GOVERNMENT OF SIERRA LEONE

Social Transfer Emergency Preparedness and Response Plans (STEmPRP)

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Acronyms

ACC	Anti-Corruption Commission
AI	Amnesty International
CRS	Catholic Relief Services
CSO	Civil Society Organisation
CTWG	Cash Transfer Working Group
DFID	Department for International Development
DDMC	District Disaster Management Committee
DMF	Disaster Management Finance
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
EDSA	Electricity Distribution & Supply Authority
GDP	Gross Domestic Product
GoSL	Government of Sierra Leone
GRM	Grievance Redress Mechanism
GFDRR	Global Fund for Disaster Risk Reduction
IDPs	Internally Displaced Persons
IOM	International Office of Migration
LCs	Local Councils
MDAs	Ministries, Departments and Agencies
MICS	Multiple Indicator Cluster Survey
MLGRD	Ministry of Local Government and Rural Development
MLSS	Ministry of Labour and Social Security
MoHS	Ministry of Health and Sanitation
MSWGCA	Ministry of Social Welfare, Gender and Children's Affairs
NCPD	National Commission for Persons with Disability
NCRA	National Civic Registration Authority
NDPRP	National Disaster Preparedness Response Plan
NSSG	National Strategic Situation Group
NSPTSC	National Social Protection Technical Steering Committee
NSPS	National Social Protection Secretariat
ONS	Office of National Security
RFIs	Rural Finance Institutions
RUF	Revolutionary United Front
SLCC	Sierra Leone Council of Churches
SLP	Sierra Leone Police
SSN	Social Safety Net
Stats SL	Statistics Sierra Leone
STEmPRP	Social Transfer Emergency Preparedness Response Plan
SOPs	Standard Operating Procedures
TI	Transparency International
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WVI	World Vision International

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Foreword

Sierra Leone has been referred to as one of the countries most affected by climate change. Evidently, over the years, the country experienced its fair share of the global warming crisis: there was the most devastating flooding and landslide that killed hundreds of people in August 2017. The incidence of flooding continues to affect Sierra Leone by destroying communities and displacing many people in every rainy season. Also, the country is prone to other forms of emergencies like disease outbreak and wildfire.

One of the first steps by the Government of Sierra Leone in response is to develop a solid structure for disaster preparedness to strengthen the roles and responsibilities of its institutions in Disaster Risk Management (DRM). In 2004, the Government established the National Disaster Management Department (NDMD) in the Office of National Security (ONS) and adopted Disaster Risk Reduction (DRR) as a national and local priority

As a nation, we are convinced we have responded adequately to alleviate the sufferings of the affected population during emergencies. We would not have been able to handle these crises without the invaluable support of our development partners, whose roles have become crucial since the Government decided to consider Social Protection (SP) interventions as a critical intervention to disaster management response. Besides providing funding, one of the primary importance of participating agencies in SP programmes is that they often act as early responders in delivering social transfers when disaster occurs.

The issue most frequently affecting emergency responses is the capacity to spontaneously develop systems, planning and coordination as such events unfold. With the urgency of delivery, there is the possibility of agencies pursuing procedures and processes contrary to the generally accepted norms of the interventions. In order to prevent this, the Social Protection Secretariat developed Standard Operating Procedures (SOPs) that were found very handy during the Ebola Virus Disease (EVD) outbreak that struck the country in 2014.

Since then, there has been the compelling need to come up with more comprehensive principles to serve as a guide to social transfers during emergency. The Social Transfer Emergency Preparedness Response Plan (STEmPRP) has been developed by the Government of Sierra Leone to serve as a blueprint of rules and directives for social transfer interventions during emergencies.

I would like to acknowledge the financial and technical support provided by UNICEF and also inputs from the World Bank, WFP and a host of other development partners in developing the STEmPRP. To the people of Sierra Leone, your resilience and ability to recover from crisis is remarkable. As a committed government, we hope this document will serve as one of many efforts made to alleviate suffering of our people during emergencies.

Dr Mohamed Juldeh Jalloh

Hon. Vice President of the Republic of Sierra Leone

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On behalf of the Inter-Agency Forum and the Government of Sierra Leone, I write to acknowledge the efforts of the development partners, including special appreciation to UNICEF for major support in providing the required funds and most valuable technical support to the writing of the Social Transfer Emergency Preparedness Response Plan (STEmPRP). Our appreciation also goes to the World Bank, World Food Programme (WFP) and a host of International Non-Governmental Organizations (INGOs) for their unflinching contribution in developing this document. Let me take this opportunity to thank members of the communities, paramount chiefs, chiefs, councillors and other community leaders who participated in various validation workshops in various regions. Their salient comments and inputs have contributed immensely to the completion of this document. We also want to recognize the relentless effort of colleagues in the National Technical Steering Committee of Social Protection (NTSCSP), including the technical heads of organizations implementing SP programmes for sparing time to attend the writing session and validation workshops.

Idris Turay
Director, Social Protection Secretariat

CHAPTER 1

Background and context

General overview

Sierra Leone has been identified as one of the fragile countries in the world prone to natural disaster resulting from the negative effect of human activities, and climate and environmental change. In the past few years it has suffered from several humanitarian crises: the impact of the war, the Ebola virus disease and lately multiple floods and landslides, which have claimed lives and properties and left many homeless and hopeless.

The Government of Sierra Leone (GoSL) has taken steps to strengthen the roles and responsibilities of its institutions involved in Disaster Risk Management (DRM). In 2004, the Government established the National Disaster Management Department (NDMD) in the Office of National Security (ONS) and adopted Disaster Risk Reduction (DRR) as a national and local priority. The department coordinates disaster management at various levels and takes a lead role in developing a comprehensive disaster management plan through a participatory process involving all stakeholders. In the same year, the government also developed the National Disaster Preparedness and Response Plan (NDPRP) to establish a comprehensive and all-hazard approach to national disaster management activities, including preparedness, prevention, mitigation, response and recovery. A review of the NDPRP is underway to strengthen preparedness and include current and emerging threats of both natural disasters and public health emergencies.

It is well accepted that existing social protection mechanisms can be usefully applied to support affected households, individuals and communities in emergency response plans. The government, with support from donor partners, has responded to disasters with several measures including provision of temporary housing and relief to affected households and individuals. The Sierra Leone Government has included social protection as one of its disaster response strategies to mitigate the effects on affected households. The Department for International Development (DFID) and the World Food Programme (WFP) also provided cash and in-kind transfers in the short term to help affected individuals and households stabilize and regain livelihood activities. In the medium to long term, measures have been taken to mainstream the affected households in the national Social Safety Net (SSN) programme.

It has now become imperative to consider social protection measures in responding to shocks and vulnerabilities of affected persons after emergencies. The Social Transfer Emergency Prepared Recovery Plan (STEmPRP) of Sierra Leone is intended to enhance better coordination of social protection response by identifying players, roles and responsibilities and providing guidance on the immediate steps necessary. The STEmPRP will highlight the procedures, processes and actions needed to address emergency situations resulting from human-made and/or natural disasters when they occur. The plan will guide the social transfer intervention types appropriate to the affected communities and persons. It will further provide guidelines for implementing

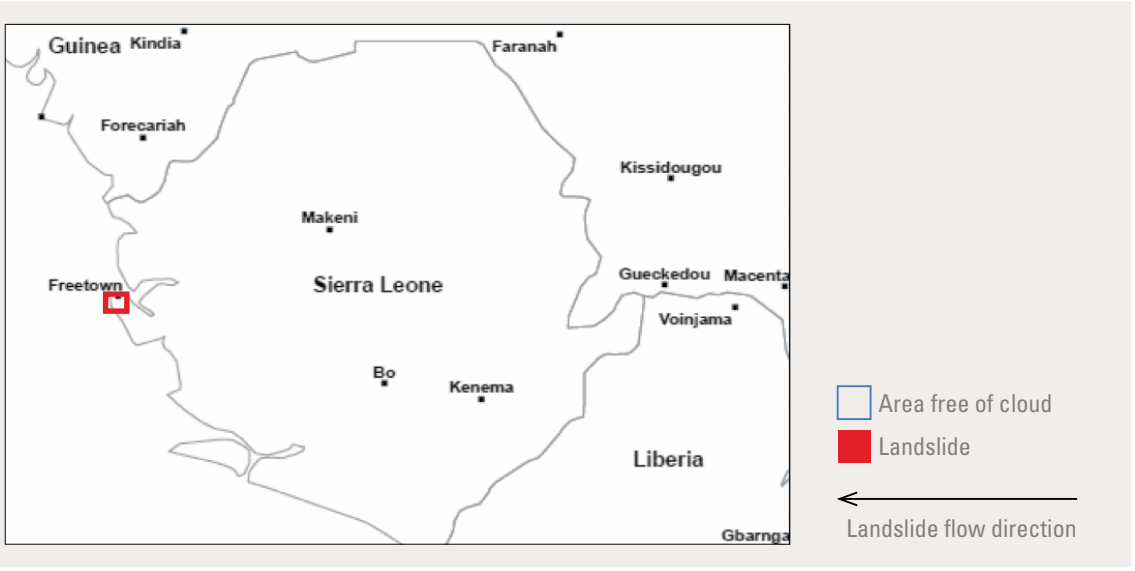
social transfer programmes with emphasis on the importance of relevance and standardization of operating procedures for partners.

1.1 Country profile

Sierra Leone is situated on the West Coast of Africa and is one of the poorest countries in Sub-Saharan Africa. It's a country with population of over 7 million people. A decade-long civil war (from 1991 to 2002) that grew out of poverty and discontent caused by corruption of a highly centralized system of government displaced more than 2 million people and deeply affected Sierra Leone's economic and social development. It ranked 180 out of 188 countries on the United Nations 2017 Human Development Index. Chronic malnutrition remains high at over 30%, with its maternal and infant mortality rate one of the worst in the world.

The country's economy is largely dependent on agriculture but has recently been affected by a weak recovery in mineral production and inflationary pressures. It has a highly advantageous topography and abundant renewable and non-renewable natural resources. Economic growth slowed down from 6.3% in 2016 to 4.3% in 2017 with gross per capita income of US$501. The country remains a very fragile country with weak institutions. The Local Government Act of 2004 reestablished Local Councils (LCs), abolished in 1972, to deliver social, political and economic inclusion and to reduce ethnic divides. However, the ability to deliver decentralized services is compromised by incomplete and politicized reform efforts complicated by the continued power of chiefs and other local elites[1].

1.2 Sierra Leone hazard status



[1] World Bank 2017, Rapid Damage & Loss Assessment of August 14th, 2017 – Landslides and Floods in the Western Area.

In Sierra Leone, most hazards are man-made and related to the low level of development, resulting in poor housing, infrastructure, lack of political will, lack of policy implementation, citizens' attitude, lack of preparedness and unhygienic conditions. Many of these risks tend to be higher in densely populated places such as the capital cities and towns. The country experiences effects of natural events and human activities, such as deforestation, increasing population pressure, bush burning, extraction of fuel wood, mining activities and other biotic resources, believed to be contributing to an increase in average global temperatures.

Sierra Leone has been ranked as the third most vulnerable country in the world in terms of the adverse effects of climate change[2], after Bangladesh and Guinea Bissau. Extreme precipitation and sea level rise increasingly threaten coastal areas with flooding and erosion. The average annual temperature is projected to increase by 1.0° C to 2.6° C by the 2060s and by 1.5° C to 4.6° C by the 2090s. Sea level is projected to increase by 0.4 m to 0.7 m by 2100[3]. It is further argued that changes in temperature and weather are already changing patterns of droughts, floods and availability of water in the country.

Sierra Leone is experiencing adverse climate conditions with negative impacts on the welfare of millions of Sierra Leoneans, due to lack of appropriate early warning climate change adaptive strategies. Flooding during the raining season, off season rains and dry spells have sent growing seasons out of orbit; in a country largely dependent on rain fed agriculture. Lakes are drying up; there is reduction in river flow and the water table is at its lowest ebb.

1.2.1 Epidemics and other poverty-related health risks

Health care in Sierra Leone has improved since the end of the civil war. However, it is a far cry from what is expected in terms of infrastructure and human resources for health. Malnutrition remains high, infant and maternal mortality rates are among the highest in the world and life expectancy is low. Malaria is the main cause of illness and death. Acute respiratory illnesses, STI and diarrhoea are other significant threats, as well as tuberculosis and Lassa fever. Most of the illnesses are endemic to Sierra Leone but frequently occur in epidemics as well.

In 2014, Sierra Leone was severely affected by the Ebola Virus Disease (EVD), which infected more than 14,000 people with nearly 4000 deaths, affecting economic livelihoods and social interaction. Understanding of the EVD, denial of its existence, lack of experience among health care workers and limited capacity for rapid response were major challenges in curbing the outbreak.

1.2.2 Deforestation and erosion

Deforestation in Sierra Leone is of grave concern. Flooding, landslides, erosion and water shortage are prevalent. About 38% of Sierra Leone's land is covered by forest, of which approximately14% is owned and controlled by the state. The remainder is in the hands of communities, businesses and individuals, making deforestation difficult to control. As a result, forest cover is quickly decreasing, principally due to clearances through slash-and-burn agriculture, as well as logging and mining[4].

[2] Climate change refers to an increase in average global temperatures.

[3] Global Facility for Disaster Reduction and Recovery: Annual Report 2017.

[4] Diamond mining is the most significant subsector in mining` in the Kono district (Koidu and Tongo, and alluvial diamonds in the Sewa river), and to a lesser extent in Bo, Kenema, and Pujehun. Furthermore, there is potential for an increase of mining of titanium/rutile (Bonthe, in Gbangbatok and Moyamba districts), gold (Koinadugu, Bo, Kenema), iron ore (Tonkolili), bauxite and platinum.

Stone mining along the peninsula is the preoccupation of the less privileged; most of the resident communities depend on it as a major source of income with resultant negative impacts on soil erosion, landslides and water shortages. Unregulated sand mining activity in these communities is also rampant.

1.2.3 Floods and landslides

The primary causes of flooding in Sierra Leone are tropical rains, lack of urban planning, sand mining and inappropriate waste disposal. Siltation and mudflows, leading to blocked drainages in urban areas and big towns, aggravated by deforestation and erosion are also causes of flooding. The country's geographical location, land characteristics, substantial number of rivers and monsoon climate make it susceptible to multiple natural hazards, particularly floods, wind storms, landslides and coastal erosion.

In 2015, floods affected more than 20,000 people across the country. Sustained heavy downpours burst riverbanks and caused destruction in eight communities in Bo and two communities in Pujehun District. Some 2630 people in 239 households were directly affected. In June 2017, heavy downpours flooded two towns of Largor, in Nongowa Chiefdom, and Foindu Mameima, in Lower Bambara in Kenema District, reportedly destroying about 100 houses and leaving 824 people homeless.

Largely due to the movement of people from rural to urban areas, the city of Freetown has grown rapidly during and after the civil war. Many people settled in precarious conditions without proper planning and housing. Shelters are less resilient to adverse weather conditions, leaving them vulnerable. Floods and landslides regularly cause substantial damage to the city. In September 2015, massive floods caused by torrential rains hit the capital and caused severe damage, particularly to people living in slum areas. More than 3,000 people were left displaced, while sanitation facilities were damaged and many water points were contaminated.

On August 14, 2017, following three days of intense rainfall, a mountain valley-side slope in the Regent area below Sugar Loaf, the highest peak in the north of the peninsula, collapsed and caused a major landslide affecting 6,000 people. More than 1,000 were killed and 1,500 unaccounted for. The main landslide caused major destruction in infrastructure, including real estate, bridges, health facilities and schools in the Regent, Malama/Kamayama, Juba/Kaningo and Lumley areas. Floods, unrelated to landslide, affected 55% of the households in the Culvert and Dworzak neighborhoods of the city on the same day[5].

1.2.4 Conflicts (social unrest)

Sierra Leone has experienced a prolonged civil war with various root causes ranging from mismanagement and corruption within the state to neglect of the provinces and poverty. From 1991 to 2002 civil war swept through the country causing the death of an estimated 50,000 civilians and displacing about 2 million people. A growing population of disgruntled youth and the involvement of external factors promoted civil unrest, further exacerbated by a proliferation of small arms in the region and by the availability of large income streams to rebel groups from the mining of diamonds.

[5] ONS Registration Report, 2017

Although the war ended in 2002, many of these factors continue to constitute a potential source for renewed conflicts, leading to persistent fragility. Most of the ex-combatants have been integrated into army/police roles or re-educated. Generally, people are fed up with war and the willingness to take up arms is low. There has been relative peace and calm in the past decade or so after five general elections conducted on monitored democratic principles. Unsurprisingly, the country has been recently rated one of three most peaceful countries in Africa.

A relatively high cost of living and unemployment are introducing a sense of dissatisfaction with the current socio-economic state of affairs. Widespread discontent among the country's youth is eminent, with signs of potential unrest likely from this group. Ethnic, regional and tribal divisions also polarize the country. Elections are often fiercely contested, resulting in violence and destruction, leaving behind suffering and increased poverty of an already impoverished population. This trend was persistent in the country's 2007 and 2018 elections, which led to loss of lives and property.

Programmes

CHAPTER 2

Coordination

In almost all the 16 administrative districts in Sierra Leone, emergencies resulting from disasters are common. While some of the emergencies are small in scale and handled at local level, a few have been nationwide in coverage and impact, such as the Ebola outbreak in 2014 and the 2017 landslide and flooding in Freetown.

As in many other preceding emergencies, there were tremendous efforts and commitment by humanitarian actors to adequately respond to the needs of the affected population. To avoid duplication of programmes among development partners including the World Bank, UN agencies, international NGOs, and key players in the private sector, the Government of Sierra Leone put in place some form of coordination mechanism during the emergency response. Though coordination has been ad-hoc and not systematic, it plays a critical role in planning response to emergencies.

In 2004, the Government established the National Disaster Management (NDM) department in the Office of the National Security (ONS) and adopted disaster risk reduction as a national priority. The department coordinates disaster management at various levels and leads the development of a disaster management plan. The need to manage multiple partners was imperative in the emergency responses of the country. In the existing arrangement, the ONS brings the multiple players into situation group meetings.

An approach fundamental to the success of the two major responses in the country has been to get stakeholders together in order to define and assign specific roles and responsibilities of players in groups (often referred to as pillars). At National Strategic Situation Group (NSSG) meetings, responsibilities are assigned in accordance with original and specific mandates of stakeholders. The groups or pillars are often led by Ministries, Department and Agencies (MDAs) implementing activities covered by the response. Until formation of a disaster management agency, the NDM within the ONS will play the role of coordinating groups or pillars during emergency responses.

2.1 Social transfers

Social transfers are non-contributory, publicly funded, direct, regular and predictable resource transfers (in cash or in kind) to poor or vulnerable individuals or households, aimed at reducing their deficits in food consumption, protecting them from shocks (including economic and climatic) and, in some cases, strengthening their productive capacity[6].

Social transfers vary from short-term reactive humanitarian assistance in times of emergency to long term, preplanned and predictable support to those entrapped in poverty, or in danger of

[6] Freeland & Cherrier, *Social transfers in the fight against hunger: A resource for development practitioners*, European Commission, 2012

becoming entrapped. However, the current interest in social transfers is focused on determining social transfer packages in the event of emergencies because of disasters.

Social transfers during emergencies are normally conducted in-kind or in cash. Interventions during past emergencies in Sierra Leone demonstrated positive impact of social transfers in improving the lives of vulnerable populations, especially strengthening the resilience of persons with disabilities.

These will be in the form of unconditional transfers by the GoSL and its partners to individuals or households with the objective of decreasing chronic or shock-induced poverty, providing social protection, addressing social risk and reducing economic vulnerability.

2.1.1 Cash-based benefit

Cash-based responses are more cost-effective because of lower transaction costs: they are is easily convertible and allow for greater beneficiary choice in terms of smoothing consumption. There is evidence that direct cash distribution in the right circumstances can be timely, less costly and more empowering to local communities as the recipients will spend it according to their own priorities.

A strong case exists for cash-based transfers in past major emergencies in Sierra Leone. In the context of the response to the floods and landslide, a multi-purpose cash-based intervention was assessed by all key humanitarian actors as the most cost-efficient modality that could rapidly increase the capacity of affected individuals to meet basic needs, access basic services, and invest in livelihoods, while decreasing their dependency on in-kind aid.

This approach will use existing government and social protection agency structures depending on the kind of emergency to respond to changes in needs while ensuring that routine social protection systems continue to function despite the emergency. This approach will empower local actors and ensure the nexus between humanitarian relief, recovery and development .

TYPES OF CASH-BASED BENEFITS

The objective of cash-based benefits will be to support affected communities and individuals to meet their immediate needs, recover from the crisis and become resilient to future reoccurrence.

In the Sierra Leone context and for the purpose of social responsibility, cash-based benefits in emergencies will comprise the following:

- Cash grants, cash for work and voucher programmes rather than interventions such as monetization, microfinance, insurance, budget support and fee waivers;
- Cash as an alternative or a complement to in-kind transfers such as food aid, agricultural inputs, shelter and non-food items;
- Cash targeted at reducing the impact of poverty or specific vulnerabilities, for example, targeted transfers to narrow gaps in poverty or more universally transfers to a certain age;
- Cash given to households taking part in public works or building a house after emergencies; and
- Cash top-up to households already receiving routine cash transfers but now affected by the emergency.

2.1.1.2 Setting the benefit level for cash transfers

Responses have regularly used cash-based intervention for immediate relief from shocks and vulnerabilities. However, there has been reluctance to include cash-based transfers in emergency response portfolios. One of the criticisms has focused on setting the benefit level. The use of different methodologies for calculating the transfer values resulted in inconsistency in cash transfers delivered by different humanitarian actors during emergencies. In handling this problem, humanitarian agencies forming the Cash Transfer Working Group (CTWG) developed a Standard Operating Procedure (SOP) that recommends considering the following factors to determine the benefit value:

- The extent of vulnerability caused by the disaster;
- Objective of the transfers (i.e. what expenses of the household is the intervention trying to cover?);
- Household demographics such as family size and composition;
- Geographical location of the affected community (rural or urban);
- Consumer Price Index (CPI) of basic items on the local market of the affected community; and
- The minimum wage level and benefit level for the existing Social Safety Net programme.

2.1.1.3 Cash-based benefit payment delivery system

Delivery systems have a critical and sometimes underrated significance in social transfer schemes. The costs of establishing an effective system at the outset (which could be shared by donors and government) are often repaid many times over through improved efficiency, especially in times of emergency. There is a choice between using a 'pull' mechanism, where beneficiaries travel to a specific location at a specific time to collect their transfer, and a 'push' mechanism, where, for example, the amount of the transfer is automatically credited to the recipient.

Payment delivery systems are dependent on the available and most efficient system that can deliver cash in a timely manner as close as possible to where people live, transparently, and where fiduciary risks can be managed and minimized. The programmes will explore technology for delivery to the best extent possible. However, given the context of Sierra Leone, a blended method for payment will be explored. With improved information and communication technologies, the potential for dramatic improvements in the delivery of transfers, allowing local retailers or mobile phone companies to act as delivery agents, is likely. A manual payment system (over the counter) is, however, a priority in demonstrating a swift response while preparing for other systems to be put in place, such as the mobile cash transfer system/E-payment.

As opposed to rural settings, urban settings offer a greater range of financial institutions through which cash transfers can be made. As evidenced from other parts of the world such Haiti, Pakistan, Palestine and Cote d'Ivoire, cash and voucher programmes have proved successful in urban settings because of opportunities provided through urban markets and internet connectivity[7]. This

[7] Cross and Johnson, *Cash Transfer Programming in Urban Emergencies: A Toolkit for Practitioners*, The Cash Learning Partnership, 2012.

also worked in Sierra Leone with the August 14, 2017 landslide and flood-affected persons in Freetown.

The situation in rural settings can be different, as market opportunities and connectivity are limited and distances to financial institutions can be a barrier. However, the emergence of Rural Finance Institutions (RFIs) is beginning to increase access to financial services in rural settings. Depending on the number of affected persons, single or multiple service providers can be used to avoid delays in providing immediate support.

2.1.2 In-kind transfers

Social transfers in kind refers to individual goods and services supplied to households purchased on the market by general government or by Non-Profit Institutions Serving Households (NPISH) or produced by them (non-market production).

Social benefits in kind will include items which fall into the category of social protection, such as:

- Goods and services supplied directly by the government or reimbursable goods and services acquired by the beneficiary households themselves (medication, healthcare);
- Transfers of non-market goods and services, particularly education and health;
- In-kind packages can also involve the issue of free health care, assistive devices and vanity packages, especially for survivors, affected persons and orphans;
- Early resettlement packages including in-kind support such as food and non-food items, shelter, livelihood support and income-generating activities; and
- The provision of social amenities in resettlement, such as schools, health centers, water and sanitation facilities, provision of markets, solar energy, security police and so on.

2.2 Capacity to implement social transfers

The ONS-developed National Disaster Preparedness Response Plan (NDPRP) is a comprehensive approach to response activities during national disasters, including recovery. Like many other disaster preparedness response plans, the plan did not initially recognize the growing importance of social transfer support during emergencies.

In the past two major emergencies, the government inevitably included social transfers in disaster response strategies to mitigate the impact of the shock on affected households. The government responded with several measures, including the provision of temporary housing and relief packages in cash and in kind, to affected households and individuals. Development partners supported the Government by providing resources for cash-based and in-kind benefit transfers in the short term to help affected individuals and households stabilize and regain livelihood activities.

Existing social protection structures developed by the country's Social Safety Net programme were usefully applied to support affected households. In the medium to long-term, the affected households were mainstreamed into the national Social Safety Nets programme

Below are the stakeholders working on social transfers in Sierra Leone:

Table 1: Stakeholders in social transfers

Agencies	Classification	Role and Responsibility
NaCSA, NSPS, ONS, MoHS, MSWGCA, MoE, ACC, MIC, Stats SL, NCRA, MLSS, PCs, Local Authorities, CSOs and MLGRD, Ministry of Water Resources, Red Cross Sierra Leone	MDAs	Enrolment, registration and delivery of benefits; psychosocial support
MoF, MoD, MoPED, MLCPE, CSOs and Local authorities	MDAs	Education
RSLAF, SLP, NFF, SLCC, Chiefdom, Municipal Police	MDAs	Security
WFP, CARE (SL), WVI, CRS, SCI, CSOs, SL Red Cross Society	Non-Governmental Organizations (international and local), UN	Support registration, enrolment and delivery of benefits, psychosocial support
UN Agencies, WB, IMF, DFID, USAID, IrishAid, AfDB, IDB, UNICEF	Development partners	Resource mobilization, technical assistance and support coordination.
IOM, AI, CBOs, TI, ACC	Civil Society Organizations and UN	Monitor and support benefit delivery systems.
Municipal and Local Council Authorities including religious leaders and Paramount Chiefs, CSOs	Municipality, Councils and Community stakeholders	Support community, identification committees, monitor and support benefit delivery systems.
Payment Service Providers, Philanthropist (Individuals and Organizations)	Private sector	Own, provide and operate the benefit delivery systems.

Critical to every emergency response is the capacity of the entities to intervene to perform their required roles. Past interventions experienced several challenges in delivering social transfer programmes. The challenges were related mostly to the capacity of responsible organizations in government and other stakeholders to expand social transfers to emergency-affected populations. Below are the gaps identified, with suggested actions to mitigate against future occurrence.

Table 2: Capacity gaps in implementing social transfers

Activity	Gap identified	What is needed	How
Registration	• Lack of knowledge and technology; • Lack of tools and equipment for the exercise; • Poor communication among players; • Poor community awareness of the process; • No existing data of population living in disaster-prone areas.	Share knowledge awareness of available capacity; use existing, proven tools, build integrity; develop standard operating policies and procedures to include new (temporary) beneficiaries and enforce sanctions.	Sensitization of players of existing building blocks, knowledge sharing, and capacity building; during emergency, review data with support of Stats SL and NCRS to validate affected households.

Activity	Gap identified	What is needed	How
Enrolment	• Lack of skill set in the private sector to support the process (MNOs are not Fin-Techs); • No clear messaging to the beneficiaries; • Poor motivation to avoid errors; • No existing data on disaster-prone areas.	Vouch for and support the skill set in private sector involvement in the process; develop clear messaging of the process; motivate private sector players; Use technology to improve messaging to beneficiaries.	Make use of Fin-Tech; offer service fees for delivery agents; and use of Rapid Pro or mobile technology to support the process.
Benefit delivery	• Delays in transfer; • Inclusion errors; • Lack of technology expertise for e-payment.	Integrity, trust, and collaboration; awareness; enforce sanctions and clearly prescribe lines of operations.	Radio and TV programmes; meetings and knowledge sharing; use of U-Report to monitor e-payment.
Coordination	• Blurred roles and responsibilities; • Managing the size of the emergency through a single department; • Non-compliance with SOPs; • Over promotion of individual agendas (partners).	Logistics; personnel; incentives; equipment; training; remuneration; clarified roles and responsibilities; accountability systems in place.	Supply chain training and fund mobilization strategy; coordination systems in place; Pre-positioned plans and stock available.
Reporting	• Inadequate information on benefits and beneficiaries; • Reports on project completion unavailable; • No clear reporting lines.	Coordination; logistics; personnel; incentives; trust building; reporting; develop SOPs; equipment; reporting templates; training remuneration.	Collective input; popularize SOPs; possible funding; develop reporting systems for all the crucial processes of the response.
Data management	• Paper-based information gathering; • Reliability and accuracy of data; • Time stamping of information; • Managing multiple sources; • Slow querying of information; • Updating and managing data; • Beneficiary data protection; • Transfer of beneficiary data from NGOs/ UN (parallel cash programmes, if any) to build a social registry. (?)	Coordination; logistics; equipment; sensitization and knowledge training; information; regular reporting; develop SOPs.	Collective input; popularize SOPs and conduct timely training; work with Stats SL and NCRS on the capture of disaster-prone areas in their civic registration exercise; develop of data sharing protocols.

Activity	Gap identified	What is needed	How
Resource Mobilization	• Outdated emergency preparedness plan; • No focus on social transfers as a response mechanism; • No blueprint for resource mobilization; • Lack of trust and accountability; • No innovative financing strategy; • Several donors with different financing criteria.	Prepositioned stocks; contingency funds for cash transfers; necessary logistics.	Set up basket funds coordinated by audit firms with funding from all stakeholders, including Government; Prepare proposals to mobilise funds; Reach pre agreements with donors on the broad nature of support in times of crisis (if possible); ensure that donors budget a percentage to emergency in their country programme documents; Government should have commitments in budget for emergency; Prearrange agreement with payment agents in case of emergency.
Case management	• Poor feedback mechanism; • No follow-through action; • Human resource with the right knowledgebase • Low use of the available tools for grievance redress	Coordination; logistics; information, and reporting; develop SOPs; equipment; sensitization and knowledge training.	Extend grievance uptake, and expand the resolution pathways Put in place a case management system through the Grievance Redress Mechanism (GRM).
M & E	• Delay in spot-checks to know problems; • M&E manual disregarded; and • Unplanned and uncoordinated response actions.	Awareness; information sensitization.	Radio and TV programmes; print media; U-Report and other mobile technology; Third-party monitoring.

2.3 Complaints uptake and recording in the system

The available system of grievance reporting and redress is anchored to the existing building blocks of the national Social Safety Net programme. In that system, the Anti-Corruption Commission (ACC) is the primary channel through which complaints, grievances or problems from affected persons and/or other stakeholders are lodged. Complaints are lodged through multiple channels including the CSO monitors, ACC district coordinators, local councillors, the ACC national toll-free hotlines and web platforms. During emergencies, ONS, MSWGCA and the implementing agency will record complaints and forward them to the ACC.

The ACC will create a standardized complaint-reporting format (based on their existing tools) that will be used by all stakeholders to collect and record complaints as shown in the Annex 1 below. This form will request information such as the name and contact details of the complainant, type

of complaint, description of the problem, etc. The form will also confirm whether the complaint is related to the affected person. This format will be used both in hard copy and electronic formats by the ACC complaint center and CSO monitors and will also be disseminated to implementing partners and local authorities who may also record complaints.

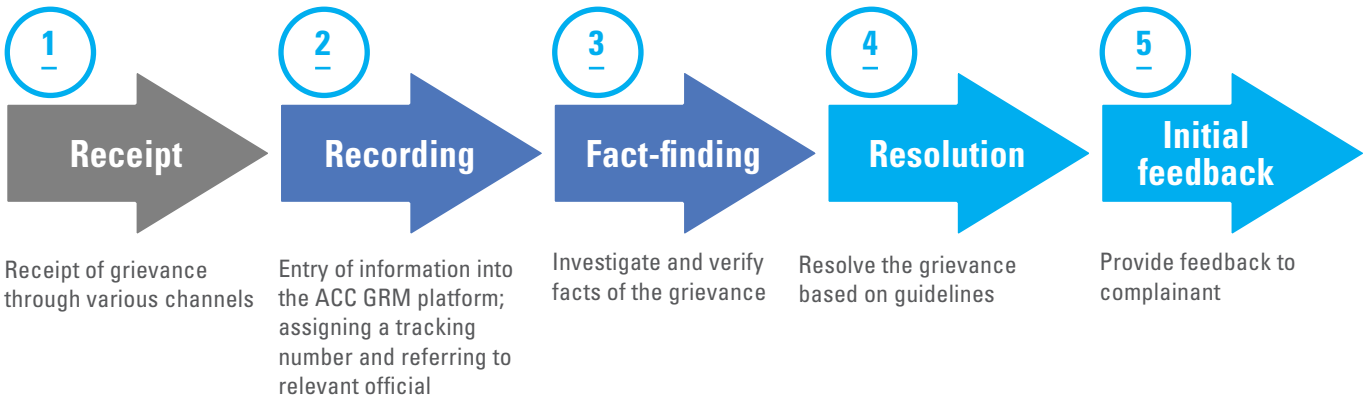
2.4 Resolution and feedback to beneficiaries

While reports can be received through multiple channels, all reports will be channelled through the Case Management System/GRM platform that is managed by the ACC, which is separate from the normal ACC corruption reporting system. Every grievance is recorded manually by the different stakeholders or on the Open Data Kit (ODK) and forwarded to the ACC to be uploaded onto the ACC GRM Platform. A database of all complaints received is maintained on the GRM platform. Information recorded includes the means by which the complaint was reported, the date when it was submitted, the complainant's name, address, and contact details, if provided, and details of the complaint. Grievances received through grievance forms are entered manually into a database and automatically assigned a tracking number. Complaints can be for several reasons, including a) exclusion from the programme, b) delay in payment or access of benefit, and c) bribery, corruption and abuse of power, and therefore may require different processes to address them.

The grievance is then transferred to the appropriate level, depending on its nature and location. The third step of the process involves gathering facts related to the grievance. In principle, the official assigned to the grievance redress by ACC is responsible for the fact-finding. The fact-finding process involves the verification of the identity of the complainant and the nature and status of the complaint as well as the compilation of supporting evidence. The stakeholder responsible for the fact-finding then makes recommendations for resolution to the ACC. The resolution step includes the action and decision-making process undertaken by the assigned ACC body. Once a grievance is resolved, the complainant is informed of the outcome of his/her complaint.

2.5 The GRM Process[8]

The receipt and resolution of complaints will follow the process outlined below:



[8] Adapted from case study: Grievance Redress System of the Conditional Cash Transfer Program in the Philippines, World Bank, 2014.

2.6 Information, Education and Communication (IEC)

Messaging for social transfer purposes will be mainly downstream, to affected populations, families and communities. Given its novelty, the system may be difficult to design. However, some standard procedural messages that are unlikely to change will be drafted and pre-positioned so that, in the event of a crisis, they can be easily reviewed for printing.

Materials to be developed will contain basic and actionable information, possibly with illustrations, on what people are expected to do or what they need to know. Various materials including posters, leaflets, awareness cards and banners will be used for IEC messages. In the context of social transfers, messages will provide information on:

- What is the benefit package? (Purpose as well as duration.)
- Who qualifies for the benefit?
- How and where to access it?
- Where to go for help (GRM) and what will be the process?
- How surrounding communities should help share social transfer details?
- Information on relevant partners, including social mobilisers and mobile phone companies?
- Distribution to the media, including online platforms, to apprise the public on response efforts and for their support.
- Community engagement events targeting key community stakeholders.

2.7 Monitoring and evaluation

Due to the multiplicity of actors, humanitarian responses can be complex. Therefore, demand for greater accountability has increased, with the attendant need for enhanced results-based monitoring and evaluation of policies, programmes, and interventions. Monitoring is a continuous process of collecting and analyzing information on key indicators, and comparing actual results to expected results.

In an emergency context, monitoring of social transfers will include:

- Collection of **baseline** information, where appropriate and feasible, during an assessment phase.
- Collection of information on an **ongoing basis** as per the M&E matrix.
- Conducting an **evaluation** and **end-line survey**.
- After-Action Review (**AAR**) or impact evaluation.

Table 3: M&E matrix for social transfer

Activity	Details	Timeline
Baseline information	For the immediate emergency and recovery phase, the response will use information from the assessment as baseline information. For later rehabilitation phases, baseline information will be collected as determined in the intervention design.	Immediately after emergency (preferably in less than 24 hours).

Ongoing data collection	The M&E matrix (see appendices) details the information that is to be collected. The main ways that information is to be collected are: Lists of actual recipients disaggregated by sex and other diversity or inclusiveness indicators (such as age, the source of livelihood, female-headed households); Grievance reporting and redress; Post-distribution surveys (particularly for food and cash activities); Direct observation Quarterly spot checks.	Information will be collected and reported on a fortnightly basis.
Evaluation	The evaluation will be conducted at the completion of the emergency and recovery phase (after the first three months). This evaluation will be conducted internally or by an independent evaluator as a cluster evaluation of the response. The evaluation will seek to ask the following: **Achievement:** What has been achieved? How do we know that the intervention caused the results? **Assessing progress against standards:** Are the objectives being met? Is the level of assistance per individual or per family meeting standards or are significant gaps remaining? Is the intervention doing what the plans said it would do or are there unintended impacts? **Monitoring of intervention management:** Is the intervention well managed? What issues or bottlenecks should be addressed? **Gender and inclusiveness:** Have women and vulnerable groups been appropriately and meaningfully included in the intervention? Have we ensured that our interventions have not lowered the status of women? **Identifying strengths and weaknesses:** Where does the intervention need improvement and how can it be achieved? Are the original objectives still appropriate? **Checking effectiveness:** Was the targeting appropriate? What difference is the intervention making? Can the impact be improved? **Accountability:** Are there any unintended issues or negative consequences arising as a result of the response? How should these be addressed? Have we held ourselves accountable to the communities we serve? **Cost-effectiveness:** Are the costs reasonable? **Sharing learning:** Can we help to prevent similar mistakes or to encourage positive approaches?	End of response.
After-Action Review (AAR)	The AAR format includes: Timeline of the emergency response; Lessons learned part 1: What we did well; Lessons learned part 2: What we would do differently next time; Action planning.	AAR methodology will be conducted three months after the disaster

2.8 Assessments

During emergencies, several activities will be assessed to prepare the stage for key interventions. One of the interventions requiring careful assessment is social transfer. As there will be several assessment activities to be carried out, there is a need to know what kind of assessments are required, by whom and when.

Table 4: Assessment matrix

Assessment activity	Organization responsible	Timeline
Needs of affected persons	NaCSA/NSPS, ONS, MoHS, MSWCGA and UNICEF	Within 72 hours after emergency
Economic & social risks	ONS, ACC, Local authorities	Immediate/continuous
Security	ONS, RSLAF, SLP and fire force, Chiefs	Ongoing
Services provider	NaCSA/NSPA, ONS, Donor agencies, Service providers, Partners	First 2 weeks
Benefit and compensation size	The Government, NaCSA/NAPS, ONS, Donor agencies, partners	First 2 Weeks
Evacuation & relocation	MDAs: Minister of Lands, Country Planning and Environment, Minister of works, Internal affairs, Local Government, Private entities, Community stakeholders and Municipal and Local Council Authorities	Immediately and ongoing
Exit strategy	All stakeholders	Immediately

2.9 Standard Operating Procedures (SOPs)

Standard Operating Procedures (SOPs) are means of harmonizing procedures and processes in the implementation of social transfers. They exist not only to increase the efficiency of the actors involved in transfer activities but also to reduce the incidence of duplication, overlapping and wastages during interventions. They also help in addressing miscommunication and failures of compliance with regulations. While regular interventions remain ongoing, emergency responses require the formulation of SOPs in the use of social transfers as a component of any humanitarian response.

In Sierra Leone a SOP was developed for cash transfers during the health emergency – the Rapid Ebola Social Safety Net (RESSN). The agency charged with coordinating all social protection interventions in the country is in charge of monitoring compliance with SOPs in social transfer. However, while effort is directed at reviewing the existing SOP for cash-based transfer, it is important to expand its contents or develop one to include in-kind transfers.

CHAPTER 3

Delivery mechanisms

Targeting, registration and social transfers

During disasters or emergencies, targeting, registration and enrolment of affected persons will be undertaken simultaneously. The registration team will be among the group of first responders to the emergency. The strategy will be categorical targeting of people in households affected within 72 hours (three days) of the disaster. The National Social Protection Secretariat (NSPS) at National Commission for Social Action (NaCSA) using the existing system for registration of beneficiaries in the country's national Social Safety Net Programme will lead the team.

A standard targeting and registration tool as shown in Annex 2 will be used to capture relevant data on the households of affected persons. The tool will capture data on household demography and the name of the principal beneficiary. The system will generate a unique household ID for each affected household.

The team will comprise Statistics Sierra Leone (Stats SL), National Civil Registration Authority (NCRA), NaCSA, Ministry of Social Welfare (MSW), Ministry of Gender and Children Affairs (MGCA), WFP, National Commission for Person with Disability (NCPD) and other any other relevant parties. With the communal nature of living, the use of community structures will be crucial to ensuring that truly affected persons are enrolled. Community structures such as local authorities, religious heads and leaders of youth groups will support the registration and verification process.

Social transfers will be made within the shortest possible time after emergencies. Depending on the delivery system adopted, affected persons will receive humanitarian cash and in-kind transfers within 144 hours (six days) of the emergency. However, in-kind transfers, especially food aid, will be in less than 48 hours (two days) of the disaster.

EMERGENCY PLAN 1 : TARGETING AND REGISTRATION OF AFFECTED PERSONS

Targeting and registering households affected during disasters or emergencies for humanitarian intervention is challenging, especially in urban communities with high population density.

1. As a national strategy, the NSPS and other mandatory registration agencies will collect data on households living in disaster-prone areas. The data will be stored in the Social Protection Registry for Integrated National Targeting (SPRINT) managed by the NSPS.
2. During emergencies there are usually an overwhelming number of people in need of assistance. There will be the need to define who is affected at the early stage of the targeting and registration process.
3. Field office staff will conduct a reverification of the beneficiary list collected by the targeting teams to check for errors, missing information or inconsistencies.

4. Field office staff will get local community leaders to review and approve the initial targeting list and confirm that information collected is accurate.
5. There will be additional levels of selection and prioritization by use of a committee format (comprising stakeholders, including community representatives) to decide on the final list of qualifying households. Corrections made at this stage will be documented in meeting or committee notes.
6. Enrolment into the specified emergency programme will be done only after a reliable verification exercise has been conducted.
7. Enrolment will be performed with the payment service provider using devices handed over and Know Your Customer (KYC) carried out.
8. The eligibility of selected households will be verified from the consolidated list prior to provision of assistance or at certain stages during programme implementation.
9. There will be regular report on registration and data management of registered households.

Table 5: Registration and enrolment

ACTIVITY	PERIOD			
	Pre	During	Post	Method
Registration	**Identify and collect data on people living in disaster-prone areas for the SPRINT:** **Geographical data** • Region, District, Town/Section, Village **Bio data** • Name, Age, Sex, Photo, fingerprint (of principal and alternative beneficiaries in a household) **Household data** • Size	• Carry out registration process within 72 hours. • Data cleaning. • Beneficiary lists within 72 hours.	Produce report, Manage data in the SPRINT (ongoing). **Household data** • Economic data, Household consumption, Livelihood, Education and Health	**Disaster-prone area data** • Mapping. • Existing data source. **Conducting registration using the following:** • Biometrics. • ODK collection. • Any other electronic means.
Enrolment	System building.	Use appropriate tools for enrolment of beneficiaries.	Detail lessons learnt, identify gaps and build capacity.	Continue learning process, strengthen capacity.

EMERGENCY PLAN 2 : SOCIAL TRANSFERS TO AFFECTED PERSONS

Social transfers will be made to affected persons during or after emergencies and the delivery mechanism will depend on several factors, including the financial ecosystem. Some other factors include:

1. Cash-based benefits will be either a 'pull' mechanism, where affected persons are less likely to have access to e-payment; or
2. When a pull mechanism is used, affected persons will be at a specific location at a specific time to collect their transfer through remittance agents or vouchers; or
3. Cash-based transfers will be 'push' mechanism, where the affected persons have access to an e-payment system and institutions through bank transfers (bank to doors/mass accounts opening)/communities/ electronic transfer), mobile money services such as e-money wallets; or
4. When a push mechanism is used, transfers will be paid automatically through a device or credited to an account of the recipient; or
5. In-kind social transfers will be made at specific locations and times as decided by the intervention, especially when the market system is greatly affected; or
6. Normally, agencies with appropriate resources will decide on the mode of distribution for some in-kind transfer; or
7. In the post-emergency period, affected persons will go through a proxy means test for mainstreaming into the regular national SSN programme.

Table 6: Social transfer implementation strategy

ACTIVITY	PERIOD			
	Pre	During	Post	Method
Social transfer	Resource mobilization; identify pillar blocks; develop SOPs; and contingencies.	Resource mobilization (additional); Provide needed services (including payment delivery systems); update SOPs, GRM, M&E.	Mainstreaming to regular programmes; GRM, M&E.	Keep system of follow-up on issues.

However, while urban settings offer a greater range of options through which cash-based social transfers can be made, this is not always the case in rural areas. Nevertheless, the institutions supporting the system remain the same, while other mechanisms can be used when electronic means are not available.

Table 7: Systems support for social transfers

Component	NSPS	Implementing agency	ACC	Payment service provider	Donor/ funding agency
Generation of payment files	MIS generation and finance validates.	Limited access to payment list for monitoring.	Limited access to payment lists for monitoring.	Downloads using MIS and has full access to payment list.	N/A
Transfer of funds	N/A	Approves execution and follows up with service provider.	N/A	Has access to funds.	Transfers funds.

Payment schedule	Approves.	Has access to schedule.	Has access to schedule.	Produces schedules and shares them with parties.	Access only if requested.
Cash delivery	Reviews report.	Monitors spot checks for quality of service, reports.	Independent monitoring, receives complaints.	Conducts payment over the counter or through a device or account credit.	Independent monitoring.
In-kind delivery	N/A	Decides on place and persons to receive transfers, monitors use of packages.	Independent monitoring, receives complaints.	N/A	Independent monitoring.

3.1 Tenure of social transfers

Usually a minimum of three months and a maximum of four months will be allowed from the date of the disaster to close down any camps or temporary hosting of affected persons. However, past experiences show that the tenure is not long enough to cover the activities in the response package. The prevailing circumstances of certain emergencies/disasters, as was the case with EVD, will dictate how long survivors and orphans will be catered for, if the risks persist.

EMERGENCY PLAN 3 : EXIT STRATEGY FOR SOCIAL TRANSFERS

1. Activities undertaken during emergencies will be continuedto the recovery stage if the shock is health-related.
2. Psychosocial counseling will be delivered for at least six months, depending on the emergency.
3. Free health care for beneficiaries (survivors, affected and orphans) will be provided for at least six months, also depending on the type of emergency.
4. Early resettlement packages (cash, shelter, livelihood support, income-generating activities) will be provided for three months after emergency.
5. Access to social services/amenities in the resettlement areas (e.g. schools, health centres, water and sanitation facilities, market structures, energy supply, security).
6. Awareness creation and town hall meetings will be held with affected communities to discuss the exit of the programme.

3.2 Grievance Redress Mechanism (GRM)

A systematic, professional and rules-based procedure for handling grievances will provide a channel through which affected persons and other stakeholders can raise any grievances or complaints. Grievances and complaints may pertain to administrative, operational or other programmatic complaints (including targeting, exclusions, delays in delivery of services, corruption and fraud). The key stakeholders for receipt and resolution of complaints will include the ACC, implementing agency, CSO monitors and local authorities.

EMERGENCY PLAN 4 : HANDLING OF COMPLAINTS

1. The GRM unit will be involved from the beginning of every action relating to the social transfer.
2. All stakeholders in the GRM will actively participate in the identification, recording and resolution of grievances.
3. Grievance redress mechanisms will be robust and effective in handling the grievances of victims.
4. There will be immediate response mechanisms and thorough investigation of all grievances to address complaints effectively.
5. The GRM will register and track complaints to their resolution and will ensure that all social transfer related complaints are resolved within 3-7 days of recording.
6. Decisions around complaints and grievances will be communicated to beneficiaries immediately after the 3-7 day deadline elapses.

3.3 Information, Education & Communication (IEC)

IEC is critical to the overall implementation strategy to help share important messages about the intervention, benefits and how they can be accessed.

EMERGENCY PLAN 5 :

There will be IEC messaging to coordinate and standardize the message, to avoid giving out conflicting and confusing information about the social transfer programmes.

Table 8: IEC messaging matrix

Message design	Method/Channel	Timeline
Profiling, verification and enrolment.	Media, community engagement.	Within 24 hours of emergency.
Amount, purpose, duration and end period of benefit.	Media, community engagement, job cards and pre-payment discussions.	From beginning to the end of the emergency response.
Accessing benefits.	Media, posters, leaflets and banners.	Within 72 hours of emergency.
Directing complaints.	Media, GRM, community structures.	Ongoing.

Monitoring and evaluation

CHAPTER 4

Monitoring and evaluation of the social transfer

There will be simple and economic methods to monitor and evaluate the social transfer. A more people-centered approach will be used to stimulate processes of real-time, result-based learning for accountability, transparency and greater effectiveness, and delivery of tangible results.

The monitoring and evaluation (M&E) system shall remain light and dynamic to avoid placing a heavy burden on staff or detracting from the response itself. The system must report on, and stay responsive to, the changing context and evolving needs of targeted populations in relation to the social transfer intervention.

EMERGENCY PLAN 6 :THE SOCIAL TRANSFER WILL BE MONITORED AND EVALUATED

1. There will be early monitoring to collect baseline information.
2. There will be monitoring of the relevance, effectiveness and quality of the response to increase social and economic accountability to stakeholders.
3. An evaluation of the response systems for the overall intervention will be conducted as soon as the situation stabilizes.
4. Impact evaluation of the transfer will be carried out on interventions that last for at least one year.

4.1 Baseline information

At the onset of the response, baseline information will be collected using simple user-friendly tools that will be flexible to accommodate changes in context and activities. Local authorities will be involved in recording baseline information.

Training will be provided to responsible stakeholders before the advent of emergencies with routine retraining and frequent simulation exercises to get them prepared.

4.1.1 Household information

Prior to tracking the social transfer, baseline information on the household will be collected as follows:

- Who is the head is the household and how many dependants?
- In the absence of the head of the household, who are the two next of kin in order of preference?

- Are there persons with disabilities in your household? What are their social relations at household and community levels?
- Are the needs of persons with disabilities in your household met?
- What are people's sources of food and income at the start of the intervention?
- What is the average income and expenditure of different groups within the population at the start of the intervention?
- What are the key assets of households at the start of the intervention?
- What are the types of commodities (food and non-food items) frequently consumed by the household?
- Do they have an increase in medical expenses?
- Or Has there been a decline in income as a result of the crisis?
- Do they normally obtain food through purchases?
- What are the characteristics of gender and social relations at household and community levels?
- What would people in the household do if they had more money?
- What are the normal intra-household mechanisms concerning the management of cash and decisions on expenditure?
- Who keeps the money in the household, and who decides how to spend it?

4.1.2 Market information

- What types of goods and services are available on the market?
- What is the structure of the market: size and number of traders (suppliers and middlemen)?
- What are the prices of essential food and non-food items?
- What is the level of trading?
- Who are the actors in the market supply chain?
- How large are the numbers of suppliers, middlemen and final consumers?
- What are the available market services? Is there access to credit? Is information on market prices accessible?

4.2 Monitoring

Monitoring during the first phase of an emergency response will be in the form of systematic output-level data collection to strengthen accountability and management quality. The early monitoring systems shall be simple, use-oriented and flexible to accommodate change in context and activities. The approach follows a four-step process known as the four Cs:

1. **Count** progress toward outputs;
2. **Check** the appropriateness and effectiveness of the response;
3. **Change** the response as needed based on findings; and
4. **Communicate** progress and results to stakeholders.

The next stage in the process will be an ongoing monitoring of the transfer. The intervention will monitor the following minimum set of process indicators.

4.2.1 Process indicators

- Are beneficiaries including persons with disabilities receiving the right amount of cash?
- If yes, are they able to spend it safely?
- Were payments made on time?
- Were communities satisfied with the process of selecting beneficiaries and disbursement of transfers?
- What other relief assistance are beneficiaries receiving?
- Are markets easily accessible?
- If not, where are people are buying key goods?

4.2.2 Impact/outcome indicators

- How much change has there been in household income and expenditure since the start of the intervention?
- Has there been any change in coping strategies?
- How have coping strategies changed as a result of the receipt of cash?
- Were items that households wanted to buy available in the market?
- What changes took place in market prices of key commodities?
- What are people spending most of their cash on?
- What type of social transfer (cash-based or in kind) is making the most impact?
- In what way (s) did the intervention influence gender relations within households and diverse groups within a community?
- What has been the influence on security for both beneficiaries and implementing partner(s)?

4.3 Evaluation

The third, and in some cases final, stage will be to collect information to evaluate the social transfer strategy in terms of its effectiveness and efficiency in attaining the objective of the intervention. This aspect will be viewed under the following separate headings:

4.3.1 Appropriateness

- Were the criteria for targeting beneficiaries appropriate? If yes, did they relate to the assessment findings?
- Was a risk analysis carried out before the intervention?
- Did it include an identification of the most vulnerable and/or most affected groups and the most appropriate interventions for each group?
- Was any needs assessment of the affected persons conducted?
- Was the intervention designed based on a needs analysis?
- Was a market analysis conducted?
- How was the value of the social transfer determined?

- Was the intervention design based on a good understanding of demand and supply of basic goods?
- How appropriate was the social transfer (cash-based versus in kind) intervention type?
- Were community representatives and key stakeholders involved in the needs analysis and design of the intervention?

4.3.2 Coverage

- Did the intervention cover the affected areas/populations?
- Were groups of affected people left without assistance?
- What proportion of the affected population/area was targeted?
- What proportion of the target population received social transfers?
- To what extent did the intervention meet the needs of the most vulnerable in the population?
- Was the targeting carried out as planned? If yes, how best did it address inclusion/exclusion errors?
- What proportion of the beneficiary population are women?
- What proportion of the beneficiary could be classified as youth? (please define youth)
- What proportion of the beneficiary population are persons with disabilities?
- What is the community's perception of the coverage?

4.3.3 Connectedness

- How were local resources and capacities strengthened in order to respond more effectively in the future?
- How did the intervention take account of existing capacity, both of your agency and local institutions (government and civil society)?
- Did the intervention consider existing social safety net mechanisms?
- How were the cash interventions linked with other livelihood support interventions, including other short-term emergency responses and longer-term livelihood support?

4.3.4 Coherence and coordination

- How were the cash interventions coordinated with the interventions of other organizations or government agencies working on similar interventions or in the same area?
- What was the level of coordination between agencies? How did the intervention take account of assistance being provided by other agencies?
- If the intervention was carried out through partners, how well did they coordinate their work with that of other actors? Was the intervention suited to their capacity?
- How did the response relate to government policies and strategies?
- How actively did the community participate in the planning, implementation and monitoring of the intervention?

4.4.5 Efficiency

- Was there a difference between the planned costs provided for in the intervention budget (staff needs, materials, running costs) and the actual costs of implementing the intervention?

- What were the main constraints in achieving the intervention within the planned budget?
- What method was used for paying the cash, and was this the most efficient and safest method?

4.3.6 Effectiveness/Implementation

- How many staff or partners were hired for the intervention? What were their roles and how were they trained for the intervention?
- To what extent were community representatives and other key stakeholders involved in the implementation of the intervention?
- Were relief committees established for targeting and implementation, and did the community understand and accept the role of the committee?
- Which household members received the cash and what were the reasons for this?
- Did beneficiaries receive the cash on time?
- Did beneficiaries receive the correct amounts of cash?
- How many beneficiaries received cash, and how does this number compare with the target?
- Was a monitoring system set up? Did it include indicators to monitor relevance, implementation and evaluate impact?
- What is the community's perception of the payment process, in terms of timing, amounts, location and method?
- How did beneficiaries use the additional cash income?
- Was the value of the cash transfer sufficient to meet the objectives of the intervention?
- Was the timing of the intervention appropriate for meeting the identified needs?
- Were beneficiaries able to access goods and services in the required quantity and of the required quality?

4.4 Impact assessment

After more than a year into the intervention, the impact of the social transfer will be assessed with respect to the following aspects of the overall intervention. The impact assessment should take six months to a year.

4.4.1 Food, non-food and income security

- • What is the effect of the additional income support on households over the period of intervention?
- What proportion of average household income was provided by the intervention?
- What were the changes in sources of food, non-food and income as well as asset levels (attempt to compare conditions in a normal year with post-disaster and post-intervention conditions)?
- What were the changes in household expenditure resulting from the intervention (attempt to compare conditions in a normal year with post-disaster and post-intervention conditions)?
- What were the changes in debt levels and coping strategies (including migration)?
- Was there an impact on employment, labour and production systems?

- Did beneficiaries face any constraints in the way they used cash? How could these be minimized?
- What are the assistive devices provided for persons with disability?

4.4.2 Markets

- Did the intervention have an impact on market prices, employment patterns and labour availability in the area?
- Did the intervention affect the availability of goods, both locally and at a wider level? Did the intervention have an impact on trader activity or control over trade in the market?

4.4.3 Social impact

- If women were targeted, what was the impact on gender relations in the household and the community?
- If persons with disabilities were targeted, what was the impact in the household and the community?
- What was the impact on control of cash resources and expenditure within the household?
- Was there an impact on social relations between groups? Did any conflict arise between households/areas that were targeted and those that were not?

4.4.4 Security

- Did the intervention have an impact on security for the implementing agency or the beneficiaries?
- What measures were taken to minimize security risks?

4.4.5 General

- Were there any problems or negative impacts associated with the intervention? (Take care to consult all key stakeholders, include community members.)
- Are the positive changes that have been achieved likely to be sustained?

4.4.6 Efficiency

There are two options for calculating efficiency regarding cost of the social transfer intervention:

- We will compare the cost of cash transfers and in-kind distributions by calculating the cost of distributing food aid as compared to the cost of cash transfers. Cost comparison will include procurement, transport, delivery, registration and staffing (administration) relative to the value of the food aid or cash distributed.
- We will calculate the administration costs of the intervention and the proportion of funds that went directly to the beneficiary. An estimation of cost effectiveness would require an added analysis of which intervention was most effective in meeting the needs of the beneficiaries.

Disaster risk financing and management

CHAPTER 4

The Disaster Management Fund (DMF)

To increase the ability of the National Government, local councils, development partners and communities to respond effectively to disasters and humanitarian crisis, a National Disaster Risk Financing Strategy should be put in place. This strategy will help the country respond immediately to an emergency, thereby protecting lives and properties, enhancing the achievement of development goals, promoting fiscal stability and improving the well-being of its citizens. The strategy will emphasize the principal responsibility of the Government of Sierra Leone to integrate disaster risk management (DRM) into planning, budgeting and decision-making processes. In its annual budgetary allocation the government will allocate 0.5% of its annual budget to put in place the necessary administrative and legal framework for the establishment of a DMF to be managed by a fiduciary body. This mechanism will act as follows:

1. Ensure that sufficient and predictable funding for emergency response disaster recovery and reconstruction is available;
2. Strengthen and coordinate and/or increase the existing fiscal space by pooling donor and private funds for disaster response and recovery in Sierra Leone; encourage donors to allocate a certain percentage (3 per cent to 5 per cent), as a first response measure for disaster response in the country in their annual budgets;
3. Support responsible institutions to put in place administrative requirements to prepare for predicted emergencies and establish an independent body/agency that will take the lead; and
4. Harmonize existing structures and build the required capacities.

5.1 Budgeting and performance management

Disaster risk management will be integrated into the annual budgeting and performance management frameworks of the government through the Ministry of Finance. For the setup of the trust fund, the government will carry out the following actions:

1. Conduct a study on the fiscal and economic impact of disasters in Sierra Leone, including a microsimulation of the cost of responding to past emergencies (including social and financial costs) and taking into consideration increases in costs for any projection;
2. Conduct a study on the possible scenarios to design, establish and manage the Disaster Management Fund;
3. Advocate with executives and legislature for the inclusion of a summary disaster management fund as part of the annual budget statement (5 per cent allocation of the national budget);

4. Strengthen the capacity of key government functionaries, including legislatures, in budget planning, implementation and expenditure tracking of disaster risk management programmes; establish a parliamentary oversight committee for disaster response;
5. Include and emphasize the strategic priorities of disaster risk management strategy in the annual budget statement;
6. Together with the Ministry of Planning and Economic Development and ONS (depending on what it will be called), develop costed strategies that will be included in the national development plan and ONS annual budget and amend the current national development plan to accommodate the strategy; and
7. Provision of inputs from DMF for annual budget and reporting should be transparent and accountable.

5.2 Disaster Management Fund administration

The DMF will cover two aspects of disaster response. At the pre-disaster stage there will be early actions to support community resilience; there should be an assessment at this stage to address wastage. The DDMC should provide updates on early warning signs. At the post-disaster stage there will be actions to respond to emergencies mostly in support of humanitarian needs of affected populations covering long-term plans for resettlement.

Table 9: DMF coverage and administration

Instrument	Coverage	Administrator
Contingencies Fund.	All disasters and entire country.	National Treasury.
City and local councils; Contingencies Fund.	All disasters at municipal and local level.	City and Local Councils Administration.
Humanitarian assistance.	Natural disasters; Humanitarian emergencies.	GoSL; Donor; UN Agencies.

5.3 Components of DMF for social transfer

5.3.1 Contingencies Fund

The country often experiences delays in disaster recovery and reconstruction as mobilization of resources depends on post-disaster state budget reallocations. There should be a local trust fund to respond to disasters at local level.

To facilitate swift response to disasters, the GoSL will establish Contingencies Funds at both national and local levels. The contingency fund mechanism will be established in all spheres of disaster management in the entire country, including local government levels. The fund will be used to respond to pre-and post-disaster situations.

With a contingency fund, the government will allocate an agreed percentage of its national, city and local council budgets to DMF, mainly targeting revenue from sources which will include but not be limited to the following:

- Mining contracts;
- Packages for compensation for land degradations;
- Eventualities and corporate social responsibility;
- Proceeds from the sale of land;
- Compulsory financial/long-term leases;
- Compulsory charge to every sale of air flight ticket;
- Charge for companies whose operations impact the environment significantly; and
- Fines levied for deforestation.

Tax legislation should be amended to ensure compliance and uniformity for the payment of agreed percentages.

The contingency fund mechanism will help strengthen and coordinate the existing fiscal space by pooling donor funding and private funding.

5.3.2 Humanitarian assistance

Emergency response in Sierra Leone has been always driven by humanitarian assistance. The assistance mostly represents support from donor partners and Non-Governmental Organizations (NGOs).

At the occurrence of an emergency, the government will establish a Humanitarian Assistance Fund. The fund will embrace support from the following sources:

- Traditional support for the emergency-affected population from non-state sources, including families, local authorities, religious bodies and mutual-help groups;
- NGOs and CSOs will mobilize resources to introduce, expand and consolidate initiatives during the response;
- The private sector will support financial and in-kind social interventions through structured corporate social responsibility schemes and initiatives like the community development agreement for mining communities; and
- Funds set aside for disaster response from existing social safety net programmes, in addition to the institution of a trust fund (disaster response fund).

Table 10: Components of DMF

Type of fund	Composition
Contingencies fund	% of annual state budget
	Donor/development partner contributions
Humanitarian assistance	GoSL contributions
	Donor/development partner contributions
	Donations from philanthropists (private sector and organizations)

References

Sierra Leone – Rapid damage and loss assessment of August 14th, 2017 landslides and floods in the western area, World Bank, 2017. *Global Facility for Disaster Reduction and Recovery Annual Report*, World Bank, 2017.

Risk Mapping Sierra Leone, Sector Disaster Risk Reduction & Emergency Aid, Groen & Jacobs, Cordaid, 2012.

A review of UNICEF's role in cash transfers to emergency affected populations, Jaspars, Harvey with Hudspeth and Rumble, UNICEF, 2007.

Annexures

Annex 1: Specimen of complaint recording form

Means of informing the beneficiary of the resolution outcome				
Date case resolved				
Beneficiary informed of the status of the sase?				
Status of the case				
Responsible department				
Estimated Conclusion Date				
Planned action				
Grievance submission date				
Name Field for official recording the case				
Complaint category				

Annex 2: Emergency response questionnaire

Data collector/enumerator details	
Name:	
Institution:	
Incident details (Collected once per affected location)	
Incident type (Multi-check box for all that apply)	
• Landslide	
• Earthquake	
• Flooding	
• Fire	
• Mudslide	
• Building or structure collapse	
• Drought	
• Insect or other animal infestation	
• Famine	
• Health epidemic (specify)	
• Other agriculture-based incident (specify)	
Date first reported	
Current incident? (Yes/No)	
Date ended	
Emergency response in progress? (Yes/No)	
Institution heading ground zero response	
Affected geographic details	
District:	
Chiefdom:	
Section:	
Locality:	
Affected person's household details	
Full name:	
Affected address:	
Age:	
Next of kin (alternative) full name:	

Next of kin (alternative) age:	
New (current) address:	
Beneficiary phone number (if any):	
Next of kin (alternative) phone number (if any):	
Temporary HHID:	
Is affected person an infant (under 5)? (Yes/No)	
Age of affected infant:	
Number of infants (under 5):	
Number of females in household:	
Number of females over 18 in the household:	
Number of females aged 5-18:	
Number of males in household:	
Number of males over 18 in the household:	
Number of males aged 5-18:	
Number of HH members deceased as a result of incident:	
Collect HH head photo	
Collect next of kin photo	

Annex 3: Accountability monitoring tool

- The response agency wants to learn from the community about the quality and accountability of our response so far so that we can improve in the future.
- The response agency wants to have better relationships and more transparency with the community, and we would like your opinions on how we can do this.
- The response agency is carrying out a training exercise for staff so that we can continue listening to the views of communities about our work.

District	Community:
Date	Name of facilitator
Is this an individual interview ( ) or focus group ( )?	
Description	
Observations	

Information sharing and transparency

a. What do you know about the response agency?
Who the response agency is and what we do?
What we are doing in your village (intervention information)?
Do you know who the response agency's beneficiaries are and how they were selected?
Do you know the names and roles of the staff?
Do you know where to find contact details for the response agency?
Do you know of the distribution plans?
b. How do you receive this information? From the response agency? From a committee? Is it clear? Do you think some people have more difficulties receiving or understanding this information? Why?
c. If you want to know more information about the response agency what do you do? Who do you ask?
d. What other information do you want/need from the response agency?
e. How would you prefer to receive this information? What do you feel is the best way for the response agency to share information with you?

Participation

a. How have you participated in the implementing agency's response? (e.g. needs identification, beneficiary selection, intervention activities, monitoring)?
b. How was the vulnerable groups targeted?
c. Were you consulted at all to clarify your priority needs and possible solutions? Were others in your village consulted?

d.	Do you feel your views are represented through community structures? How were they selected as representatives of the community? Do you feel this committee was able to represent more vulnerable groups, women, elderly, children and the disabled, for example?
e.	Do you feel you have contributed to the decisions that have been made?
f.	What other ways would you like to be engaged in the intervention?

Feedback and complaints

a.	Has the response agency asked for your feedback on the intervention before now?
b.	If you have any concerns or problems with the response agency's assistance, what do you do?
c.	Do you feel the response agency has responded to your concerns?
d.	Do you have any suggestions to improve this response? In the future how would you like to communicate your concerns and complaints (or suggestions) to the response agency?

Targeting

a.	Did your family receive anything from the intervention? If not, do you know anybody who did?
b.	If so, what did you receive from the response agency? When?
c.	How were you selected as a beneficiary?
d.	Did you clearly understand the selection criteria and process? How was this communicated to you?
e.	Were you satisfied with this process? Do you think we reached the most vulnerable?
f.	Did you receive everything that you were entitled to?
g.	Do you have any suggestions for improvement?

Impact

a.	Are you satisfied with the cash and/or items you received?
b.	Was the cash and/or items useful? How have they been used?
c.	Describe what difference (if any) this made to your efforts to respond to the effects of the emergency?
d.	What would your situation be like if you had not received this assistance?
e.	Are there any particularly vulnerable groups in your community for whom the assistance was not useful?

Overall

a.	Do you have any advice or suggestions for the response agency? How can we do better, in terms of quality and good, transparent relationships with the community?

Annex 4: Post-distribution pile-ranking exercise*

Location	
Respondent's sex	
Are you neutral, satisfied or dissatisfied with the package you received?	☐ neutral ☐ satisfied ☐ dissatisfied
Please explain your answer. Why are you satisfied or neutral or dissatisfied?	
Pile 1 List items most useful: Pile 2 List items less useful: Pile 3 List items not used yet:	
Please explain why you identified items in pile 3 as "not used yet."	
If you were going to replace any item in the kit received with another item of equivalent value, which item would you remove? Which would you add? Remove: Add:	

Annex 5: Distribution monitoring

Instructions: Tell the respondent who you are and that you would like to ask them some questions for their feedback about the distribution process. Attempt to identify a semiprivate space to talk to avoid crowding during the ongoing distribution. If the respondent does not want to participate, ask the next person who exits. At the end of the interview, thank them for their time.

A. General information

A1	Date:	
A2	Name of interviewer:	
A3	Distribution site name:	
A4	Name of community:	
A5	Name of UC:	
A6	The person interviewed is:	___ Male ___Female

B. Distribution process

- Do you think this is an appropriate location for distribution? Why or why not? (Probe to see if the distance from home is appropriate, the safety of the area and other information, as relevant.)
- Has everyone from the place where you are staying who needed assistance been able to access this location today? (e.g., elders, young children or other intended participants). Please explain.
- Was the distribution scheduled at a convenient time? Please explain why or why not.
- When you were called for the distribution, what information were you given? (Ask an open question to probe as needed.) - The number and types of items you would receive? - The day, time, and location to pick up the items? - Any other information?
- Did you need any other information that we didn't tell you when we called you for the distribution?
- How long did you wait today before receiving your items? Do you feel this was an appropriate time?
- How will you carry the materials that you received today? Did you plan for this in advance?

C. Content of distribution

- Did you receive everything you expected today? If no, please explain.
- Have you received any of these materials before? (If yes, what and from whom?)
- From the items you received today, which one do you think will be most useful for you? Why?
- Do you know how to use all the items? If not, which items do you not know how to use?
- Was there anything you needed very urgently that we didn't provide? If yes, what?

D. Accountability

D1.	Were you aware of the selection criteria? Yes ____ No ____ If yes, did the selection criteria help us reach the right people? If no, is assistance reaching the right people?	☐ Yes ☐ No (explain) ☐ Explain: _____
D2.	On a scale of 1 to 5, how happy are you with the information we provided to you and the way we involved you in this intervention?	☐ 1 not happy at all ☐ 2 partly okay ☐ 3 okay ☐ 4 happy ☐ 5 extremely happy
D3.	What one improvement do you want us to make in informing and involving you in this intervention?	
D4 .	On a scale of 1 to 5, how happy are you with how you were treated by CRS staff?	☐ 1 not happy at all ☐ 2 partly okay ☐ 3 okay ☐ 4 happy ☐ 5 extremely happy
D5 .	On a scale of 1 to 5, how happy are you with how you were treated by partner staff?	☐ 1 not happy at all ☐ 2 partly okay ☐ 3 okay ☐ 4 happy ☐ 5 extremely happy

Annex 6: Setting social transfer package (in the landslide and flooding)

Criticisms that the benefit level could be arbitrary and fall short of addressing the basic needs of the affected are common. Setting the transfer value for emergency response during one of the emergencies required common consensus. The Cash Transfer Working Group (CTWG) comprising humanitarian actors met. The CTWG set the humanitarian cash-based benefit on the following assumptions:

- Prices are based on current market prices and are not expected to increase by more than 3% within the next three months of the emergency.
- Some of the affected household heads engaged in small businesses as a form of livelihood will need a one-off small grant to restart their livelihoods.
- Non-Food Items (NFIs) will be covered by the partner agencies and will continue to be provided through in-kind distributions.
- Most of the food needs will be covered by food distributions provided by WFP.

Determining cash and in-kind transfer value	#	Rate ($)	Unit	%	Frequency	Total ($)
Education support						
School costs – primary	1	7.00	Annual fee	100	1	7.00
School fees - jr secondary	1	15.00	Annual fee	100	1	15.00
School fees - sr secondary	1	30.00	Annual fee	100	1	30.00
School kit – uniforms, tailor, shoes	1	33.00	Fabric/pair	100	1	33.00
School kit – books	1	4.80	Book	100	0	-
School kit – supplies (backpack, notebooks, pens)	1	8.00	Package	100	0	-
Subtotal education						**85.00**
HH NFIs						
Mattresses	2	35.00	Unit	100	0	
Sheets	2	15.00	Unit	100	0	
Blankets	2	20.00	Unit	100	0	
Jerry can (20l)	2	3.00	Unit	100	0	
Aquatabs	2	3.00	Sachet	100	0	

Kitchen utensils	1	25.00	Kitchen set	100	1	25.00
Clothing	1	60.00	Outfit	100	0	
Mosquito net	2	7.19	Net	100	0	
Dignity kits (soap, underwear, sanitary, towels)	1		Kit	100	1	
Subtotal NFIs						25.00
Shelter assistance						
Rent	1	200.00	Lump sum	100	0	
Subtotal shelter						
Food (only if WFP distribution ends)						
HH monthly food coverage	1	58.00	Month	100	0	
Subtotal food						
Medical assistance (provided by medical agencies)						
Oral rehydration tablets	3	0.13	Month	100	0	
Malarial medication	3	2.61	Month	100	0	
Typhoid medication	3	3.92	Month	100	0	
Subtotal medical assistance						
Livelihood assistance						
HH livelihood recovery grant	1	100.00	Lump sum	100	0	
Subtotal livelihood assistance						
Documentation Recovery Assistance						
Medical card replacement fee	6	2.00	Fee	100	0	
Birth certificate replacement fee	6	2.00	Fee	100	0	
Subtotal shelter						**110.00**
TOTAL TRANSFER PER HH						

Existing medical service providers, especially the government and other health care agencies, will provide medical services.

- A one-off grant will be required to cover annual rent of some affected households that opted to rent accommodation or stay with host families instead of moving to resettlement areas.
- The following are some proposed indicators and tools/methods for collecting them. You may want to add, subtract from or adjust this list. Please also feel free to add targets for percentage of households or numbers of beneficiaries reached.
- Data must be disaggregated by sex and other key diversity factors (e.g. age, female-headed households, child-headed households, etc.).

Annex 7: The M&E matrix

Types of activity	Indicators	Tool/Method	Timing of data collection	Reporting and use
• **Gender**				
• **Women and men registration.**	• Proportion of women and men who are targeted.	A count of women and men.	Targeting.	
• **Women's status does not deteriorate.**	• Reports of gender-based violence or women and girls undertaking hazardous or harmful livelihood strategies such as transactional sex. *(Might be difficult to collect this data.)*	Dependent on context, but this may be through networks (formal or informal), or organisations that screen for Gender Based Violence GBV.	Weekly or fortnightly through the response.	Propose that information goes to SMT and ERT for decisions on how to adjust activities.
• **Food Security and Livelihoods**	• Higher-level indicators: • x% of women, men, girls, and boys reporting eating two or more meals each day; • x% of households reporting replacement of household assets.	Household surveys.	End of intervention (at evaluation and end line survey).	Community information boards or meetings; End-of-intervention reporting; Donor reporting.
• **Cash distribution.**	• Number of women and men who receive the cash; • x% of households reporting replacement of household assets.	Disaggregated list of recipients; Post-distribution surveys of a sample of beneficiaries; Direct observation.	At distribution; One month after distribution.	Community information boards or meetings; Post-distribution monitoring report; Donor reports.
• **Food distribution.**	• Number of women and men who receive the food items; • x% of women and men who consume the food items.	Disaggregated list of recipients; Post-distribution surveys of a sample of beneficiaries.	At distribution; One month after distribution.	Community information boards or meetings; Post-distribution monitoring report Donor reports.

Types of activity	Indicators	Tool/Method	Timing of data collection	Reporting and use
• **Livelihoods recovery.**	• x% of women and men who report recovery of household income; • x% of households reporting replacement of productive household assets. • (Other possible indicators, depending on livelihood type: • X% of the farming land is replanted; • X% of micro-enterprises are re-established.)	Activity reports; Disaggregated list of recipients; Household surveys; Direct observation and other methods, depending on livelihood type.	Baseline/ assessment; At distribution; Monthly; End line.	Community information boards or meetings End line report; Donor reports.
• **Shelter**	• Number of women and men who have reconstructed homes; • Number of women and men who have temporary shelter.	Post-distribution surveys of a sample of beneficiaries; Direct observation.	Immediately after distribution and one month after distribution.	Community information boards or meetings; Donor reports.
• **Distribution of shelter materials.**	• Number of women and men who receive the shelter materials.	Disaggregated list of recipients.	At distribution.	Community information boards or meetings; Donor reports.
• **Distribution of Non-Food Items.**	• Number of women and men who have received the NFIs.	Disaggregated list of recipients.	At distribution.	Community information boards or meetings; Donor reports.
• **Water trucking or provision of bottled water.**	• Number of women and men who have received the water, and volume of water distributed.	Activity reports.	At distribution.	Community information boards or meetings; Donor reports.

Annex 8: Cash assessment checklist

Issue	Key questions	Methods
Needs	What was the impact of the shock on people's livelihoods? What strategies are people using to cope with food or income insecurity? What are people likely to spend cash on? Do emergency-affected populations have a preference for cash or in-kind approaches?	Standard household economy and livelihoods assessment approach. Participatory approaches. Interviews and surveys.
Markets	How have markets been affected by the shock (e.g. disruption to transport routes, the death of traders)? Are the key basic items that people need available in sufficient quantities and at reasonable prices? How quickly will local traders be able to respond to additional demand? What are the risks that cash will cause inflation in prices of key products? What is the likely impact of a cash injection? What are likely to be the wider effects of a cash intervention on the local economy, compared with alternatives?	Interviews and focus group discussions with traders. Price monitoring in key markets compared to normal price trends.
Security and delivery options	What are the options for delivering cash to people? Are banking systems or informal financial transfer mechanisms functioning? What are the relative risks of cash benefits being taxed or seized by elites or warring parties compared with in-kind alternatives?	Mapping of financial transfer mechanisms. Analysis of the risks of moving or distributing cash. Political economy analysis.
Social relations and power within the household and community	How will cash be used within the household (e.g. do men and women have different priorities)? Should cash be distributed specifically to women? How is control over resources managed within households? What impact will cash distribution have on existing social and political divisions within communities? Are there risks of exclusion of particular groups (based on ethnicity, politics, religion, age or disability)?	Separate interviews with men and women. Ensure that different social, ethnic, political and wealth groups are included in interviews. Political economy analysis.

Cost-effectiveness	What are the likely costs of a cash intervention, and how do these compare with in-kind alternatives?	Costs of purchase, transport and storage of in-kind items compared with costs of cash interventions.
Integrity	What are the risks of diversion of cash by local elites and intervention staff? How do these compare with in-kind approaches? What accountability safeguards are available to minimize these risks?	Assessment of existing levels of integrity and diversion. Mapping of key risks in the implementation of cash transfers. Analysis of existing systems for financial management, transparency and accountability.
Coordination and political will	What other forms of assistance are being provided or planned? Will cash interventions complement or conflict with these? How would cash transfers fit alongside government policies and would permission to implement such interventions be possible?	Mapping of other responses through coordination mechanisms. Discussions with government officials at local, regional and national levels.
Skills and capacity	Does the agency have the skills and capacity to implement a cash transfer intervention?	Analysis of staff capacity for implementation, monitoring and financial management.

Annex 9: Profiling the community

District	Name of community:
Date	Name of facilitator:
Individual interview ( )	Description
Focus group ( )	Description
Have we (or anyone else) done any assessment in your village? What was the assessment? Were you involved? When?	
Total affected population	
Injured people	
Children under 5	
Children aged 5-12	
Adult men (over 12)	
Adult women (over 12)	
Elderly (over 70)	
Pregnant mothers	
Lactating mothers	
Disabled	
People who are chronically ill	
Unaccompanied children	
Female-headed households	
Children-headed households	
Different livelihood groups: landholders, fishermen, casual laborers, etc.	

- Are the most vulnerable benefiting from assistance? Are the specific needs of particularly vulnerable groups being considered for the assistance that has been provided?
- Who is most vulnerable? Why?
- How are these people being supported? (e.g. in distributions)
- What are the biggest risks for these people? How are these risks being addressed (by the community, by the agency, by others)?
- What capacities do these groups have? How are these different groups coping with the situation?
- Are any of the groups particularly difficult to access, or separated from others?

Write any notes next to groups above.

Who are the stakeholders/key informants in the community?

- Are there any community members or elders leading the people affected by the emergency?
- Other key informants? Teacher, health worker, religious leaders etc
- Any Community-Based Organisations? (user groups, self-help groups, youth groups, women's group, religious church group)
- Do any of these groups have the expertise, capacities?

Do you collect and maintain any information about your community?

Observations

Annex 10: Terminologies used

The terms used in M&E can be confusing because they are used differently by different organizations and between donors (e.g. donors, NGOs, multilateral organizations). For the purposes of this document, the following definitions apply:

Impact – final or longer-term changes that take place due to the intervention or response activities (e.g. changes in livelihood). They may sometimes be realized only after the lifetime of an intervention.

Objective – a specific, time-bound and measurable goal for the intervention or response, which contributes to achieving the long-term aims (impact). Response or intervention objectives should indicate what changes it is hoping to achieve.

Outcome – the intermediate changes as a result of intervention or response activities (e.g. households buy food and Non-Food Items). Outcomes can usually be measured during the lifetime of an intervention or response.

Output – the immediate results of intervention or response activities (e.g. households receive cash).

Input – the resources that the response uses (e.g. funds, staff, materials) and the activities undertaken (e.g. conducting a training workshop, meeting with communities, meeting with government officials, undertaking operational field research, holding coordination meetings) to bring about a result.

Indicator – an objective way of measuring that intended progress is being attained. Indicators can refer to each level: input, output, outcome, objective or impact. Indicators suggest that something has happened, or that an objective has been achieved.

Monitoring – the regular, routine tracking of data on a given indicator in order to detect changes over time. Monitoring tells us whether an intervention or response is being implemented as planned and allows us to make improvements and changes.

Evaluation – the assessment of an intervention or response at one point in time against its objectives, including unintended and negative changes. It can be carried out by someone within the response team or by an external person and tells us whether the intervention or response objectives have been achieved. This is usually carried out at the mid-point and at the end of the intervention.

Impact assessment – the assessment of the long-term and wide-ranging changes that an intervention or response brings about, including unintended and negative changes. Impact assessment focuses on changes beyond those visible or achieved during the lifetime of most interventions or responses and is therefore usually undertaken some time after the intervention or response implementation period.

Affected persons – these are persons directly affected, physically or mentally, by the emergency.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