Lessons learnt form the Ebola crisis in West Africa: a focus on Cash Transfer Programming

How can humanitarian actors use CTP in response to epidemics?

Beyond opportunities for CTP to support communities’ economic recovery, restore livelihoods and address food insecurity generated by epidemics, what are CTP applications that can facilitate / strengthen / speed up response to epidemics? Those recommendations have been put together by CaLP\(^1\) regional office in West Africa, building on contributions from participants to the events organized on December 2015\(^2\) and May 2018\(^3\) in Dakar, drawing lessons from the Ebola outbreak in West Africa. It aims at feeding reflections on the potential use of CTP in response to health crises, and immediately contribute to supporting actors involved in the Ebola response in DRC.

Specific elements to assess in an epidemic context\(^4\):

- Context assessment: urban VS rural areas. Levels of liquidities in remote locations and monetization of local economy;
- Impact and causes of impact of the epidemics on markets systems (price but also access to markets) and livelihoods;
- Quarantine measures in place, overall access assessment;
- Acceptance of the modality by government and communities in the specific context, considering analysis of social risks or opportunities created by the use of CTP;
- Coordination with medical interventions;
- Service providers: availability, network, cash out points. Flexibility and will of service providers to continue or open services in affected areas;
- Mapping and capacities of local actors in CTP, including government and safety nets system;
- Impact of the epidemics on different groups and need assessment for different target groups: children and their care givers, orphans, gender analysis, survivors, affected families;
- Security of beneficiaries and staff and protection analysis.

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\(^1\) www.cashlearning.org
\(^2\) http://www.cashlearning.org/west-africa/2015-regional-learning-event-on-preparedness-in--west-africa
\(^3\) http://www.cashlearning.org/west-africa/cash-and-ebola

\(^4\) Some of the following elements may not request further assessment if information is already collected by medical actors, or may just request an update rather than full assessment. Most of this information should be monitored to inform response analysis and should be monitored throughout implementation to check relevance of CTP according to the context evolution.
Potential applications of Cash Transfer Programming in epidemics to consider⁵:

- Support for transport: decrease barriers to access ETU, support accompanying family members (especially for affected children);
- Support for survivors’ resettlement;
- Restoration of belongings destroyed due to contamination prevention;
- Rent payment;
- Conditional cash transfer to incentivize affected people to follow directives;
- Payment / incentives to health workers, including mobilizers working on case management and body management;
- Post-emergency: VSLA support to increase livelihood opportunities, support affected households’ recovery and decrease stigmatization;
- Revitalization of markets and local economy.

Preparedness measures⁶:

- Vulnerability assessment;
- MEB definition;
- Beneficiary preferences, analysis of community resilience capacities;
- Design of common feedback mechanism;
- Mapping of cash capacity and capacity building at national level, identification and mobilization of partners;
- Inclusion of CTP component in contingency plans with roles and responsibilities for CTP delivery in case of a health crisis;
- Coordination system in place linking national safety net programme and emergency CTP, participation of private sector actors in coordination mechanisms;
- Social registry in place for the whole country;
- Framework agreements with service providers, identifying clear roles and responsibilities in case of a health crisis;
- At regional level: pool of deployable cash experts.

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⁵ This section identifies gaps that could have been filled by CTP in Ebola experiences, but a multisector need assessment and causal analysis need to be undertaken to inform quick response option analysis and see how CTP can actually support / complement medical response in the case of an epidemics.

⁶ Some of these activities will serve as baselines and will require updates in case of an outbreak or if current outbreak expands.