention attribution – 60 MINUTES

CTP impact on access to markets and on availability and prices of food items (always refer to timeline and seasonal calendars)

- Do you feel that the cash transfer intervention contributed/did not contribute to the ability of households like yours to get food that you needed and preferred from markets normally used before the Ebola crisis? Explain. (*probe for changes in availability, prices, variety, quality of food items, physical access*)
- If there are other events or changes not related to the cash transfer intervention that contributed more, then please describe them. (*list causes and use a ranking matrix*)

CT impact on assets

- How was the ownership of assets of households like yours affected when the Ebola crisis hit and before the cash transfer intervention started? *(define assets as things a household owns that help them carry out their economic activities and earn money or that a household could sell, if it needed money – e.g. farm tools/ equipment, livestock, jewelry, furniture) (have participants list typical assets of households like theirs)*
- Did the ownership of assets of households like yours change in 2015? In 2016? If yes, describe.
- What caused these changes in 2015? In 2016?
- Did the cash transfer intervention influence these improvements? Explain. *(probe for impact of CT on decisions not to sell assets/on recovery and on building up of assets lost during the Ebola crisis)*

CT impact on livelihood strategies, including livelihood-related coping strategies, income generation *(always refer to timeline and seasonal calendars)*

- With the negative effects of the Ebola crisis on your movement and your economic activities, how did households like yours find a means to earn/get money? *(probe for negative livelihood-related coping strategies – e.g., reduction in important non-food expenditure, use of savings, child labor, begging, illicit activities)*
- How have these changed over time in 2015? In 2016?
- What caused these changes?
- Did the cash transfer intervention affect these changes? If yes, how much of an influence did it have? *(list causes and use a ranking matrix)*
- (For FG that received agricultural inputs) Did the help in seeds and tools affect these changes? If yes, how much of an influence did it have?
- After a while, were households like yours able to improve production or sales from farms/fishing/petty trade or other activities? If yes, what caused these improvements in 2015? In 2016?
- How much of this improvement is because of the cash transfer intervention? Explain. *(list causes of improvements and use a ranking matrix)*
- (For FG that received agricultural inputs) Did the help in seeds and tools affect these changes? If yes, how much of an influence did it have?
- What proportion of the money that households like yours got in 2015 was from the cash transfer? In 2016? *(including agricultural inputs) that was from the cash transfer (use proportional piling with 10 counters for each year or for project duration. If there is sufficient time, do the exercise for each of the three seasons)*

CT impact on social capital, savings, and credit

- Describe savings practices of households like yours in your community before the Ebola crisis?
- How did the Ebola crisis affect these practices?
- How did these change over time in 2015? In 2016 *(probe for changes in numbers and sizes of groups, functioning of groups, savings amounts, etc.)*
- What has caused these changes?
- How and how much has the cash transfer intervention influenced savings practices, groups, and amounts?
- (For those in the VSLA program) How and how much did the savings program of [agency X/project X/ person X] influence savings practices, groups, and amounts?
- How was debt and access to credit affected by the Ebola crisis?
- How did this change over time in 2015? In 2016? *(probe for a reduction in food-related debt, credit worthiness/access to credit for income generation)*
- What has caused these changes?
- How and how much has the cash transfer intervention influenced debt and access to credit? Savings program?
- Describe any other groups, relationships, or interactions that have been positively or negatively affected by the cash transfer intervention. *(probe for mutual help, creation of community self-help groups, integration into networks, loss of support mechanisms)*

CT wider impact, particularly on markets and livelihood services

- If there were changes in your environment/community (e.g., market-related, hazard-related, project-related) in 2015 and 2016, describe how these affected the cash transfer or maybe how these came about because of the cash transfer?
- What changes have you seen on markets that your community uses in relation to products, services, and traders' behavior in 2015? In 2016? (*probe for supply & demand, prices, number of traders, variety of products sold, etc.*) (*refer to timeline and seasonal calendar*)
- What caused these changes?
- How much did the cash transfer intervention influence these changes in 2015? In 2016?
- How was any external support (including from local government services) for your production and economic activities impacted on because of the Ebola crisis?
- Did access to this support change in 2015? In 2016? Explain.
- Did the cash transfer influence this? If yes, explain.

CT impact on ability to recover from shocks and anticipate risks

- What has helped households like yours recover from the Ebola crisis in 2015 (i.e., be able to take care of the food and other basic needs of your household)? In 2016?
- How much did the cash intervention contribute to this recovery/help household like yours recover? (*list causes of recovery and use a ranking matrix*)
- How much did other activities contribute to this recovery/help households like yours recover? (*probe for distribution of agricultural inputs, trainings, VSLA program*)
- What did the cash intervention bring to households like yours and your community that you did not have or know before?
- Do you feel that these things could help you prevent or be better prepared in the future for the negative impacts of an event on your ability to provide food and other needs to your families? If yes, how? Other activities (i.e., distribution of agricultural inputs, trainings, VSLA program, etc.)?



The Cash Learning Partnership

The United States Agency for International Development / Food for Peace (USAID / FFP) supported Cash Transfer Programming (CTP) response to the Ebola outbreak in Sierra Leone and Liberia greatly contributed to the recovery of affected communities and households. The CTP response provided a safety net to assist targeted communities to deal with transient food insecurity and went beyond achieving this objective by also contributing to the recovery of livelihoods eroded by the Ebola crisis.

Over a period of six to approximately 31 months, and in a highly challenging context of poor road and telecommunications networks, seven USAID / FFP implementing partners in Sierra Leone and Liberia came together with Government focal points, service providers and community leaders to successfully provide monthly or quarterly cash payments to over 120,000 households.

This analytical document takes a consolidated and comprehensive look at the food security and livelihood outcomes of the CTP Ebola response, especially from the perspectives of the communities that benefitted from the cash transfers. It seeks to examine the short and medium term impacts of mainly unrestricted and unconditional cash transfers and complementary activities on household food security, livelihoods, and resilience, and identifies critical lessons to inform future programming decisions in similar contexts.

This report was commissioned by the Cash Learning Partnership (CaLP) and funded by the United States Agency for International Development's Office of Food for Peace (USAID/FFP).



USAID
FROM THE AMERICAN PEOPLE