WFP EVALUATION

Decentralized Evaluation of Cash-Based Transfers Pilot in Liberia in 2021

Decentralized Evaluation Report

Liberia Country Office

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WFP
World Food Programme
SAVING LIVES
CHANGING LIVES

Key personnel for the evaluation

WFP LIBERIA COUNTRY OFFICE

Evaluation Manager: Tarig Eltayeb (WFP Liberia, RAM Officer)

PREPARED BY

Sharon Truelove [Team Leader]

Nathan Horst [Senior Evaluator]

Barward Johnson [Senior National Expert]

Renate Schoep [Quality Assurance Expert]

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Disclaimer

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Executive Summary

Evaluation Type, Purpose, and Objectives

i. This report presents the results of the evaluation of the World Food Programme's (WFP) Cash-Based Transfers (CBT) Pilot in Liberia implemented in 2021 – which was commissioned by the WFP Liberia Country Office (CO) with dual objectives that emphasize learning vs. accountability and two statements of purpose:

- To help WFP better understand and learn from the planning for and implementation of different CBT modality and delivery response options in a small, under-resourced CO, such as Liberia.
- To evaluate the extent of WFP's readiness to implement good practice, appropriate CBT interventions at-scale in Liberia.

ii. Expected primary users of the evaluation are the CO and cooperating partners. It is intended to inform decisions and policy/guidance on CBT upscaling and may be of interest to other stakeholders engaged in CBT and social protection (e.g., from within the donor community).

Context

iii. Liberia is a low-income country on the western coast of Africa that faced numerous challenges after emerging from a civil conflict that lasted from 1989 to 2003. Liberia faces multiple threats, and the WFP CO has responded to major crises such as Ebola, COVID-19, and a series of endogenous shocks. Overall, 63 percent of Liberians face multidimensional poverty, and an estimated 37.5 percent were severely food insecure in 2021. The agriculture sector employs 87 percent of the working-age population and is characterized by subsistence production and low productivity. Liberia is highly vulnerable to climate change impacts and natural disasters.

iv. There are wide gaps between urban and rural areas in access to basic services, income, and livelihood opportunities. Gender inequalities are high, and persons living with disabilities (PWD) face high poverty rates and barriers in accessing education. The National Social Protection Policy and Strategy (2013) provides the main strategic policy framework for using CBT in Liberia. Voluntary National Review of the Goals of the 2030 Agenda was completed in 2020 and 2022, with SDG trends indicating that progress towards SDG2 (zero hunger) is stagnating and progress towards SDG17 showing moderate improvement.[1]

Subject of the evaluation

v. WFP provides school feeding assistance under Strategic Outcome (SO) 1 of its Country Strategic Plan (CSP); SO1 Activity 1 includes provision of take-home rations (THR). An internal audit in 2019 recommended that further CBT programming should be undertaken as a pilot and the CO committed to adopt a pilot CBT THR programme as a delivery mechanism for 25 percent of the then in-kind THR beneficiaries.[2] In 2021, this 'pilot project' was rolled out; WFP invested considerably in this pilot with the intended multi-faceted purpose of enhancing readiness for CBT at scale; improving capacities to implement CBT across all its operations; and to use the pilot as a model for scale up beyond the school feeding programme; and to test two delivery mechanisms: mobile money transfers (MMT) and electronic value vouchers (e-Vouchers).

[1] Government of Liberia, 2023. Liberia National Commitment to SDG Transformation. Pg. 2.

[2] WFP, 2019. "Internal Audit of WFP Operations in Liberia" AR/19/09. See in particular the snapshot of observation 6, which is included in Annex 12. The Audit Report states: "Based on the results of the audit, the Office of Internal Audit has come to an overall conclusion of Ineffective / Unsatisfactory". P. 7.

Table 1. Summary of key features of CBT THR Pilot implemented in Liberia

Summary of key features of CBT THR Pilot
Purpose – To test CO CBT readiness and capacities to use corporate systems and procedures.
Objectives – Reduce hunger through a school-based delivery platform that allows knock-on educational results.
Proportion of Modality and delivery mechanisms used – In Kind to 75 percent of Beneficiary households (HH), 25 percent Cash or Voucher. Both mobile money transfer (MMT) and the E-voucher (EV) are cash modalities.
Geographic location/targeting and modality matters – All schools had In-kind. 6 schools were selected for cash (2 were given e-Vouchers in Nimba, 2 e-Vouchers in Pleebo and 2 MMT in Harper, Maryland.
Transfer value set at USD 15 with a SMEB logic (survival minimum expenditure basket) with some geographic and transfer value coordination with the small number of other local CBT actors[3] but principally the value was meant to reflect the amount of rice and oil that an average family size of 5 would receive through an in-kind transfer (regardless of actual size).
Transaction fee for MMT – a further 1.5USD transaction fee was added to the 15USD transfer value at each instalment/cycle for MMTs aimed at ensuring the MMT beneficiaries received the same 15USD as the E-voucher HH did.
Cooperating Partners - MoE and Caritas
Number of Households – 673 Households in total. 222 HHs[4] in Harper, Maryland, through Mobile Money. 452 HH get E vouchers in Saclepea and Ganta (Nimba) and Pleebo (Maryland)

Source: Based on document review and interviews conducted by the ET.

Methodology

vi. The Evaluation Team (ET) was comprised of an international Team Leader (TL), international Senior Evaluator (SE), and one Senior National Expert (SNE). Fieldwork was undertaken by the TL and SNE in April/May 2024 and included site visits and direct consultation with beneficiaries and various levels of stakeholders. A new set of evaluation questions was developed and agreed at inception with the aim of more closely aligning to the intentions of the CO/RB for this evaluation:

- **EQ1:** To what extent has WFP Liberia demonstrated readiness and capacity to assess and select CBT modality and delivery mechanism response option packages that are beneficiary and contextually relevant? RELEVANCE & COHERENCE
- **EQ2:** To what extent has WFP Liberia demonstrated readiness to implement and monitor CBTs in ways that are effective? EFFECTIVENESS
- **EQ3:** To what extent has WFP Liberia demonstrated sustainable capacity to assess, design, implement and monitor CBT to a high standard in the future? SUSTAINABILITY & ACCOUNTABILITY TO AFFECTED POPULATIONS

vii. The ToR did not adequately identify evaluation questions and sub-questions, hence a full set of evaluation questions and sub-questions and indicators were formulated and prioritised in close collaboration with WFP (RBD & CO) and were then used as the analytical framework for the evaluation in the form of an Evaluation Matrix (Annex 4).

viii. The evaluability assessment of the inception phase identified and presented measures to mitigate the significant evaluability challenges (see Annex 3) with regard to limited availability of documents, data and lack of provision or existence of monitoring data, difficulties presented by the 3 year gap between the pilot and the evaluation and the implications for the evaluations' ability to consult with WFP and CP staff and other KI present at the time. The EA identified the difficulties for the evaluation to adequately triangulate evidence and assess project effectiveness and efficiency, in the light of these shortcomings and made exceptional

[3] WFP KII reported; "There was consultations carried out prior to the start of the CBT Pilot, particularly with reference to determining transfer value. In the first place, at the time of the pilot CBT, there were very few if any other CBT activities were taking place in the country besides what WFP was doing. It should be noted that the THR through CBT was intended to provide the beneficiaries with cash to procure the same quantity of rice and oil that they were receiving as in-kind."

[4] WFP KII reported "July 208HHs, August 226 HHs (with 4 transactions recorded as losses: USD 246) and last payment of unsuccessful transaction: 14 HHs"

efforts to mitigate these through sourcing missing monitoring data, increasing the numbers of KIIs and FGDs than planned, especially with beneficiaries and with community level informants, and undertook some small scale semi-quantitative informal assessments in instances where this was essential to capture evidence around key programme weaknesses. The ET gathered perceptions of beneficiaries and their local community representatives as to the effectiveness of the CBT programmes for various vulnerability groups and triangulated with documentation, secondary data, and perceptions of other stakeholder types on outcomes of the pilot (through different FGDs including child beneficiaries, parents (and/or guardians, grandparents, or carers), members of parent-teacher associations (PTA), and people with vulnerabilities). The ET triangulated findings with KIIs and FGDs conducted with other stakeholder groups including school representatives, representatives from vulnerability groups (through brief case studies), cooperating partner staff (Caritas, MoE), and private sector service providers (E-Voucher retailers, Lonestar nationally and MMT (MTN/Lonestar) operatives).

ix. Intersectionality is at the core of the evaluation's methodology; this lens allowed us to describe vulnerability not only as the characteristic of some socio-demographic groups, but a result of different and interdependent societal stratification processes that result in multiple dimensions of marginalisation.

x. **Methodological limitations –** The number of beneficiary HHs that were interviewed in FGDs was small (approximately 90-110 households out of 673). The aim was to get respondents from a reasonable range of different types (different counties, schools, urban and rural settings, and HH from nearby and distant homesteads etc.). However, the schools and respondents were not selected randomly, but by asking the IP to respond to a defined rationale for school selection and to select households based on a further rationale (e.g., to ensure that all genders, vulnerability types, and beneficiary perspectives were included for the evaluation to gain learning on potential programme weaknesses).

Summary of key findings

RELEVANCE & COHERENCE

xi. **Strategic and contextual alignment & coordination** (Findings 1, 2, 5) –The CBT capacity and readiness building Take Home Ration (THR) pilot was relevant to the Liberia operational context and coherent with national policies. However, some programming weaknesses led to missed opportunities[5]. The Country Office (CO)[6] reported "adequate communication and coordination between and among WFP, CPs and beneficiaries". However, though there may have been the inception meeting and 'regular implementation meetings with CPs' that the CO report, the ET were not able to find evidence (documentary or testimonial) that these had been effective. It was found that there was strong coordination with government at national level, however the evidence from MoE staff and Caritas at county and triangulated at community level was that the inception meeting and any programming meetings were not effective and that Coordinating Partners (CPs), schools and beneficiaries remained very confused about who should have been doing what and what they were supposed to be doing as well as who was entitled to what and when the programme would end. Hence the finding is that coordination with national level government was good but that coordination and communication were inadequately effective with county (MoE and Caritas) and community level CPs and other key programming actors (school authorities and beneficiaries). The evaluation found that the timing of a pilot with the intended purpose of 'readiness and capacity building in CBT' during an emergency in a CO where capacities and resources were already overstretched was inappropriate.

xii. **Contextualized implementation of CBT** (Findings 2, 3, 4, 5, 6, 7, 8, 9, 10, 11) - The technical design (modality and delivery mechanism) of the THR CBT Pilot was considered relevant to the context; geographic and school targeting, and selection was effective, but had some targeting and selection flaws. Weaknesses in technical design decisions were caused primarily by limited consultation with beneficiaries and CPs and contributed to failures to identify key vulnerabilities related to informal guardianship[7]. In general, stakeholders were

[5] E.g. Inadequate messaging around unrestricted purchasing in the MMT pilot and missed opportunities related to local purchasing opportunities in E-Voucher and MMT.
[6] CO staff comments drawn together in CO response email 15/07/24.
[7] High proportions of children living away from the family home, sometimes with extended family members but frequently in households unconnected with the intended beneficiary family.

confused about the objectives and lacked basic information about the programme, resulting in the Pilot not being a test of MMT expenditure preferences.

xiii. There were flaws in targeting of vulnerable households using the selection of 'one child' from grades 4-6 which was widely misunderstood by beneficiaries and CPs, which caused controversy and disagreements between households and siblings and led to extensive negative feedback to CPs. WFP report that all children in the targeted schools received either in-kind or CBT THR, however the overall approach of targeting vulnerable households through children in school means that any vulnerable households who did not have children in school (or in those specific grades) were excluded from the programme. The pilot was reported by headteachers and MOE at county and school levels to have induced movements of children between non targeted to targeted schools which risked harm. The targeting and selection approach missed opportunities for empowerment gains for women[8] and risked the assistance going to unintended guardian households, rather than the intended vulnerable beneficiary household of the selected children.

xiv. **Effective use of tools and guidance** (Findings 9, 12, 13) – The relevant corporate assessments, tools, due diligence, and guidance resulted in good CBT readiness, and the CO report extensive internal capacity building[9]. However, despite these efforts and improved capacities, flaws in various programming design aspects (such as the one-child targeting approach), CPs report[10] other weaknesses in general good practice programming (such as poor understanding of purpose, objectives, targeting etc) that have resulted in substandard programming quality.

xv. The schools selected were those that were assessed as having adequate access to nearby retailers and sufficient connectivity. The selection of locations for the E-Voucher and MMTs was appropriate. The E-Voucher retailer selection and functioning was effective but slow repayments (caused by multiple reasons[11]) ultimately led to retailer drop out and reduced consumer choice. Although the CO continue to insist that "All Mobile Money Transfer (MMT) beneficiaries received USD 15 + USD 1.50=USD 16.50 (The USD 1.50 is the transfer cost/fees). On no occasion a complaint was made by the beneficiaries/CP"[12], all but one of the MMT beneficiaries consulted by the Evaluation Team (ET) in Harper report that they only received 13.5USD of the 15USD intended and the 16.5 USD that WFP paid to Lonestar. The Evaluation finding is that MMT transfer fees appear to have been taken twice from most beneficiary payments and WFP & Lonestar appear to have been unaware at the time and since. This requires further investigation.

EFFECTIVENESS

xvi. **Effectiveness of CBT implementation** (Findings – 4, 7, 8, 9, 10, 14, 15, 16, 17) - The CO demonstrated adequate capacity to use corporate systems and procedures for CBT, in line with the purpose of the pilot. Educational benefits of enrolment, attendance, and focus of selected students occurred. The beneficiary households who received the THR in line with entitlements and expectations were appreciative of the assistance and the way in which they received it. However, many beneficiaries (particularly those who did not get their entitlements, and those who received half of the intended amount of food and those that failed to receive their entitlements) and local level CPs (MoE, school authorities and Caritas in both counties) were dissatisfied with many aspects related to poor general programming effectiveness as discussed elsewhere (targeting approaches, Accountability to Affected Populations, Communications etc.)

[8] that could have been achieved through more direct communications re registering women as recipients of the cash (EV/MMT) and empowerment to control financial decision making.

[9] KI – "A CBT International expert was hired to manage the pilot project. Additionally, a National School Feeding Officer-NOB was already hired, and programme staffs from the two field offices were trained to have the needed capacity. Two CPs were contracted to implement the pilot phase."

[10] (triangulated by school authorities and communities across both counties)

[11] There were multiple and differences in opinion on the reasons for the slow repayments. One WFP staff reported that it has taken a long time for WFP to learn how to do faster repayments. Another WFP staff reported that "Retailers' payments delayed due to the fact that they were new to the programme technology/innovation. Before the programme inception, retailers and CPs were trained how to use the MPos device, undertake redemption, and synchronization, and receipt/invoice scanning process." It is likely to have been a combination of factors.

[12] WFP staff comment 15/7/24)

xvii. The transfer value was calculated in line with the good practice of WFP corporate guidance at the time.[13] However, the transfer value was not amended to reflect price changes and the transfer value became and remains inadequate and its real value (in terms of food that can be purchased with the amount given) differs between locations. The Pilot was well-timed in terms of responding to the lean season and as a response to global price increases.

xviii. **Effectiveness of Accountability to affected populations, feedback and MEAL** (findings 14, 18, 19) – There was insufficient involvement of community and district level stakeholders[14] in assessments and design decisions, insufficient good practice communications, and failed feedback mechanisms and MEAL systems which allowed problems and misuse allegations to remain unheard and unaddressed and may well remain to date. The CO report that this was not due to insufficient resources or staffing levels. CPs were however adamant that AAP practices were inadequate, and communications weaknesses further contributed to difficulties, therefore these programming shortcomings remain unexplained.

SUSTAINABILITY

xix. **Sustainability and scalability** (Finding 1, 14, 18, 19) - Undertaking the CBT pilot improved CBT capacities within the CO (particularly in corporate tools, systems and SCOPE), and more improvements have been reported by WFP within the interim period (though this was beyond the scope of this evaluation to assess). CBT capacities within MoE and school authorities and communities in general in Liberia were very limited[15] prior to the CBT pilot, and this did increase the challenge for WFP. WFP staff report CP and school 'orientation sessions[16]' and 'awareness sessions for beneficiaries during registration'. However, MoE, Caritas, and school authorities maintain a difference of opinion and reported little or no orientation or formal trainings, and that what CBT capacity building occurred was 'learning by doing'. The ET found significant differences in understanding of key programming parameters such as objectives, targeting and selection criteria and entitlements across all key actors (WFP, CP, schools, beneficiaries) which suggests that even if CBT capacities and staffing were adequate that programming weaknesses remained. Further investigation is required to ensure that the improvements in CBT capacities and systems and procedures readiness reported by WFP staff have continued during the intervening years since the CBT Pilot. It is recommended that further investigations establish whether the programmatic weaknesses identified[17] by this evaluation occur before conclusions are made as to whether the CO are ready to implement similar programming to an improved higher standard at scale.

[13] This was reported to have included "The retailers were cautioned to treat selected HHs as regular customers rather than WFP's customers. Market price monitoring was done monthly to inform the CO on the prevailing price."(KI 16/7/24)

[14] (cooperating partners of MoE and Caritas, school authorities, community or beneficiary representatives etc)

[15] Caritas had some experience of CBT through CRS programming.

[16] WFP staff KI reported 16/7/24 "Emphasis during the awareness was on objectives of WFP assistance and who were the target beneficiaries and the duration of the assistance."

[17] By the narrow scope of this evaluation that was restricted to the one short term THR CBT Pilot in 2021.

Summarized conclusions, and learning-oriented recommendations

Table 2: Summarized conclusions

Summarized Conclusions
CONCLUSION 1: *Corporate assessments and tools were deployed satisfactorily; Modality decisions were appropriate and achieved a good degree of CBT readiness, capacity building, and 'timeliness' were achieved adequately internally but not for Cooperating partners.*
CONCLUSION 2: *Geographic targeting was acceptable and school selection and the communications around school selection, had weaknesses but was pragmatic in terms of selecting schools for a trial of internal systems and contextual suitability of modality and delivery mechanisms.*
CONCLUSION 3: *Unsatisfactory assessments that did not adequately include sufficient local knowledge[18] and beneficiary preferences, missed key vulnerabilities, which led to technical design and programming weaknesses.*
CONCLUSION 4: *Inadequate clarity of programme logic, purpose, targeting and selection, alongside insufficient Cooperating Partner and school orientation and communications and awareness raising in communities throughout led to widespread confusion and de-railed the CBT effectiveness overall and effectiveness as a test of modalities and delivery mechanisms and risked harm on occasions.*
CONCLUSION 5: *Selecting beneficiary households through the 'one child' approach was problematic and targeting strategy missed vulnerable groups. The technical design of the programme could have been better linked to programming objectives.[19]*
CONCLUSION 6: *Strategic and programmatic confusions negatively affected performance/results.[20]*
CONCLUSION 7: *Increased internal CO CBT systems and procedure readiness and capacity building was achieved; however, opportunities were missed for cooperating partners.*

xx. The CBT Pilot proved an effective test of WFPs weighty corporate CBT systems that has led to improved CO and CP readiness and capacities. However, several key weaknesses in other general programming quality that have undermined programming effectiveness; an insecure logic, poorly documented and understood purpose, objectives, targeting and a selection approach that was not well communicated to key stakeholders and added to by inadequate feedback and monitoring that did not capture these critical weaknesses and lead to insufficient remedy or course correction.

xxi. The reasons for these programmatic weaknesses remain undiscovered. The CPs were inclined to a view that WFP staff were busy with other important programming and that too few staff were dedicated to communications and awareness and feedback mechanism and Monitoring of the CBT pilot, and less able to undertake such face-to-face activities by COVID social distancing measures. In contrast, the CO argue that the CBT pilot was well staffed and had good capacities and were not adversely impacted by COVID social distancing measures. The evaluation acknowledges that further CBT systems and procedure and capacity readiness measures for CBT were highly appropriate given the findings of the audit reports, and the decision to allocate limited resources to CBT readiness should be highly commended. However, in future WFP should wherever possible aim to undertake CBT readiness work during the periods between emergencies, to increase effectiveness and improve programming quality and outcomes. It remains to be investigated whether sufficient progress in CBT readiness and capacities has continued in the ensuing years since the CBT pilot to be able to say that the Liberia CO is now in a strong position to progress to quality CBT at scale in the future.

[18] From CPs (MoE & Caritas) or school authorities, community leaders or beneficiary representatives (such as women's organisations or PTA etc.)
[19] Educational and vulnerability and gender empowerment etc.
[20] Around purpose, objectives and how these linked to targeting and selection for example.

Table 3: Summary list of learning-oriented recommendations

Learning-Oriented Recommendations
RECOMMENDATION 1: *Establish strategic coherency by clarifying programming logic and purpose and re-examining contextual vulnerabilities.*[21] Compare the quality and effectiveness of the in-kind and CBT programmes being currently deployed and evaluate the pragmatism and appropriateness of operating through schools in small, overstretched COs.
RECOMMENDATION 2: *Ensure better alignment with CBT good practice around Transfer values, registration, CBT communication, and coordination.* Ensuring that; the real value of CBT THR reflects local prices and costs of accessing and remains comparable to the in-kind THR; adjusting modality or transfer values when price or other changes occur; that values remain consistent between in-kind and CBT; improving registration, data capture, and payment monitoring and improving coordination with neighbouring actors to ensure geographical targeting and coherent modality and transfer values are used.
RECOMMENDATION 3: *Improve communications to communities as-a-whole*. Keeping beneficiaries and the wider community well informed of key programme parameters throughout; gathering their opinions and preferences and monitoring feedback and complaints; ensuring cross-checking of design decisions (including targeting rationale, selection criteria, entitlements, and timings); improving communications so that communities understand and verify targeting.
RECOMMENDATION 4: *Continue CBT Readiness Efforts.* Focus on attempting to achieve CBT readiness efforts in partnership and coordination with other actors and in the times between emergencies; considering lighter more rapid corporate tools for smaller scale CBTs and COs; undertaking assessments with other CBT actors for national readiness and capacity building purposes; and investigating how CBT readiness and standards have continued to develop over the ensuing period since the pilot.
RECOMMENDATION 5: *Improve Accountability to Affected Populations; undertake and document feasibility assessments of wide-ranging response and modality and delivery mechanism options and include more local knowledge in assessment and design decisions and throughout the programme.*
RECOMMENDATION 6: *Assess capacities and gaps; make use of existing capacities and build those needed to fill remaining gaps.* Undertake skills gap analysis with CPs and develop capacity building action plans to address gaps; identify and increase access to and ensure capacity building in modern technologies for improved effectiveness and efficiency of assessments, registration, feedback, and monitoring. Capacity building should be emphasized to address the low level of understanding on terminologies and ensure restrictions and conditions and instalments and their consequences are better understood and deployed across CO and CPs.
RECOMMENDATION 7: *Improve feedback and complaints mechanisms.*
RECOMMENDATION 8: *Improve quality and understanding of targeting in general and selection based on gender and vulnerability; ensure its logic is in line with programme objectives.* Re-examine the programme logic and objectives and link to targeting and selection criteria and considering whether rations are best targeted through schools at all. Put in place flexible measures to discourage harmful movements between schools and set targeting criteria with some flexibility for amendment by local representatives.
RECOMMENDATION 9: *Improve monitoring, evaluation, accountability, and learning.* Four sub-recommendations relate to; monitoring of pilots; reviewing corporate post distribution monitoring questions; assessing options for feedback mechanisms; and timely capture/investigation of issues.

[21] Particularly related to informal guardianship.

1. Introduction

1. This report presents the results of the evaluation of the World Food Programme's (WFP) Cash-Based Transfers (CBT) Take Home Ration (THR) Pilot in Liberia in 2021. It summarizes the scope and the methodology, and sampling strategies for each stakeholder group and geographic area – including the extent, nature, and timeline of data collection activities undertaken, the stakeholders interviewed, and activities undertaken. The report also presents the evaluation's findings, conclusions, and recommendations; it was prepared by the evaluation team (ET) as the culmination of the evaluation reporting phase.

1.1. EVALUATION FEATURES

2. This evaluation took place three years after the implementation of the CBT pilot (implemented in 2021) and does not cover the Country Office's (CO's) evolving CBT capacities during the period since. The pilot targeted a portion (25 percent) of Take-Home Ration (THR) recipients under WFP's Home-Grown School Feeding (HGSF) activity (targeting the households of children going to six schools in Nimba and Maryland counties during the 2020-2021 academic year).[22] The evaluation was commissioned by WFP Liberia CO and timed to feed into future decision making on implementation of the CBT modality across all areas of WFP's work in Liberia. The rationale for the evaluation stated in the original Terms of Reference (ToR) is to build evidence related to its intervention approach and results in the domain of CBT interventions and contribute to laying the foundation for the scale-up of CBT within and beyond HGSF – as envisioned in the Liberia Country Strategic Plan (CSP). This is a theory-based mixed-methods evaluation (see the at-a-glance line-of-sight in Annex 3, which positions the pilot/evaluand within the Liberia CO's CSP).

3. The intended use of the evaluation is to identify opportunities for WFP to strengthen the design of its CBT activities as well as serving as an advocacy tool with donors and partners. The evaluation objectives indicate an emphasis on learning vs. accountability – and an emphasis on documenting success and risk factors and limitations of CBT as a modality and WFP's CBT process and tools - as implemented in the Liberian context. During the Inception Phase, the ET worked with the CO and Regional Evaluation Unit (REU) at WFP's Regional Bureau for West Africa in Dakar (RBD) to develop and agree new statements of purpose:

   - To help WFP better understand and learn from the planning for and implementation of different CBT modality and delivery response options in a small, under-resourced CO, such as Liberia.
   - To evaluate the extent of WFP's readiness to implement good practice, appropriate CBT interventions at-scale in Liberia (based on the relevance/appropriateness and effectiveness of the 2021 pilot – and its different modality and delivery response options).

4. In addition, new Evaluation Questions (EQs) were crafted, based on extensive consultation with the CO and REU – using a participatory process to identify priorities and a re-scoping strategy that considered the resources available to the ET (see section 1.4 below for more details).

5. The primary users of the evaluation are expected to include the WFP Liberia CO and its cooperating partners involved in the implementation of the project (Caritas, FSP) and the Ministry of Education -MoE) and other relevant actors (such as those involved in the School Feeding programme) at policy and program level in the Government of Liberia.

6. The evaluation is intended to inform policy decisions as well as decision-making on upscaling. The RB is expected to use the evaluation to provide strategic guidance, programme support, and oversight to Liberia CO as well as contribute to evidence generation on the scale-up of CBT in Liberia.

7. WFP Headquarters (HQ) may use the results to revise CBT guidance in the future and to enhance organisational learning in general. WFP's Office of Evaluation (OEV) may use the evaluation findings, as appropriate, to feed into evaluation syntheses as well as for annual reporting to the Executive Board on evaluation coverage.

[22] WFP piloted home-grown school feeding (HGSF) in 2016 with 6 schools and increased to 12 schools in 2017, to 62 schools in 2018/2019, and 180 schools in 2023. An evaluation of HGSF has not been done yet due to its limited scope and intermittent pipeline breaks.

8. The evaluation may be of interest to stakeholders beyond the MoE and WFP. United Nations (UN) partners involved in CBT use in Liberia (such as United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), the Food and Agriculture Organization (FAO), United Nations Population Fund (UNFPA), World Health Organization (WHO), United Nations Programme on HIV and AIDS (UNAIDS) and other Non-governmental organisations (NGOs) and CBOs may use the findings of this evaluation to inform their CBT interventions or proposed interventions. The findings may prove of interest to the donor community, particularly those engaged in the promotion of CBT use such as; The United States Agency for International Development (USAID), the European Union (EU) and other potential donors for this pilot project. WFP will use the evaluation report to meet its accountability needs as appropriate (though the emphasis in this evaluation is on learning). Targeted beneficiaries are also potential users of the evaluation particularly during the dissemination and sharing of evaluation findings.

9. The Evaluation Team (ET) was comprised of an international Team Leader, international Senior Evaluator, and one Senior National Expert. The Team Leader (TL) – Sharon Truelove – is an expert in CBT with long-standing proven experience with senior team leadership of large-scale, multi-agency, multi-country strategic reviews and participatory evaluations. The Senior Evaluator – Nathan Horst – has extensive experience with use-focused evaluation approaches and has been involved in over 40 major evaluations for WFP – specializing in systems thinking and intersectional vulnerability analysis. The Senior National Expert has over 15 years of experience in areas of monitoring and evaluation, strategic planning, evaluation, research, project design, and human and institutional capacity development.

10. Fieldwork was undertaken by the TL and SNE, with the SE supporting remotely. Fieldwork was undertaken in April/May 2024 and included field visits to some sites of project delivery – and direct consultation with beneficiaries and various levels of stakeholders. See Annex 3 for additional information on methodology and Annex 6 for an agenda of fieldwork undertaken by the ET in Liberia.

1.2. CONTEXT

11. Liberia is a low-income country on the western coast of Africa that faced numerous challenges after emerging from a civil conflict that lasted from 1989 to 2003. Liberia faces multiple threats, and the WFP CO has accumulated valuable experience in responding to major crises such as Ebola, COVID-19, and a series of endogenous shocks including strong dependence on primary commodities with highly volatile prices, declining external assistance, weak domestic revenue generation, and limited expenditure adjustments.

12. Out of the total population of 4.5 million people, an estimated 373,230 people face severe food insecurity (IPC levels 3 and 4); overall, 63 percent of Liberians face multidimensional poverty. "Between 2014 and 2022 Liberia experienced two major health emergencies that diverted the Government's attention from its development plans; the WFP Country Office has been engaged in emergency response and resilience activities, adapting its approach to the needs of the country. The funding trend over the same period was volatile, fluctuating between annual levels below USD 2 million (in non-emergency years) and a peak of USD 33 million (in 2020 during the COVID-19 pandemic)".[23]

13. Food insecurity remains high, with an estimated 37.5 percent of Liberians severely food insecure in 2021. Acute food insecurity affected 11 percent of the population in 2023 based on the Cadre Harmonisé analysis. Agriculture is characterized by subsistence production and low productivity due to factors like limited inputs, rudimentary technology, and lack of access to markets. However, it contributes over a third to GDP and employs 87 percent of the working-age population.[24]

14. Voluntary National Review of the Goals of the 2030 Agenda was completed in 2020 and 2022, with SDG trends indicating that progress towards SDG2 (zero hunger) is stagnating and progress towards SDG17 showing moderate improvement.[25]

[23] WFP "Internal Audit of WFP Operations in Liberia" (AR/23/08)
[24] Comprehensive Food Security and Nutrition Survey, as cited in WFP. 2024. Liberia Annual Country Report 2023.
[25] 2023, Government of Liberia. Liberia National Commitment to SDG Transformation. Pg. 2.

Figure 1. SDG Dashboard and Trends 2023; Government of Liberia commitments

Source: Liberia national commitment to SDG transformation

15. Liberia is highly vulnerable to climate change impacts and natural disasters[26] due to its geography and reliance on activities such as "unsustainable logging practices, unregulated coastal mining, high levels of biomass consumption and decreasing river flows due to high evaporation levels"; coastal zones are also vulnerable to the increased frequency of high-intensity coastal storms.[27]

16. There are wide gaps between urban and rural areas in access to basic services, income, and livelihood opportunities. Disparities and exclusion of the poorest and most vulnerable groups, including in access to ID cards of importance for CBT KYC (Know your Customer) requirements, and in education and familiarity with mobile phone technologies, remain major challenges. Disparities in access to services constrains the types of assistance that can be used (for example, mobile money more challenging as a CBT delivery mechanism where cell phone network is inaccessible). Highly vulnerable populations live in rural areas and informal settlements formed by displacement caused by the Liberian Civil War.

17. Gender inequalities are high, with discrimination against women in areas like employment, wages, decision-making and rights. Persons with disabilities face high poverty rates and barriers in accessing education. In 2023, 41 percent of calls to WFP's beneficiary feedback mechanism were from women (demonstrating access and willingness to participate in the mechanism) and 84 percent of calls reported issues requiring follow up-action from WFP; in 2023 WFP initiated the development of its first comprehensive community engagement strategy and action plan – demonstrating a commitment to inclusivity and openness to feedback from all groups.[28]

18. WFP operational context – The staffing structure review of March- May 2018 led to a "cumulative reduction of over 60 percent in the country office's staffing level" (Audit AR/19/09) In terms of the organizational structure of the country office, a "38 percent staffing reduction was implemented, mainly as a response to funding constraints". The 2023 internal audit found that, "The process did not adequately take into consideration the minimum capacity required to implement the activities as planned, and there are staffing gaps in critical support functions such as monitoring, budgeting, programming, and communications."[29] This is considered highly likely to have impacted on CBT Pilot and future CBT programming. However, since then "The country office secured contributions from new donors in the private sector and submitted proposals to other potential donors," though staff capacity and other resourcing constraints are reported to remain (WFP KII). Table 1 below provides an overview of CBT-relevant shocks and events pertaining to the context of this evaluation.

[26] World Bank Group. 2021. Climate Risk Profile: Liberia (2021).
[27] WFP. 2024. Liberia Annual Country Report 2023. Pg. 25.
[28] Ibid. Pg. 23.
[29] WFP "Internal Audit of WFP Operations in Liberia" (AR/23/08)

19. Since CBT can be used as a modality within a range of programmatic interventions, there are a range of policies that are tangentially relevant to the evaluation. However, the National Social Protection Policy and Strategy (2013) provides the main strategic policy framework for using CBT in Liberia; it articulates a core rationale that, "Over the last two decades, social protection – particularly long term, predictable cash transfers – to poor and vulnerable households, have proved to be an essential component of a number of developing countries' progress out of poverty".[30] One of the stated aims of the policy is to "Move towards adoption of cash rather than food based transfers".[31] One of the policy's five-year strategic priorities is "Progressive expansion of the unconditional Social Cash Transfer providing minimum income security to at least 25 percent of extreme poor households".[32] The policy discusses an approach/rationale for targeting of social protection in low income countries which emphasizes access to universal programmes vs. specific (and often cost-prohibitive targeting).[33] The policy references elements of sector-specific policies that intersect with social protection – a few examples are provided in Annex 10.

20. Normative frameworks on human rights and gender are coherent with an overall strategy of 'leave no one behind' and include the National Gender Policy (NGP) – 2018-2022; Legal Aid Policy for marginalized population (2021); Gender-Responsive Planning and Budgeting (GRPB) Policy (2019), Gender policies for government institutions (2021), and the government's Anti-SGBV Roadmap (2020-2022).[34]

21. Other CBT actors in Liberia relevant to this pilot (e.g., operating in the same period and/or geographic areas) are listed in Table 4 below, along with discussion of the ET's findings regarding the challenges of coordination and coherency with these other initiatives. WFP's other activities in Liberia are discussed in the following section on the evaluation subject; while the pilot was nested within the school feeding program, it was critical for the entire CSP, which plans to use the CBT modality in all its activities.

[30] Government of Liberia, 2013. National Social Protection Policy and Strategy, Government of Liberia. Pg. 9.
[31] Ibid. Pg. 12.
[32] Ibid. Pg. 14.
[33] Ibid. Pg. 26. The policy cites this approach as a 'best practice': "The political economy of social protection and targeting in low-income countries: The administrative costs and challenges of poverty targeting when so many households are poor is certainly costly and demanding to implement and it generates errors of exclusion. The evidence suggests that the best way to benefit the most vulnerable may not be to target them exclusively; rather it may be more beneficial to the most vulnerable by providing them access to more universal programmes. In Africa these more universal forms of targeting and entitlement-based programs are generally more popular, gain more political traction and ultimately attract more funding than narrow poverty-targeted programs – as evidenced by the fact that the biggest government (rather than donor) funded programs are based on targeting vulnerable categories of the population."
[34] Government of Liberia, 2023. Voluntary National Review of the Goals of the 2030 Agenda (2022).

Table 4. CBT-relevant shocks and events timeline

Year	Event/Shock	WFP response	Comment
2014	Ebola	First small CBT to Ebola survivors	Evaluation of WFP's regional response to Ebola noted very weak data availability.[35]
2016	PRRO	Protracted relief and recovery operation did not use CBT.	PRRO Evaluation strongly critiqued WFP's response for not exploring the use of CBT.[36]
Jan 2018	Flooding	Initial decision to attempt CBT response with 2 FSPs (E-Voucher and MMT); transfers were made but were severely delayed and problematic.	Audit identifies readiness weaknesses.
Jan 2018	Elections – "tensions surrounding elections that resulted in January 2018 in the first peaceful transition of political power in over 75 years" (Audit AR/19/09)		
Mar 2018	United Nations peace-keeping mission departs from the country		
Mar- May 2018	WFP Staffing Structure Review "cumulative reduction of over 60 percent in the country office's staffing level" (Audit AR/19/09)		Further constrains the capacities of the CO.
Post 2018	During shocks/ emergencies. (at other times school feeding – meals/wet ration)	In emergencies (only) – CO used to give in kind food (15kg rice, 4l oil) to girls in schools were gender enrolment disparity gap of 15 percent or more. Gradually rose from 1k – 4k girls. Wanted to trial CBT to 25 percent of the cohort of girls and Mastercard funds used to pilot CBT for THR. Achieved MFI (market functionality index) to inform where different CBT modality & delivery mechanism options were feasible. Decided to switch THR to boys and girls for CBT Pilot.	
2020	New management team	Staff re-alignment, loss of some CBT experience. Geographical targeting re-assessed to reduce strain on resources.	Replacing CBT experience is challenging, and more CB on CBT required for new staff. Staff turnover issues in CBT areas.
2020/21	THR CBT pilot capacity building and feasibility study support (from RB)	RB support for feasibility assessments, response option analysis and planning (Documentation from these support missions does not seem to exist or was not made available to the ET.)	Maryland has MMT & EV, Nimba just EV. Decided in Kind (IK) plus only 1 modality & delivery mechanism per school for THR (though wet rations/school meals continued).
2021	THR CBT Pilot distributions occur – anticipated 4 months April -July onwards (achieved July – Sept/October).	District selection criteria based on Food security indicators (FCS and FSI). As WFP budget was limited, districts were prioritised by FS indicators AND seasonal ability to access market. Wet ration requires access by trucks,	Coincided with the lean season by coincidence, not design. Some KIIs report CBT was used to reward attendance over 80

[35] WFP, 2017. An evaluation of WFP's L3 Response to the Ebola virus disease (EVD) crisis in West Africa (2014-2015). P. 53.
[36] WFP, 2016. Operation Evaluation: Liberia Protracted Relief and Recovery Operation 200550: Food assistance for refugees and vulnerable host populations–Final Evaluation Report. P.13-14.

Year	Event/Shock	WFP response	Comment
		but cash THR only requires motorbike access for monitoring. "So, CBT was deliberately targeted for the hard to get to areas (the market functionality Index - MFI helped achieve this)" (KII - WFP staff) Wide divergence in the understanding of school selection. Some think selected if WFP assessments indicated accessible to adequate retailors or connectivity (for MMT); "EV went to places where adequate retailers exist, MM went to schools where MM operators exist." (WFP staff). Other KIIs reflected this view; "THR – gender disparity of 15 percent and above, not for inaccessibility. If district qualified for MFI assessment for e-Vouchers or MMT in that district (40 schools in SFP)" (CP).	percent of school days, then selected or 'qualified'. Decision memoranda's of 4/8/2137 which due to Covid related school closures recommended combining of cycles/instalments and that of 26/8/21 responded to price rises by recommending38 beneficiaries switch to cheaper goods (despite availability of USD 12,000 remaining budget)39.
2021	Post Covid 19 (schools were closed so no wet ration/ meals) funding became available for 14,900 HH emergency programme using schools as the platform. Called 'Alternative take home ration' (NOT THR, NOT even in SFP))	"Didn't want food to rot in warehouses so we gave food through schools platform and then a later cash element started when GIZ gave funding money for CBT – one off 15 USD for 1 month" (WFP CO staff).	Used school as platform as this facilitated household targeting, 'we used schools to help identify most needy families (2021-22)'
2023	(after COVID) got money from private donors and government partners	"We went back to THR/SFP in 2023 – THR targeted to most vulnerable HH 15 USD/month for 4 to 5 months ongoing. Started off about 1000 beneficiaries then 2000, now 3400 approx."	Sometimes instalments combined (because of planning process and operational reasons, sometimes registering reasons/delays)

Source: Based on document review and inception interviews conducted by the ET.

[37] WFP Decision Memorandum (4/8/21) "Initially, the pilot targeted 1,000 boys and girls from grades 4 to 6 in four education districts in Maryland and Nimba counties. In July 2021, the first distribution cycle of mobile money took place, and 505 schoolchildren representing 221 households received a USD 15 transfer, and with a USD 1.5 fee per transaction, the total value of transfers was USD 3,656 USD. For August 2021, the second monthly distribution cycle was planned with 223 number of beneficiaries. However, it is proposed that the August 2021 distribution be combined with the planned September and October cycles due to following constraints: 1. Due to an upsurge in COVID-19 case, the academic year will unexpectedly close early in mid-August. 2. The MTN contract will expire on 31 August 2021. WFP must undertake an evaluation before signing another contract. 3. Technical issues with the MTN platform. 4. Understaffing in the country office due to delays in recruitment will result in reduced capacity to complete SCOPE and MTN processes. "

[38] "some constraints appear in the field regarding the price of the commodities: 1. There is no rice in the shops of our retailers in Maryland now due to the recent shipwreck coupled with bad road during this time of the year. 2. There is hike in prices of basic commodities on the market. E.g., a bag of 25kg rice is sold at $23.00USD while 1 litre of oil is sold at $2.60USD which is more than the amount of cash on our beneficiary card for the pilot activity. 3. Schools have closed since the 13th of August 2021." The memoranda recommended that beneficiaries substitute for cheaper products "Beans, vegetable oil, sardines" (Note that this is a prohibited canned good).

[39] 'Feb 21 1st cycle – 397HH, then 3 cycles to 407 HHs. USD 12,000 remaining budget was given in a last e-Voucher round'

1.3. SUBJECT BEING EVALUATED

22. WFP provides school feeding assistance under Strategic Outcome (SO) 1 of its Country Strategic Plan (CSP) (2019-2023, extended to 2026).[40] Activity 1 under this SO includes the provision of take-home rations (THR) for adolescent girls in a way that relies on and stimulates local production through a home-grown school feeding (HGSF) strategy. In 2020, as part of its response to the critical findings of the internal audit in 2019 (a summary of CBT shortcomings identified by the Audit in 2019[41] are included in Annex 12), WFP committed to adopt cash-based transfers (CBT) as a delivery mechanism for 25 percent of THR beneficiaries. In 2021 this 'pilot project' was rolled out and tested both mobile money transfers (MMT) and electronic value vouchers (e-Vouchers). A follow-up audit occurred in 2020 and a further internal audit in 2023 identified further recommendations for improvements in CBT programming, capacities, and preparedness.

23. The purpose of the pilot was not just to contribute to activity 1 under SO1 in the CSP, but also strengthen capacities and ready systems for scale; "WFP invested considerably in this pilot with the intention to enhance its capacities to implement CBT across all its operations – using the pilot as a model for scale up beyond the school feeding programme".[42]

24. The CBT pilot intervention aimed to serve 25 percent of those who receive school feeding through Take Home Rations (THRs) and targeting was amended from being to the households of adolescent girls to the households of boys and girls (in grades 4-6) going to schools in the Nimba and Maryland counties, during the academic year of 2020-2021(note that targeting was not systematic and HH food security and livelihood indicators were not used; family size and gender make-up of children living in the HH was not captured – more on the absence of gender targeting in discussion of findings below). This targeting design does not appear to sufficiently take into consideration Liberia's strategy for social protection (see footnote 33 above).

25. The evaluation (in April/May 2024) included some primary data collection at implementation sites[43] and focuses on the implementation period of the CBT in 2021,[44] when CBT pilot activities started. It captures some further information relevant to CBT in the period after the CBT Pilot. The CBT pilot year was further impacted by significant additional shocks, which substantially impacted the Pilot.

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[40] https://www.wfp.org/operations/lr02-liberia-country-strategic-plan-2019-2026. WFP's work in Liberia under the current 2019-2026 Country Strategic Plan (CSP) aims to shift from an implementing role (focused on direct food assistance) towards an enabling role to strengthen national capacities and systems for food security, nutrition, and social protection. According to the February 2024 Liberia Resource Situation, the Needs Based Plan is 42 percent funded; the CSP includes four components:

- **Home-grown school feeding program** (Strategic Outcome 1) - WFP's flagship program providing school meals, take-home rations for adolescent girls, support to smallholder farmers who supply foods, and capacity strengthening for school communities managing feeding activities. The goal is to boost food security, education, nutrition, and agriculture outcomes. CBT modality is used in the take-home ration aspect of this, as well as to support smallholder farmers through asset creation.
- **Crisis response** (Strategic Outcome 2) - Providing emergency food and nutrition assistance to crisis-affected populations like refugees, people living with HIV/AIDS, and vulnerable households impacted by COVID-19 or Ukraine crisis.
- **Capacity strengthening** (Strategic Outcome 3) - Supporting the government in enhancing national coordination, food security/nutrition monitoring systems, early warning systems and vulnerability analysis capabilities.
- **Common services** (Strategic Outcome 4 - added in May 2020) - Providing supply chain and logistics services to humanitarian and development partners for emergency response.

[41] WFP "Internal Audit of WFP Operations in Liberia" AR/19/09 "

[42] ToR, para. 28.

[43] The evaluation covered both counties and interviewed representatives from 5 of the 6 THR CBT Pilot schools. The J.W Pearson school in Ganta (Nimba county) was visited, and MoE and school representatives from both schools in Nimba County (J.W Pearson, Ganta City & more remote William R Tolbert school in Saclepea, Nimba) were interviewed (in FGD). Schools in Maryland county were prioritized as both E-vouchers and MMT were used in Maryland. MoE, School representatives and beneficiary households from 3 (more remote e-Voucher school of Gbolobo and both of the 2 MMT schools of Harper) of the 4 schools in Maryland were interviewed in KIIs and FGDs.

[44] Largely July-October 2021

Table 5. Summary Background to the CBT Pilot; 2018 flood response prompts WFP audit to freeze all CBT operations pending a remedy to capacity gaps that is evidenced by the evaluation of a pilot.

- In August 2018 a food security response was designed after flooding. This response included a small proportion of In-Kind food distributions to more remote rural areas that were completed promptly (in 2 months). For the main part of the programme a cash transfer using a Mobile Money Transfer (MMT) delivery mechanism was selected; severe delays (one year) in the completion of transfers – and other problems – were identified in the 2019 audit.
- WFP provides school feeding assistance under Strategic Outcome (SO) 1 of its CSP (2019-2023).
- Activity 1 under this SO includes the provision of take-home rations (THR) for adolescent girls in a way that relies on and stimulates local production through a home-grown school feeding (HGSF) strategy.
- A 2019 Internal audit by WFP[45] (and in Oct 2020[46] and in 2023[47]) identified several shortcomings in CBT programming, which led to a recommendation that further CBT programming should be achieved as a 'pilot'.

Source: Based on literature reviewed by the ET during the Inception Phase.

26. The CBT Pilot represents a test of modality and delivery mechanism combinations for implementation of the school feeding activity in the CSP; it is referred to as a sub-activity in the evaluation ToR (though WFP does not recognize sub-activities in their formal terminology). The CBT Pilot as such was not part of the original CSP document, as CBT was planned to be fully implemented as part of activity 1 and 2 starting in 2020 (this was not allowed due to the 2019 audit findings, which froze the implementation of CBT by WFP in Liberia, pending evidence of improved capacities – i.e., findings of this CBT pilot evaluation). Neither a ToC/logic model nor budget was specifically developed for the pilot.

27. The evaluation subject includes comparison of the two modality and delivery mechanism combinations: MTN mobile money (using SCOPE light cards as identification documents to receive SIM cards with 221 HHs in Harper District) and electronic value vouchers (using SCOPE light cards redeemable from selected retailers in exchange for commodities with soft restrictions (messaging and monitoring) for rice and oil with 452 households (HH) in Saclepea & Ganta in Nimba count, and Pleebo District in Maryland county). Transfer values were set at USD $15 per month for a HH of five members (based on the CSP food basket and market prices identified in the Market Functionality Index (MFI) 2020).[48] See Annex 11 for details of features.

Table 6. Summary of key features of CBT THR Pilot implemented in Liberia

Based on triangulation with interviews, documents, data, etc., the ET deduced the summary descriptions below.
Purpose – To test CO CBT readiness and capacities to use corporate systems and procedures to overcome audit findings and permit further CBT programming to continue.
Objectives – The primary stated objective is to reduce hunger (food security) through a school-based delivery platform that allows additional, secondary knock-on educational-related outcomes (CSP Activity 1).
Proportion of Modality and delivery mechanisms used – In Kind to 75 percent of Beneficiary households (HH), 25 percent Cash or Voucher. Both mobile money transfer (MMT) and the E-voucher (EV) are cash modalities. The e-Voucher is a value voucher.
Geographic location/targeting and modality matters – geographic targeting was Beneficiaries- BF/HHs were grouped into 6 schools. All schools had In-kind. 6 schools were selected for cash (2 were given e-Vouchers in Nimba, 2 e-Vouchers in Pleebo and 2 MMT in Harper, Maryland.
Transfer value set at USD 15 with a SMEB logic (survival minimum expenditure basket) without geographic or transfer value coordination with other local CBT actors; linked to an average family size of 5 (no increased transfer for larger HHs). The transfer value was intended to cover the SMEB gap, according to WFP.
Transaction fee – a 1.5USD transaction fee was added to the MMT value at each instalment/cycle.
Implementation and Monitoring – MoE & Caritas, WFP Monitoring (though not evidenced)
Number of Households – 673 Households in total. 222 HH in Harper, Maryland, through Mobile Money. 452 HH get E vouchers in Saclepea and Ganta (Nimba) and Pleebo (Maryland)

[45] WFP, 2019. "Internal Audit of WFP Operations in Liberia" office of the inspector general internal audit report AR/19/09".
[46] WFP "Follow-up Audit on the Implementation of Agreed Actions from the Internal Audit of WFP Operations in Liberia" (AR-20-10) Oct 2020
[47] WFP "Internal Audit of WFP Operations in Liberia" (AR/23/08)
[48] ToR, section 3.1. Subject of the Evaluation.

Source: Based on extensive document review and thorough triangulation with interviews conducted by the ET.

28. Over the evaluation period, WFP implemented the CBT pilot in cooperation with the Ministry of Education and 2 separate Caritas (Caritas Gbanga in Nimba county and Caritas Cape Palmas in Maryland). Key stakeholders that were engaged in this evaluation include the Ministry of Education (nationally and in Nimba and Maryland Counties), representatives of schools that participated in the CBT pilot and their staff, the WFP Liberia CO (along with WFP evaluation and CBT advisors at RBD and OEV/HQ), Caritas (WFP's cooperating partner for the CBT pilot), contracted retailers and financial service providers (and relevant MMT operators in Harper), other Community Based Organizations -CBOs (Parent Teachers associations- PTAs, women's, disability, PLWHA etc.), beneficiary households and indirect beneficiaries (such as the households of guardians) and community representatives.

1.4. EVALUATION METHODOLOGY, LIMITATIONS AND ETHICS

29. WFP decentralized evaluations must conform to WFP and UNEG ethical standards and norms. The contractors undertaking the evaluations are responsible for safeguarding and ensuring ethics at all stages of the evaluation cycle. This includes, but is not limited to, ensuring informed consent, protecting privacy, confidentiality, and anonymity of participants, ensuring cultural sensitivity, respecting the autonomy of participants, ensuring fair recruitment of participants (including women and socially excluded groups) and ensuring that the evaluation results in no harm to participants or their communities. This section provides a summary of the methodology used in this evaluation; more details are available in Annex 3.

30. **Evaluability assessment -** The evaluability assessment conducted during the evaluation's inception phase (contained in Annex 3) identified several challenges related to the lack of documents and monitoring data, and the availability of IP key informants with experience of the CBT Pilot. The evaluability assessment included in the ToR was limited to a list of documents expected to be relevant to the evaluation; it did not discuss the extent of data availability, data quality, or indicator relevance to the subject of the evaluation. Review of the evaluation ToR revealed that Evaluation Questions were not included – only indications of criteria corresponding to the sub-questions. Subsequent discussions with WFP stakeholders identified the need for some re-scoping of the evaluation ToR (e.g., purpose, objectives, questions, sub-questions, and areas of thematic priority).

31. **Severe evaluability constraints –** The review of existence and quality of documentation made available to the ET after contract signature revealed substantial evidence gaps. An assessment of data availability for indicators included in the revised scope of the evaluation revealed that some data was missing or may not be existent for some indicators. Monitoring data has not been provided for many indicators, and data has not been made available for CBT programmes since the 2021 CBT pilot. Hence, (and in line with the evaluation's purpose and objectives) analysis focuses on systems functions rather than impact-level results; this mitigates the severity of constraints imposed by the existing data gaps; 'quantitative effect' is less relevant than process analysis (e.g., focused on WFP's CBT capacities and remaining gaps) for most EQs.

32. The revised purpose, objectives and set of EQs were discussed and agreed with the evaluation CO-Managers and WFP's evaluation team at the RBD; the questions are included in the Evaluation Matrix, which also specifies indicators, means of data collection, and methods of triangulation that will be used to answer each question (see Annex 4). The implication of this is a more focused set of evaluation questions.[49]

33. The ET has used the evaluability assessment process to ensure that the scope and rationale of the evaluation is clear and that all data needs are addressed by appropriate methods in the evaluation matrix, to the extent possible within the budget and timeline available.

Box 1. Evaluation Methods Summary – The ET consisted of one remote International, one UK based international who undertook Liberia based KIIs and FGDs in Monrovia, Maryland, and Nimba Counties alongside one national consultant. The ET was introduced into each community by at least one IP member of staff and encouraged their participation where relevant, whilst optimizing independence. The evaluation covers all schools that participated in the CBT pilot programme (2021) with site visits to 3 schools and interviews with MoE and school representatives of 5 of the

[49] A more detailed summary of the evaluability assessment undertaken by the ET at inception is available in Annex 7 of the Evaluation's Inception Report.

6 schools and beneficiary household parents or guardians and selected students from 4 of the 6 schools. The Evaluation Matrix served as the analytical framework for triangulation; data collection tools are in Annex 5.

34. **Methodological approach –** The ET used a mixed-methods use-focused, and participatory learning-and-thematic (CBT) review approach to this evaluation. The evaluation was guided by methodological rigour, appropriateness, careful consideration of the workload of the CO, and a highly operational focus on generating insights which can be used in Liberia and elsewhere. The approach was used to assess the different CBT technical design decisions made at different times since the CBT Pilot of 2021, and how these decisions played out operationally and in the different beneficiary, community, and geographic and market contexts. The evaluation also compares the differing modality and delivery mechanisms deployed. A further aspect of the evaluation was to assess the effectiveness of WFP efforts to ready and localize CBT capacities and operational systems and procedure readiness in Liberia. This was achieved through a combination of KIIs (and FGDs with wide ranging stakeholders, beneficiaries, and their representatives.

35. **Use of an Evaluation Matrix for systematic coverage of the Evaluation Questions (EQs) –** The ET has interrogated the original EQs as identified in the ToR (which were more at the sub-question level) and found that they did not reflect the intentions that the CO and RBD evaluation team had for this evaluation. Thus, the evaluation team have undertaken a complete reformulation of the Purpose, objectives, and evaluation questions in close consultation with WFP. The questions are listed below, along with the corresponding evaluation criteria linked to each.

    - **EQ1:** To what extent has WFP Liberia demonstrated readiness and capacity to assess and select CBT modality and delivery mechanism response option packages that are beneficiary and contextually relevant? RELEVANCE & COHERENCE
    - **EQ2:** To what extent has WFP Liberia demonstrated readiness to implement and monitor CBTs in ways that are effective? EFFECTIVENESS
    - **EQ3:** To what extent has WFP Liberia demonstrated sustainable capacity to assess, design, implement and monitor CBT to a high standard in the future? SUSTAINABILITY & ACCOUNTABILITY TO AFFECTED POPULATIONS

36. In addition, the full set of sub-questions and indicators used as the analytical framework for the evaluation can be found in the full Evaluation Matrix (Annex 4). The evaluation sub-questions have been further broken down into more detailed questions for the Key Informant Interview (KII) tool included in Annex 5. Sub-questions are used to dig deeper and elaborate analysis using specific indicators / judgement criteria for each of the evaluation sub-questions.

37. The ET gathered perceptions of beneficiaries and their local community representatives as to the effectiveness of the CBT programmes for various vulnerability groups. This was achieved through triangulation of the perceptions of differing stakeholder types on the intended and unintended effects on beneficiaries, their communities and on different gender and vulnerability groups through different FGDs including child beneficiaries, parents (and/or guardians, grandparents or carers), members of parent-teacher associations (PTA), and people with vulnerabilities. Quantitative surveying was determined to be out of scope and not a priority/need given the nature of the evaluation's purpose and questions.

38. In addition to considering the views of direct and indirect beneficiaries, the ET triangulated findings with KIIs and FGDs conducted with other stakeholder groups including school representatives, representatives from vulnerability groups (through brief case studies), cooperating partner staff (Caritas, MoE), and private sector service providers (E-Voucher retailers, Lonestar nationally and MMT (MTN/Lonestar) operatives).

39. **Sampling frame –** The ET used purposive sampling to select participants in qualitative data collection. The different groups and types of stakeholders within the affected population that were sampled for the evaluation reflect a range of CBT actors – stratified according to gender, location, type of modality and delivery mechanism. Details of stakeholder sampling can be found in Annex 3.

40. **Gender, equity, and wider inclusion –** Intersectionality is at the core of the evaluation's methodology. As noted above, collection of GEWE data is a key strategic issue, however, though the CBT pilot initially intended to focus on adolescent girls, this decision was overturned, and no documentation of the rationale for this decision (other than 'do no harm') has been identified. As is discussed in-depth below, targeting was functionally gender blind in the CBT pilot, as no data was collected on the size or gender composition of HHs

receiving transfers. It is also noted that the pilot did not include out-of-school children, a population that was also excluded from the evaluation stakeholder sampling – but which receives attention in our analysis of the pilot's appropriateness, strategic coherence, and unintended consequences.

41. Data collection tools captured gender-disaggregated indicators where relevant - the evaluation sub-questions were used to elicit insights regarding any idiosyncratic intersectional vulnerabilities affecting subsets of the target population.

42. Using an intersectional lens allowed us to describe vulnerability not only as the characteristic of some socio-demographic groups, but a result of different and interdependent societal stratification processes that result in multiple dimensions of marginalisation.

43. **Independence of the Evaluation –** The ET had no prior WFP connections and have not been former WFP staff. There were no compromising factors to the independence of the evaluation and there was no conflict of interest in the conduct of the inception phase and no bias on the part of the evaluators.

44. **Data availability and quality –** Data quality of documents was reasonably good; however, monitoring and reporting data was not provided and therefore not of sufficient standard (see further discussion below in section 2 on Findings) – notably, there was no individual project log frame, ToC logic model etc. and the ET had to infer the pilot's underlying theoretical model based on documents and interviews. As was noted in Annex 8 of the Inception Report, the subject of the evaluation is thematic/strategic/cross-cutting – in that it focuses generally on the CO's capacities and systems for implementing the CBT modality. As such, the evaluation focuses on an element of the enabling environment within which WFP's results framework exists at the CO.

45. During inception phase meetings it was agreed that **the ET would not reconstruct a ToC as part of the inception phase**, as it was agreed with WFP staff this is less relevant – given that there is a very broad range of programmatic interventions that can utilize CBT to achieve their specific outcomes.

46. **Methodological limitations –** The number of beneficiary HHs that were interviewed in FGDs was approximately[50] 90-110 households out of 673 (approximately 15%)). The aim was to get respondents from a reasonable range of different types (different counties, schools, urban and rural settings, and HH from nearby and distant homesteads etc.).

47. A quantitative survey was deemed to be out of scope due to resource constraints and the expected limited utility of resulting data given the qualitative nature of the core EQs. However, the schools and respondents were not selected randomly, but by asking the IP to respond to a defined rationale for school selection and to select households based on a further rationale (e.g., to ensure that all genders, vulnerability types, and beneficiary perspectives were included for the evaluation to gain learning on potential programme weaknesses).

48. Due to the limited availability of secondary data, opportunities for triangulation were somewhat constrained; discussion of evidence that supports each finding articulated in the section below is transparently identified – including acknowledgement of instances where evidence may be compelling-yet-weak, etc. The ET has nuanced the emphasis given to various findings and conclusions based on the strength and quality of evidence available.

[50] It is not known if the students interviewed were from the same households as the parents/guardians. This was noticed on a small proportion of occasions, hence estimate only.

2. Evaluation findings

2.1. RELEVANCE & COHERENCE

Evaluation Question 1 - To what extent has WFP Liberia demonstrated readiness and capacity to assess and select CBT modality and delivery mechanism response option packages that are beneficiary and contextually relevant?

EQ 1.1 To what extent has the CO demonstrated the capacity to contextualize and implement the CBT modality in ways that are relevant to the local context?

FINDING 1. *It was highly relevant to conduct a CBT capacity and readiness building pilot in the Liberia context and the CBT Pilot was coherent with national policies, however some weaknesses led to missed opportunities.*

49. **Coherence with Policy and strategy context** – The CBT THR pilot was designed as a small-scale test of systems and procedures for CBT capacity building and readiness purposes, and therefore preferable but not essential for it to be fully coherent with all aspects of the policy environment (e.g., especially longer-term aspirations of contributing to the development of Liberia's national social protection system and developing linkages between the school feeding programme and local agricultural markets / smallholder farmers). The National Social Protection Policy presents analysis of several cash transfer programmes (the Social Cash Transfer Pilot implemented by MoGD and UNICEF and the Youth Employment Scheme / Cash for Work Temporary Employment Program implemented by the MoL and the World Bank); several challenges are identified, including the major challenge faced in coverage: "The poorest and most food insecure households are typically in more remote locations and have reduced access to services".[51] For example, it notes as a challenge that the school feeding program implemented by the MoE and WFP "Doesn't reach those children not enrolled in school".[52]

50. The CBT THR is relevant to Liberia's National Social Protection Policy which is both relevant and technically sophisticated – having identified key issues that remain critical and require systems thinking to be applied in the design of social protection and CBT interventions. The policy discusses key points of coherency and alignment with other policies (see Annex 10).

51. Additionally, while the CBT pilot is couched within an activity that is oriented to developing a strategy for HGSF in Liberia, there does not appear to be any direct linkages with WFP's efforts to support smallholder farmers (and promote more local purchasing) in linking to the HGSF market. Unfortunately, despite WFP reports of clear messaging on what monies should or should not be spent on, the recipients of the MMT in Harper (not the E voucher recipients) reported in FGD that they were (wrongly) informed[53] that the monies should be spent on 'educational purposes' and therefore they did not purchase in an unrestricted manner as intended. Had beneficiaries received messaging around the unrestricted nature of purchases they would have been able to purchase food or other goods and services (including on food or other income production livelihoods inputs) that may have been produced more locally. The failure to adequately explain that purchases were intended to be unrestricted, also reduced one of the things being 'tested' by the pilot that of the difference in expenditure patterns when purchase are unrestricted (See Finding 4 for further explanation). Equally, the recipients of the E-vouchers were restricted to purchasing from the types of medium-to-large retail outlets (that WFP systems and guidance tend to result in being selected) where almost all goods were imported.[54]

[51] Ibid. Pg. 42.
[52] Ibid. Pg. 41.
[53] Beneficiaries were not clear about who informed them of this and appeared to prefer to keep the person(s) anonymous.
[54] he imported products purchased in Harper (MMT recipients) were primarily educational goods not food, and in E voucher areas, the majority of food stuffs purchased were also imported as the large sized retailers WFP selected rarely sell locally produced goods.

FINDING 2. *The pilot's relevancy to the operational context and programme intended purpose and objectives was constrained by some general programming weaknesses.*

52. **Relevance and coherence of THR CBT Pilot to operational realities –** WFP continued to undertake its in-kind THR through their HGSF school platform after the outbreak of COVID 19. The CO decided to attempt to achieve a proportion of this in-kind effort through CBTs, but because of prior audit decisions (see Annex 12) were advised that this should be achieved through a pilot. Though it was beyond the scope of this evaluation to examine this in detail, theoretically, the use of CBT is relevant to a contagious health epidemic context, as CBT can be designed in such a way to reduce contact between individuals within a community and reduce risks involved with contact between staff and beneficiaries.

53. **Relevance to the programmes stated purpose and objectives was weak** due to poor conceptualization and communication of the pilot's purpose, objectives, and theoretical rationale. The technical design of the THR CBT Pilot was relevant to context, however the other programming weakness detailed elsewhere in the evaluation reduced the relevance of the programme to its purpose and objectives. One of the challenges for those involved across the programme (at all levels, from regional to CO senior to field level and across WFP, MoE, Caritas, Schools and beneficiaries alike) appears to have been to understand what the main purpose and objectives of the programme were. There did not seem to be a common understanding of purpose, objectives or targeting rationale and this led to a situation where beneficiaries, and CPs in particular, reported that they did not know with any clarity 'where they were headed and why', and this has destabilised the programme throughout.

54. The prioritisation of the intentions of the programme do however seem to have been relatively straight forward and are summarized below:

    1. Purpose - Test the readiness of CO CBT systems and procedures and thereby develop CBT capacities whilst:
    2. Principal Objective - Reducing hunger within poorest and most vulnerable households (Improving 'access to food' or food security/nutrition)[55]
    3. Secondary Objectives – improving educational outcomes

55. With the benefit of hindsight, the overriding intentions were straightforward. The lack of a clear summary document of some sort (a record of the response options analysis and planning decisions that were made and why and a one-pager on purpose, objectives, outcomes, activities etc, logical framework, ToC, etc.),[56] that people could go to that showed them, or to remind them, or to cross check that what they had planned was on the right track, and indeed that the different parties were heading in the same direction; was a substantial omission. This contributed to confusion, loss of clarity of purpose/objectives, led to significant beneficiary confusion, disagreements, feedback and to a degree was reported by CPs to have threatened to derail programme effectiveness.

56. A record of response option decisions and a clear summary record of the programming parameters is particularly important for programme pilots that require a higher level of investigation. This would have helped with learning from the pilot, by allowing staff (and evaluators) to trace back to why individual decisions were made, and how modifications in response options and technical design decisions could have been achieved differently to better suit context or contextual changes as and when they occurred. Such documentation was for the most part non-existent /not available.

57. **Timeliness –** The CO managed to implement this well intended and relevant trial of CBT systems and procedures during an unprecedented global health emergency (as part of the COVID-19 household food support programme between 2020 and 2021). The implementation of the programme was only moderately delayed[57] by the time and resources that the CO needed to dedicate to its ongoing programming and the

[55] The principle and secondary objectives listed here relate to the HGSF programme under Activity 1 of the CSP – the objective of the pilot could also be more broadly be considered as linked to all of WFP's activities in Liberia, as the CSP envisions utilizing the CBT modality throughout.
[56] Which is normal at the sub-activity level; generally sub-activities are not explicitly reflected in WFP's development of a ToC and lines of sight for CSPs. The designation of sub-activity is not an official part of WFP's classification of activities yet is used in annual reporting and – for example – in the ToR for this evaluation to refer to specific components of activities.
[57] Approximately 3 months

programme appears to have faced operational challenges[58], highlighting structural issues which had been identified in previous internal audit reports and reiterated in subsequent oversight and support missions from WFP's Regional Bureau for Western Africa.[59]

58. COVID impacted the CBT THR pilot programme in several ways (as indicated in Table 1 - CBT relevant shocks and events timeline) including closures of schools (that led to WFP appropriately combining payment cycles in pilot e-Voucher and MMT schools), but more importantly which contributed to increasing transport and food prices that de-stabilised the programme significantly. The transfer value became out-of-parity with in-kind and was substantially below the value needed to purchase the ration and resulted in the households of four E-Voucher schools[60] only receiving a half of the CBT value and in-kind ration and having to purchase 25kg sacks of rice in pairs and dividing.

59. **Coherence with HGSF and Localization –** Using schools as a platform was considered as a pragmatic and COVID appropriate, easier way of operating during COVID as the school did the organising and community mobilisation, which reduced WFP contact time. This corresponded with the need for the CO to rationalise its operations due to funding reductions (see Table 1).

60. However, the THR CBT E-Voucher encouraged purchasing of imported rice as it is redeemed through the types of medium to larger sized retailers (that WFP tools and guidance tend to select) that in Liberia[61], tend to only stock imported goods, so does not stimulate local food or specifically rice production; this appears to have been somewhat of a missed opportunity for strategic coherence, but the evaluation did not get into assessing local value chains to see what might have been possible or might be possible in the future if linkages between local smallholder farmers and retailers that have the capacity to service E-Voucher retailors were established. This localisation issue does however warrant strategic consideration by WFP. It can be argued that the pilot (to some degree) diverted funds from purchasing locally produced rice (e.g., as part of the HGSF programme's in-kind THR) to purchasing imported rice (e.g., in the case of E-Voucher recipients). The CO rightly explain that there are limited supplies of local food stuffs (especially rice available, particularly in the lean season months. However, it is important for WFP to explore whether the nature of the design of the THR programme should maintain the possibility for beneficiaries to purchase local goods, and not exclude this possibility entirely.

61. Though it was not within the scope of this evaluation to track where MMT beneficiaries purchased goods. MMT could theoretically have been used to purchase food or other goods and services direct from local producers, but in this instance this opportunity was missed. The MMT did offer the opportunity to beneficiaries to purchase unrestricted alternatives such as locally produced goods and services (staples or fresh goods or services). However, on this occasion the beneficiaries of Harper received a strong message (not known who from) that cash should be used 'for educational purposes' and report purchasing largely imported materials (shoes, books, bags, etc.) but some beneficiaries did report purchasing some goods (such as locally made school uniforms, school fee payment etc.) that may have had local purchase advantages and potential multiplier-effects within communities and school fees may have contributed to maintaining schools.

62. **Coordination with other actors –** WFP were reported by CPs to have distributed in-kind take home rations without clear coordination and communications with other actors. In response to the COVID 19 epidemic the Government of Liberia worked with WFP to implement the Government of Liberia and WFP COVID-19 Household Food Support Programme COHFSP (a one-off distribution at the end of the dry season (January-March 2021of 50 kg rice, 4.5 litres oil, and 10kg beans) in the same locations as the THR CBT Pilot schools, and in collaboration with the same implementing partner, Caritas. Caritas was also partnering to deliver the BHA in-kind rations (notably of a greater amount - 100kg rice, 9 litres of oil, and 1.2 kg of salt), as summarised in Table 4 below. The lack of coordination geographically and coordination over the level of the cash value transferred in relation to the food amount received in kind, is thought to have influenced beneficiary perceptions and satisfaction with the CBT THR pilot which was not always able to deliver even the initial 25kg of rice planned due to price rises. In some localities such as Sacleapea (Nimba county) and Gbolobo and Pleebo (in Maryland County) the value transferred was only sufficient to provide 12.5kg of rice/HH).

[58] Including the relatively low level of CP familiarity with CBT.
[59] WFP "Internal Audit of WFP Operations in Liberia" (AR/23/08)
[60] In the 3 communities of Saclepea, Gbolobo and the two schools in Pleebo.
[61] It is noted that there is limited availability of locally produced food stuffs in Liberia, particularly in the lean season that the pilot THR inadvertently coincided with.

63. The WFP CO refute suggestions that there were problems created by a lack of coordination between in kind food distribution quantities distributed by different organisations in Maryland. The lack of coordination and some delays in food distributions were reported to have left Caritas in an extremely sensitive, insecure, and reputation-damaging situation; beneficiary disaffection led to community manifestations, the need to close schools and offices, and threats to life. Further investigation of reports of a lack of coordination over the relative value of the CBT and in-kind transfers of the two side by side programmes (BHA, WFP in-kind) and that they were not geographically coordinated and the disaffection and potential harm caused. are recommended**.**

Table 5. Indicative list of other relevant in-kind and CBT programming in Liberia

Table of **Other In kind and CBT programming**
Government of Liberia and WFP COVID-19 Household Food Support Programme (COHFSP), which was the Government of Liberia's response to the Covid-19. This involved a one-off distribution at the end of the dry season (January- March 2021) of 50 kg rice, 4.5 litres oil, and 10kg beans.
USAID Bureau of Humanitarian Affairs (**BHA) COVID-19** (100kg) through same CP (Caritas) in a poorly coordinated manner[62] (not geographically coordinated – therefore neighbours receiving differing amounts (leads to inter community jealousies and controversy/violence, Caritas reputational damage, school 'strikes' and closures, threats to property and life of Staff and families etc).
China Covid In Kind response – One-off 40kg rice In kind programme (2021-2022) (in kind at request of Chinese). Reportedly Government Covid data was considered useable for targeting so the Chinese government selected the counties based on their covid statistics (Montserrado – not in top 5/third). This programme targeted schools the most rural areas and in slum districts (rationale being that these were communities where the disease spread faster).
GiveDirectly CBT – USAID, World Bank, UK Aid, and other donors funded 'GiveDirectly' in Nimba and Maryland Counties through different MMT interventions from 2019-2023. GiveDirectly is reported to have had 'significant difficulties with MMT'. During one intervention in Maryland, it provided 36 months transfer totalling $1,224 to beneficiaries for basic income. Additionally, GiveDirectly provided transfer amount scaled with household size, from $263 for one person, to $881 for five people in Maryland County as part of Liberia's Social Safety Net program. In another intervention, GiveDirectly provided $250 USD one-time payment each to 3,000 households in Nimba for investing in agriculture to reduce food insecurity.
WFP THR Cash Based Transfer – (donor - Rauche foundation, USA) – (9-month programme) started Nov, Dec, Jan 24, then another Feb, Mar and Apr 2024 to cover two 2023 school semesters (Initially planned for 4000HH). Started at 1000 HH now up to 2000 HH by April 24. Four counties of Nimba, Maryland, Bong and Montserrado). Used Community based targeting, based on criteria provided by WFP (include - FH family size/hh criteria, number of out of school children,) but with some flexibility for change by Community. Has some LH activities and sustainability aspects.

Source: KII with WFP CO Staff

64. Coordination - Coordination between WFP and relevant Government ministries appears to be very strong. Coordination and de-duplication with other actors appears to have been poor. There was reported to be no specific cash coordination in Liberia, though there are reports that the more recent social protection coordination body has created some informal improvements over CBT coordination.

FINDING 3: *CPs and beneficiary representatives were not adequately consulted throughout which led to failures to identify key vulnerabilities related to informal guardianship. However, the corporate assessments and tools did effectively identify appropriate modality and delivery mechanism options for the geographical and connectivity context.*

65. WFP KIIs report that standard programme contextual assessments (such as Vulnerability Assessment and Mapping/VAM) were either undertaken or updated (based on those achieved for the existing programmes – HGSF).[63] Cooperating partner MoE and school principals report being involved in some of the standard and CBT assessments (PTA representatives, parents and students do not) and to a lesser extent Caritas (though

[62] this programme occurred at the same time as the WFP programme but was not coordinated geographically and amounts were widely different but was implemented by the same IP/Caritas. And therefore, the communities found it difficult to understand the reasons for the differences - blaming Caritas.

[63] WFP were not able to evidence this, however this was triangulated across several WFP staff KIIs and to the extent possible with CPs.

largely in an extractive manner). Caritas who reported some existing CBT experience (programmes with CRS) appear to have come on board too late within the design process to have been much involved in technical design decisions. This appears to be a missed opportunity in terms of ensuring good vulnerability analysis and local contextual information is incorporated into assessments as well as an opportunity for mutual capacity building in assessments. It appears that the vulnerability assessments that were achieved (which were weakened by the limited early involvement of CPs and schools in assessments and technical design decisions) did not adequately capture the key vulnerability context issue of informal guardianship and high proportions of children living away from their biological parents or in child headed and grandparent headed households (in order to live near to school and access education). This ties with WFPs aim to have a beneficiary centred approach to ensure that WFP listens to what people prefer and want and includes this in the design process.

66. This key informal guardianship and high numbers of child and grandparent headed households vulnerability was not adequately reflected in the purpose/logic and technical design of the THR; especially the targeting and selection criteria and the communications to families around who to register, as well as the capacity for child headed households to receive transfers themselves[64] nor programme communications in general.

67. There were other early indications that WFP did not use local partners as a source of design phase contextual, assessment or other information nor to cross check design decisions prior to programming. Unfortunately, school authorities who were intricately involved in the implementation of the programme were considered more as interlocutors rather than the cooperating/implementing partners that they became. In fact, it is not clear that school leaders were considered as CPs at all. CPs reported having concerns about the degree of mobile phone ownership and technical capacities of beneficiaries, as well as the ID requirements for KYC (Know your customer). One CP also reported having strongly urged that E-Vouchers to be targeted to women as primary food purchasers and managers of HH food budgets, but this was not listened to and this good advice and empowerment opportunity was missed. Neither do CPs (MoE and Caritas or school authorities) report that their other informal communications or formal reporting of problems were listened to or responded to. Partners state that they reported problems as soon as they arose and had to keep reporting as they were not responded to. CPs excused this by saying that WFP staff were 'busy with other, more large scale, important emergency programmes' but the CO do not accept that this was a mitigating factor.

68. **Suitability to Connectivity and Mobile phone ownership and familiarity Context** –CPs and beneficiaries agreed that WFP did a good job selecting schools in geographic areas with regards to connectivity for MMT in 2021, and that limiting the trial of MMTs to Harper was the right approach at the time. There was some division of opinion as to whether Pleebo and Ganta could also have been included in the MMT test, but largely the right options were chosen and Saclepea and Gbolobo were correctly identified to not have insufficient connectivity for MMT at the time. However, the early concerns that CPs and community representatives had expressed regarding HHs access to mobile phones and the know-how to adequately use them, ended up being largely valid and the necessary awareness raising on mobile phone use was not adequately achieved. Most beneficiaries were not familiar with E-Vouchers, and thus WFPs decision to use MoE and Caritas staff and volunteers to monitor and support beneficiaries at E-Voucher redemption within retailers proved highly successful and much appreciated by both beneficiaries and retailers (saving them time and efforts, particularly when there were payment difficulties). However, WFP failed to recognise early enough or put in place adequate awareness raising for beneficiaries of MMT, some of whom were entirely or fairly new to mobile phone technology. This helped contribute to the significant problems that occurred with MMTs, with many beneficiaries unable to access messages notifying them of payments and thus they did not know payments had been received and this contributed to late or lack of encashment.

Box 2. Small sample of mobile phone ownership in Harper in 2024
Of the 15 MMT beneficiaries interviewed in a FGD (Harper and Nathan Barnes Parents and 'Guardians') 9 out of 15 (7 men 8 women) had a mobile phone (6 men and 3 women). Indicating, that even now, more than 3 years since the CBT Pilot, mobile phone ownership amongst targeted HHs is at 60 percent, 85 percent of the men and only 37.5 percent of women.

69. In effect, some beneficiaries did not know the number of instalments or the amount of their entitlements, or when the payments would stop and so were unable to self-monitor. General awareness about the CBT Pilot was

[64] The minimum age for registration for receipt of e-Voucher or MMT was reported by KIIs as 16years (source: WFP, MoE, Caritas and School principal KIIs)

also inadequate. For example, a hotline number was placed at the back of beneficiaries' ID cards, but they were not aware of its intended purpose (further discussion in EQ 2.4).

FINDING 4: *Wide ranging stakeholders demonstrated a lack of understanding of basic information about the programme, that created confusion and resulted in the Pilot not being a test of MMT expenditure preferences.*

70. **Mitigating factors** – As mentioned above in discussion of appropriateness to context, there are differences in opinion over reasons for programming weaknesses with CPs reporting face-to-face communications were limited due to the COVID pandemic, and that the CO were busy undertaking other emergency programming at the time. However, the CO refute this.

71. **National stakeholder, WFP, CP and beneficiary understanding of programme objectives, duration, targeting and terms –** though CP and E voucher beneficiaries in Nimba and Pleebo & Gbolobo, Maryland, said they had NOT been told by WFP, they did seem to have a generally good or accurate perception that the programme was aimed to meet food needs for the household (rather than the individual student selected). CPs and beneficiaries in Harper where the MMT occurred believed the purpose of the programme was educational only (see prior discussion).

72. In E-voucher areas (Nimba and Gbolobo/Pleebo), CPs and a few parents also understood the other educational aim of the programme as largely being 'keeping children in school'. Some WFP staff, CP staffs (largely Caritas Gbarnga and MoE staff from national to local level) maintained the former 'impacting adolescent girls' intention (increase enrolment, maintain attendance, reduce work and early marriage, etc.) as evidenced in the Caritas Gbarnga inception report (for a summary of indications of misalignment of understanding of purpose and roles captured in this report, see Annex 13). Additionally, beneficiaries in all E-voucher and MMT schools did not know the duration of the project and did not know when it ended. This created conflicts within some households. For example, a female FGD participant in Maryland who was a guardian and ID card holder had to seek the intervention of Caritas to help reduce an argument over this issue and to clarify the beneficiary student who insisted that money was still being transferred, but that 'the guardian was keeping it' though the intervention had ended.

73. However, students, parents and guardians and a significant number of CPs and WFP staff confused the targeting strategy of selecting individual children with the aim of providing HH-level support and continued to refer to it being aimed at 'children in need' or 'vulnerable children' rather than the selection of children as representatives of poor or vulnerable households. The ET have been unable to find any evidence (other than the sensitisation guidance) that WFP provided clear summaries, by any means, of programme intentions, targeting and selection criteria, entitlements, instalments nor when the programme would end, nor are they reported by CPs or beneficiaries of having provided written or picture-based versions suitable for use in communities with low literacy levels for display for transparency and community monitoring.

74. This lack of clear communication and awareness raising led to a situation where beneficiaries and often their representatives and CPs felt they did not know what was going on, and the following quote was heard repeatedly and in many forms by diverse stakeholders; "*if you don't know what you are supposed to get, who is supposed to be getting it, when you are going to get it, how many times or when it's going to stop, you don't know what's supposed to happen and you can't really complain*". This, or words like this, were repeated time and time again by beneficiaries and cooperating partners and school officials.

75. **THR CBT Pilots weaknesses as a trial of MMT –** The failure of the programme to communicate clearly to CPs and beneficiaries programme objectives/intentions and terms, led to the beneficiaries in Harper wrongly receiving very strong messaging[65] that monies should be spent on education (not food as WFP had intended). This didn't just mean that peoples preferences for what they may have wanted to spend their cash on were frustrated/thwarted it resulted in the trial not being able to demonstrate what differences in expenditures may have occurred between the largely restricted to food E-voucher and the unrestricted MMT, that could have been of interest to WFP in the future and at a strategic level.

[65] The ET were not able to get to the bottom of who had instructed for monies to be spent on education only, this is thought to be because the persons or agents responsible were present in the FGD or had allies present.

76. Because of lack of documentation, it is unclear whether at a strategic level whether part of the rationale for conducting the pilot (in addition to testing systems and procedures and developing CO capacities in readiness for two different modality and delivery methods) was also to test what approaches would work where or to compare the differing expenditure decisions of households using different MMT and e-Voucher modality/DM combinations.

FINDING 5: *Coordination with Government at national level was excellent but cooperation and communication of roles and responsibilities with CPs in the field was insufficient. Beneficiaries reported that the modality and delivery mechanism combinations selected by WFP were appropriate to them and the locations selected, however inadequate involvement of local CPs and a failure to gather beneficiary preferences risked the selection of inappropriate delivery mechanisms.*

77. **Cooperation, coordination and understanding and allocation of roles –** Coordination with wide ranging government departments at national level was excellent. MoE and Caritas appear to have been under-briefed nor adequately involved or coordinated with at key times and throughout. Caritas lacked national coordination – with virtually no communications between the two implementation areas of Nimba and Maryland which fall under different Diocese, and hence important mutual support, capacity building and lesson learning opportunities were missed. Though field level agreements (FLA) were in place[66] with CPs (MoE and Caritas), schools were not considered or dealt with as a CP, despite being heavily involved in the day to day running of the programme (cooperation with MoE is guided by an MoU which does not specify CBT roles).

78. Despite FLAs, field level staff implementing the programme (schools, MoE and Caritas) all reported that they were not clear of partner roles (who was responsible for what) and that several important roles did not seem to be taken care of by anybody, so they stepped in to achieve those roles between them. School and MoE staff joined together to undertake beneficiary selection without sufficient guidance from WFP (no targeting or selection criteria were circulated other than the table on sensitisation – see Table 8). Caritas was able to step-in with some guidance based on their comparative prior programming and CBT experience, but they reported that this was not a role that they had been allocated, and they were unclear of the targeting and selection criteria. Caritas's main role appeared to be to ensure support to beneficiaries at redemption of E-Vouchers (Nimba and Pleebo only, with MoE also). This role they achieved well, and beneficiaries reported that their presence was essential to smooth running and retailers reported they were essential for dealing with the disputes that arose over entitlements and particularly around the halving of the 25kg bags between neighbouring beneficiaries (Saclepea, Pleebo & Gbolobo). It appears that WFP were responsible for feedback or complaints roles (see EQ 2.4), that the two Cooperating partners (MoE and more particularly Caritas – especially in Harper where MMT registration and receipt of entitlements generated high levels of dispute/grievance) and schools ended up bearing the full burden of.

Table 6. Perceived role of CP Caritas (differs from that described in FLA)

Activities
1. Field supervision, monitoring and reporting at school level
2. Participate in verification exercises
3. Record and maintain school enrolment, drop out, retention and attendance records and prepare monthly average attendance reports per school and district
4. Community mobilization to support the implementation of the programme

Source: Caritas Gbargna "Inception report" January 2021.

79. **Suitability of modality and delivery mechanism decisions & preferences** – Stakeholders (whether beneficiary or school representative, PTA, or CP) report not having been asked for their modality or delivery mechanism preferences, nor how they usually access cash from others.[67]

[66] WFP were unable to supply FLAs for the ET to assess.
[67] It appears that most HHs in Ganta, Nimba (not known for more rural Saclepea) and more rural Gbolobo (not known for moderately less rural Pleebo) report having previously received money from distant relatives through money transfer

80. The compilation of micro-findings in Annex 14 records the modality and delivery mechanism decisions and in relation to beneficiary preferences and former familiarity with CBT delivery mechanisms.

81. This failure to gather beneficiary preferences and information on the degree to which beneficiaries were already familiar with receiving money (from family members living and working elsewhere in Liberia or internationally) risked the selection of inappropriate delivery mechanisms.

82. When beneficiaries had the pros and cons of the modalities and delivery mechanisms explained briefly by the evaluation team, as well as an explanation of alternative options (such as commodity vouchers) and the impacts of price changes on the different modality and delivery mechanism combinations), those beneficiaries in areas that received the SCOPE Value voucher, expressed a strong preference for commodity vouchers (largely due to the reduced impact of price changes and the balance between the relative lack of 'temptation' of vouchers and pressure to share over the MMT). However, younger beneficiaries tended to have stronger preference for MMT. Several individuals (notably older) indicated a strong preference for delivery mechanisms that did not require use of mobile phones which had presented problems to them in terms of familiarity and problems related to using other people's numbers.

***FINDING 6**: Geographic and school targeting, and selection was effective, but had flaws and potential misuse weaknesses.*

83. **Geographic, County and school-based targeting and selection** – WFP report selecting geographically by county (not by district) based on FCS (Food Consumption Scores). On one occasion it was reported the FCS data was overlaid with nutrition related data' but this was not evidenced (and has not been able to be triangulated). The selection of schools was reported to have been by MoE (no indication whether at national or local level) and 'validated by WFP.', KII and FGDs confirm that school selection appears to have been based on a combination of satisfactory proximity to market and retailer and connectivity assessments and local knowledge about which schools were public and which served poorer members of the community, but there has been no documentary evidence presented to confirm this.

Table 7. Explanation of school-based selection/targeting (retrospective perspective from WFP KII)

The following perspective is extracted from KII with WFP staff:

The project targeted 400 HHs (Ganta: 300 & Saclepea: 100) in Nimba. These HHs have registered students from 4th-6th grades covering J.W Pearson Elem & William R. Tolbert Schools respectively. Out of the 400, 324 HHs (Ganta: 244 & Saclepea: 80) were reached. The assistance was meant to cover 25 percent of the already assisted schools/students. Just to mention, these schools were already receiving the general THR-GFD support to schools due to the COVID-19 restriction. The selection of schools was based on indicators below.

- HH of students-grade 4th-6th enrolled in 2020-2021 academic year are eligible. The lists of students and schools were provided by MOE county level team.
- Schools located close to a market or retailer capacitated to provide the available commodities-Rice and Vegetable Oil were eligible.

The redemption was done for 4 cycles through SCOPE light cards from retailers @ USD 15 per HH (2021-Feb- Pilot commencement date, 2021-April, June & August)

Source: KII with WFP staff conducted by the ET

84. Overall it was found that THR school selection was achieved satisfactorily, however there was insufficient time to adequately assess this in detail and it was not clear whether there were adequate measures in place to guard against and monitor for bias and misuse, the giving of bribes or informal favours or other forms of corruption for the key school selection stage.

agents (such as western Union) and increasingly by MMT. In Harper, most report having previously and subsequently received transfers by Mobile money (indicating good levels of readiness for MMTs).

***FINDING 7** – There were substantial flaws in targeting of vulnerable households, controversy caused by the selection of 'one child' from within the household, which risked harm; the problem was made worse by poor communications and awareness raising and was not identified early enough due to failed feedback mechanisms and monitoring.*

85. **Beneficiary Household targeting and selection through students and the one child controversy -** Throughout this discussion it should be remembered that WFP were attempting to select a household ('poor, vulnerable and food insecure'), through identifying what came to be called the 'one child problem' from within a household within specified grades in elementary school. The method they selected appears to have been more complicated than necessary (when HHs could have been selected from a list of vulnerable households, that took into account the issue of formal and informal guardianship) and was not well communicated and thus caused confusion and controversy, that remains to this day:

    - **Confusion around programme purpose** – was the assistance for the one child or all the children in the family, or parents and children? Was the assistance for the family of the child or the family of the guardian in the house they were lodged within?
    - **Controversy between siblings** - Some households (particularly in the MMT HHs in Harper), thought the assistance was to be spent on the education of the one child selected. This led to jealousies between siblings, family members, and neighbours as well as between parent households and the guardian households where children were lodged.
    - Controversy that schools and the cooperating partners had to explain and try to sort out disputes.

86. The rationale for the selection of elementary grades 4 to 6 rather than other grades or high schools was given in the CSP(para 49) as gender parity (completion and attendance rates) but gender parity and differences in gendered enrolment was reported by both WFP and some CPs to have been identified early in programme design to have not been an issue, and therefore it was decided that it would only be fair to include boys and girls equally in the CBT THR, and therefore there was no specific gender targeting or selection. There was unanimity amongst stakeholders that elementary school was more appropriate. Adults in general felt older children were more able to find ways of accessing food or informal or formal work to earn income. However, WFP may like to consider the enrolment and drop-out issues related to girls in high school, as well as potential safeguarding and PSEA issues related to minors (particularly adolescent girls) and how this might be addressed through the THR programme in the future. CP, school representatives and beneficiary students or HHs did not understand the targeting, logic or reasoning for the grades selected (from an impact or any other point of view).

87. There were a very small number of reports that on occasion students from younger or older age groups from poor/vulnerable HHs that fell outside of the specified grades were nevertheless registered as beneficiaries, indicating that some cooperating partners at school and community level understood the overall purpose of the targeting, perhaps better than had been communicated to them. This is a strong reasons why local stakeholder views and flexibility in local decision making should be maintained. It should also be noted that Grades do not represent a distinct age group in Liberia as many children do not enter school at the correct age, some do not advance through the grades if they fail to pass each year, and others had their education disrupted by Ebola, Covid and other poverty and individual HH difficulties etc. Hence grades are not a good predictor of age and hence age-related drop-out tendencies will differ and may need to be corrected for with deliberately built-in flexibility of selection criteria at the local level. There is no documentation of criteria for this selection, or any process/rationale for final decisions made.

Table 8. Critical context factor – Estimates of HH composition; care arrangements

Approximately 50 percent of parents are 'absent elsewhere' (work and homesteads/farms).
15 percent of children are in Child HHs or Lone children HHs (where eldest gets scope card, if over 16 years old).
Programme process does not allow anyone under the age of 16 to receive the CBT THR (MoE & school principals).

Source: Estimates[68] from KII and FGDs with MoE and School authorities). Triangulated in FGDs with Students and parents/guardians conducted by the ET.

[68] The ET requested data from WFP and government ministries and through desk review but were unable to get data.

88. The table below shows the information produced by WFP to help guide local cooperating partners on how to select individuals for registration. The evaluation team have added some evaluative comments to highlight some of the gaps in understanding and explanation. The evaluation team was unable to identify any other guidance that was produced or distributed other than this (and it is not clear whether this was distributed widely if at all, prior to or at the time).

Table 9. Overview of WFP's CBT Pilot guide for community sensitization

Excerpts from WFP Sensitization Guide	Evaluative comment
"WFP and MoE have decided to support selected schools under a pilot Take-Home Ration assistance using Cash Based Transfer Modality. Only girls and boys from grades 3, 4, and 5 that will become 4th, 5th and 6th graders in academic year 2020-2021 from the following schools[69]"	• No explanation that only one child (if in grades 4, 5 or 6 in year 2020-21) from each family will be identified as a **representative of the wider household.** • No explanation as to why these grades were selected. • No explanation of why only 25 percent of the school (unclear whether 25 percent of student population in school or 25 percent of numbers of HHs)
Who should go to the registration center: • Parents/guardians should take their qualified schoolchild/children as described under section 1 of this guidance to get registered; • No more than 5 persons from a household/family will be registered for the programme. • All the children from the same family will be registered as one Household	• Does include 'guardians' but does not explain whether this applies to informal guardianship or carers. • Does not specify whether the preference is for the parent of the children who qualify should attempt to register so that the household of the child is the ultimate beneficiary in preference to any temporary guardian or carer (who may only be looking after one or the children in the HH). • Does not explain any preference for women from the Household being the person who should come to register.
What information will WFP/MoE be collecting from beneficiaries? • WFP/MoE will collect information on date of birth, of parents, and take pictures of all those that will be registered; • WFP/MoE will ask beneficiaries for their permission before taking biometric data.	• No mention of guardians • no explanation of why marital status is necessary, might be construed as a qualifying requirement and thus be exclusionary in the Liberia context. • No explanation of what 'biometric data' is.

Source: WFP "Gearing Up for WFP/Ministry of Education (MoE) Cash-based Transfer (CBT) Pilot Registration - A Guide for Community Sensitization" (undated).

89. Caritas in Gbarnga were able to confirm that stakeholder orientation meetings were held to explain targeting and selection criteria in their area, however, they reported that as there remained some confusion, they decided to document their understanding in an 'inception report'. The inception report by Caritas Gbargna[70] indicates discrepancies in WFP and Caritas understanding and the level of remaining confusion around programme purpose, objectives and roles etc.

90. Ultimately, there was no common understanding amongst CPs, school authorities, beneficiaries or surrounding communities of how schools were selected, which has led to confusion, misunderstandings, rivalries/jealousies between schools and communities and parents. School staff, MOE, and Caritas bore the brunt of a great deal of negative feedback and complaints and devoted staff time and resources to try to explain and resolve grievances. Quotes such as: *"we just don't know why our school was selected and not the school down the road. It caused quite a lot of arguments"* were frequently heard.

91. Though no stakeholders were willing to share any concerns around school selection in terms of school or individual gain/misuse/misallocation, the lack of adequate criteria, rationale documentation and monitoring

[69] WFP Sensitization Guide (undated) "Gearing Up for WFP/Ministry of Education (MoE) Cash-based Transfer (CBT) Pilot Registration - A Guide for Community Sensitization"

[70] Caritas "Nimba County CBT School Feeding Programme Inception Report" January 2021.

for such is a substantial weakness. However, WFP did achieve corporate required assessments that allowed them to select schools that were pragmatically suitable for a project using retailers and MMT.

92. The programme documents state that approximately 25 percent of a school should be selected, there was no rationale to explain why only 25 percent of the school was selected, and it was unclear whether 25 percent of student population in school or 25 percent of numbers of HHs. Equally stakeholders involved were not informed what criteria they should use to select the 25 percent other than that the beneficiary households should be selected from within grades 4-6. There is some variance in the grades pupils were selected from, but this is not considered important. The evaluation team were not able to gain an understanding of how the numbers of households selected was achieved or apportioned between schools.[71] This may be partly because schools and MoE do not seem to deal with households but individual enrolled children.

93. There were reports, (confirmed by school principals, MoE and parents and students) that children did enrol from neighbouring schools to the selected schools in the hope of qualifying because people did not know whether the programme was short or long term. Because the programme was short, this strategy failed but is considered by the ET to be likely to have caused problems for neighbouring schools (in terms of reduced enrolment and potentially available funds) and to have been detrimental to educational the attainment and child welfare of the students involved. Future THR programming will need to remedy this potential harm.

Box 3. The reality of School and beneficiary household targeting and selection – A huge amount of misunderstanding and confusion exists around school selection and student or household selection. To communicate what occurred, the evaluation team have assessed the following:

- Schools were selected from counties where FCS were high.
- Schools were selected in settlements that assessments showed had sufficient numbers of retailers (that were able to meet the WFP quality standards) and connectivity (it is thought that WFP gave this information to MoE).
- MoE performed the selection however it is not known if MoE at national level selected schools closest to good retailers and connectivity, or whether they may have consulted local MoE staff to achieve this.
- Overall MoE report that they "aimed to select public schools" and some reported that they looked for other schools that serviced poorer communities.
- MoE and School representatives worked together to try to select the approximate targeted numbers (25 percent) of households that they had been given by WFP from within students in grades 4-6, but it was reported on one occasion that they amended the grade rule a little when unable to achieve the precise number.
- It should be noted that MoE and school authorities do not record students in a way that indicates whether they are from the same household, and that large proportions of students (approximately half) are not resident within their parental household but are lodging in houses near to the school with informal guardians (sometimes related, but frequently not).
- School principals (sometimes aided by the teachers from the grades concerned) and MoE attempted to select students that show signs of being from a poor or vulnerable household. In most schools this was achieved by assessing the general appearance of students (using indicators like age and cleanliness of the clothes, level or clothes repair, presence of shoes, flip flops or school exercise books etc.). One school said it has selected some student households based on their inability or lateness of paying school fees. Hence, they selected students who had been dismissed from school for failure to pay school fees (which is an approach WFP may choose to consider), and these students were then able to return to school (if the MMT was used for school fees, which was not able to be verified by the ET).
- There were some signs that Caritas, though not tasked with being involved in selection, did advise and potentially support in targeting and selection of students. Caritas said that in Nimba County the selection criteria WFP had explained to was too rigid and complicated and time consuming, that they then supported beneficiary selection using such informal indicators. However, Caritas was not supposed to have been involved in selection.[72]

Source: FGDs and KIIs conducted by the ET.

[71] Nimba CPs report selecting approximately 25 percent of HHs within the school from within students in Grades 3, 4 & 5 in Ganta and Saclepea71, eventually selecting 44 HH in Ganta and 77 HHs in Saclepea. Gbolobo School representatives report selecting 100 percent of households represented within grades 4-6. Nathan Barnes (selected 500 students) and reported that 'the school had many poor households and there was a real problem to negotiate tension for the MoE and school representatives. East Harper school selected 100 students – 15 percent selected.

[72] This involvement was NOT corroborated with MoE who did not agree Caritas involved in selection.

FINDING 8: *Targeting missed vulnerable households without children in grades 4-6.*[73]

94. **Targeting missed vulnerable households without children in grades 4-6** – WFP reports that all the households with children in the schools (covered by the CBT Pilot) are targeted to receive the THR by some means (75% by in kind and 25% through CBT for the purposes of the pilot in 2021). Verification of the 75% receiving in kind was beyond the scope of this evaluation. Numerous households within the targeted geographies have food security and nutrition deficits, a proportion of whom (even in a context of extended families like Liberia) will not reside in HHs with children (or in the targeted grades). As an example, vulnerability groups that may have been missed include elderly households (with no or absent offspring), female headed households (with absent or more so no partner) who do not have children in the targeted grades, especially new mothers/PLW, lone adolescent girls/mothers/PLW and other often stigmatised groups such as those suffering from communicable diseases (such as PLWHA) or sex workers etc. Other households who may have been inadvertently excluded from receipt of the THR (in-kind or CBT) include those households who cannot afford to maintain children in school at all, or who have had children excluded from school (this may be due to failure to pay, illness, disability or poor behaviour etc.). CO and RBD staff do not feel it is relevant for the evaluation to consider this wider, more strategic finding, however it is important for WFP to examine how its targeting strategy (in Liberia and globally) includes and excludes individuals or vulnerable groups. WFP may choose to consider how its targeting practices for programmes that are undertaken in a school platform setting, can better meet its 'reducing hunger' objectives, without discriminating those individuals and households who are not linked to schools. WFP is recommended to examine how the THR programme could be used to encourage children that have never been enrolled in school, or who have dropped out of school to attend and remain in school. One school in Harper made a deliberate decision to target those children who had either recently dropped out of school or who had had to be sent home from school as they were unable to pay school fees or were currently at risk of being sent home for failure to pay school fees. This would seem a positive targeting strategy worth examining. It is however important to point out that the CBT THR does not stand in isolation, and WFP report that other vulnerable households are likely to be assisted through their other programming.

FINDING 9: *The programme failed to take into consideration the key relevant contextual vulnerability of informal guardianship and there was no deliberate gender or vulnerability targeting*[74] *of assistance or for registration for the recipients of the CBT or through communications.*

95. **Suitability of targeting and selection to gender and vulnerability Context** – VAM[75] assessments were reportedly achieved and Annual Country Reports[76] claim some gender and disability targeting and selection approaches, that the evaluation has not been able to identify. Equally, the CPs, school authorities and beneficiaries were not aware of targeting and selection guidance or documentation, and thus even if they do exist, important stakeholders were not aware of them. The principal vulnerability consideration identified by the evaluation (high levels of formal and informal guardianship) does not seem to have been identified by assessments nor considered within programming, and WFP will need to consider this weakness strategically. The key CBT THR vulnerability reported by CP (Caritas and MoE) and school representatives and PTA , which is also a substantial safeguarding and protection issues, was the issue of households of children whose parents were short to long term absent (estimated to be about 50 percent of children in elementary school), or children being cared for by extended family members (grandparents, aunts, uncles etc), friends or neighbours and child headed households (permanently no parent or grandparent or guardian – estimated and triangulated to be around 10-15 percent of elementary aged children).

Box 4. Estimating key vulnerabilities – mini sample

Ganta elementary - 6/12 live with a biological parent/s – 50 percent (2 with grandparent, 1 with a sister, 2 with 'aunty',[77] 1 with husband of an 'aunt', 1 with a 'friend of aunty').

73 However, other programming is reported by WFP to cover these households (unverified).

74 The ET have been unable to access any satisfactory gender or disability disaggregated monitoring data.

75 Vulnerability analysis and mapping documentation has not been provided for the ET.

76 ACR 2021.

77 Does not always denote a person related to the individual, can refer to a family friend or neighbour. Uncles and aunties are also used in Liberia as titles of respect. Children can refer to a total stranger as uncle

96. Proportions of students in high school who live without any supervision (whether parents, extended family, friends or neighbours etc) was reported to be even higher than 50 percent and represents a considerable risk of early pregnancy, marriage, safeguarding and PSEA risk, that does not seem to be well reflected in project objectives and targeting and selection criteria currently.

> **Box 5. Ganta pre-Adolescent girl Child headed household mini case study** – a young girl of around 9 or 10 (who is now around 12 or 13), who lives with her sister in a child headed household (CHH) was selected as a beneficiary of the THR programme. The young girl's parents lived in a distant rural area and were sometimes away working in the bigger cities. Her parents entrusted her to a 'aunty-friend' lived near to the school who acted as her 'guardian' (a very common practice in Liberia). When she was selected for the THR, she was told she should bring her 'guardian' as she would need an adult with an ID to register for a card that would give access to a food ration. She did this, and for the first instalment the 'guardian' did give her some of the food, but the guardian did not share any of the second instalment. The girl did not know whether the third instalment was received or not[78].
>
> **Pertinent points –**
>
> - Other CHH children not in the targeted grades (4-6 in Ganta) would not necessarily have benefited from the programme (unless they had a sibling in the targeted grade years)
> - No deliberate criteria for selection of key vulnerabilities of CHH, 'absent parent' or family member etc.
> - No deliberate targeting of additional vulnerability of pubescent or adolescent girls and additional vulnerabilities to PSEA etc.
> - Project requirement for SCOPE card to be received and controlled by 'adults' (interpreted locally as 16 and over) potentially effecting access and control over project impacts on vulnerable children.

97. **No gender targeting or criteria for selection of those to be registered were used in the e-Voucher or MMT.** CPs report that 'Heads of household' were requested to go with the student to register, which locally means male heads of HH, though in female heads of households, women would have gone to be registered. More clear messaging and deliberate targeting of women could have meant that even females in male headed HHs were advised that they should preferentially register to receive the transfer. This represents a significant missed opportunity in terms of encouraging food purchasing and fair food distribution within the HH, empowerment of women as controllers of HH budgets and decision making and in terms of accessing new technologies such as mobile phones, information/awareness opportunities and potentially access to financial services etc. however, despite a lack of deliberate targeting of women to register to receive the THR, proportions of women remained quite high (see data in Maryland below, gendered data not provided for Nimba.

98. Raw data on the number and gender[79] of beneficiaries registered to receive the MMT in Harper, Maryland County and that to receive the E-Voucher in Pleebo (also Maryland county), and that for Nimba was provided by WFP as indicated in the tables in Annex 15. It is not clear whether WFP or CPs have used the raw data available on gender at the county or school level to monitor for differences in gendered targeting of those registered to receive and thus manage the assistance (cash or food) within the HH.

99. The data shows that there were similarly quite high proportions (two thirds or 67-69 percent) of women registered to be the recipients of (and thus primary managers of) the assistance. However, it should be noted that there was no deliberate targeting by the programme of women as recipients of the cash, and the high proportions are considered likely to be more a result of the high proportion of FHH parents and because of the high proportion of informal 'guardians' that are women.

100. The table below shows the degree to which students are cared for by biological and guardian relationships of different types. The mini sample demonstrates that most students report that they are cared for and had been registered with a woman. CPs also report that more women than men were registered as recipients as more women 'could be bothered to turn up and register'.

[78] The 'guardian' left before the instalment was thought to have been due.
[79] No data was provided on any vulnerability nor disability.

Table 10. Mini sample on MMT student participants in Harper and their relationships to carer (registered as 'Head of HH')

Analysis of mini sample of MMT student participants in Harper
1/10 lives with both parents
4/10 live with mother (in a FHH)
3/10 live with a related aunt/uncle (2x Aunty in FHH, 1x lone uncle)
1/10 live in a grandparent headed household (FHH)
1/10 live with a sister (27 years old) in a FHH
8/10 live in a FHH

Source: Primary data collected by the ET during FGD.

FINDING 10: *A lack of documentation and clarity over programme purpose and objectives, targeting and selection was worsened by inadequate communication; targeting and selecting for households through the 'one-child' approach was not effective, risked harm and missed some of the most poor and vulnerable households.*

101. The prior programming context/background contributed differences of opinion and a lack of clarity over programme purpose, objectives and targeting and selection. An earlier programme in 2017/2018 had targeted adolescent girls (largely to increase girls' enrolment and maintain attendance levels and reduce drop out for reasons such as work, domestic chores, teenage pregnancy and early marriage etc.). The presence of the former programme, combined with unsatisfactory orientation of CPs (at national and field level) and poor communications on programme purpose and objectives, targeting and selection (as discussed elsewhere) led to further confusion. This had a knock-on effect that school authorities and beneficiaries were not well briefed on the programme overall, which resulted in differing interpretations.

102. Important individuals within WFP, MoE, Caritas and school authorities had – and continue to have – widely divergent views on objectives and targeting and selection approaches (from targeting of individual students with 'high attendance percentages of over 80 percent with the THR as a reward', to targeting 'to keep adolescent girls in school to avoid early marriage etc' to 'targeting girls and boys equally'). Virtually no or very few stakeholders accurately understood the targeting was of Households (not the individual students), what the criteria for HH selection were, nor how to achieve it, and or how those Households were to be selected, and this largely remains the case. It was reported by some CP individuals[80] that as the proportions of girls enrolled was higher than boys (60/40 percent estimated), that it was decided that the THR project would therefore not be gender targeted.

103. There were multiple conflicting accounts, including; that WFP criteria was so complicated, that CPs 'developed their own approach based on student appearance' (corroborated by 2 CPs in two counties); that the MOE used its own criteria based on attendance, (which one KII reported as being that students with the best attendance record from the previous year were rewarded with the CBT THR[81]) and the school authorities administering the MMT in Harper reported using their own set of criteria (including selecting those students from Households struggling to pay school fees, or excluded as they had not paid fees in the past[82]). In practice, individual schools interpreted the targeting and selection criteria slightly differently from place to place. There was some flexibility shown to grades (thought to be in instances where the specified numbers of beneficiaries were not occurring in grades 4-6). 'The programme was therefore not implemented with any one clear set of criteria or methods that was relevant or coherent with DNH, LNOB, intersectional vulnerability analysis, poverty analysis, or really any discernible systematic approach at all. The lack of a clear and communicable targeting rationale did harm, according to the evidence.

[80] MoE, school representatives and PTA report being involved in/supporting the change to a gender-neutral targeting approach.
[81] This approach is considered to be likely to exclude those from distant/rural, poorer households or children with illness or caring responsibilities etc.
[82] This was reported to have increased re-enrolment and ongoing attendance of children from some of the very poorest households.

104. WFP have been unable to supply evidence of a document that satisfactorily explains to key stakeholders (MoE, Caritas, School representatives or beneficiaries and their wider communities) what the purpose, objectives and targeting and selection criteria of the CBT THR programme were (other than guidance that 25 percent of students in grades 4-6 should be selected).

105. **Community views on preferred targeting and selection approaches** - In general, respondents in communities, and their representatives and CPs) report preferring that all elementary age students be considered based on community-based vulnerability targeting[83] It is recommended that such WFP criteria shuld maintain some element of flexibility to allow local stakeholders to adapt to individual instances and context related matters). Respondents noted that this would have complications, and that fairness would be addressed through ensuring a broad ranging committee of parents, teachers, school authorities and local knowledgeable persons (health professionals etc).

106. **Gender Equality, disability and social Inclusion targeting and selection relevance & coherence -** It is important to remember that the THR programme was aimed at improving food security within the household as a whole[84] (with a secondary intention of improving educational enrolment, attendance, and attainment). This being the case, the gender of the student being selected was less or not material/relevant. Though it is not clearly stated in programme documents, KIIs report the intention was to target those households in most food security need and the most vulnerable households (through selecting one student within that household). This logic should thus have led to an approach that selected students from the poorest, most food insecure/hungriest and vulnerable households irrespective of gender. There did not seem to have been any deliberate strategy to attempt to increase the proportions of other vulnerable groups in the THR programme whether child headed household, households with people living with disabilities, chronic sickness (including persons living with HIV/AIDS - PLWHA) etc., or grandparent headed Households (GHH) such as that in the mini-case study grandparent headed household in the box 5 below.

> **Box 5. Ganta vision impaired grandparent headed household access issue mini-case study** – A young boy (approx. aged 9 now) was selected to receive the THR. He is looked after by an elderly grandmother who has significant vision impairment. The elderly lady finds it difficult to get around and attend meetings, and though they were registered and received the SCOPE card, when they attended the retailer, they were not able to receive their food entitlements. They do not know why but they did not report this or complain to anybody.

FINDING 11: *The technical design and targeting and selection criteria and methods employed in the WFP THR programme appear to have a significant context-related flaw that could increase the risk that the assistance does not go to the intended household.*

107. **Potential risk of assistance going to the HH of a formal or informal carer rather than the intended HH** – This evaluation has identified problematic issues linked to the technical design of the programme in a context where there are very high proportions of students living away from their biological families with 'guardians' (sometimes related but often not). The CBT THR was designed in such a way that students were selected as representatives of their 'biological households', whereas the programme (perhaps inadvertently, or without clear guidance) encouraged that the head of the household where the student was resident was registered. The high proportions of students living with guardians has meant that the assistance has been received predominantly by the household of the guardian (that may or may not be poor or food insecure[85]) and not the intended household (i.e. the student and their siblings and parents), and this may have increased the risk that the selected students did not gain as fully either. When the modality and delivery combination was E-Voucher, at least the food had a chance of being shared with the student/other siblings, however, when the cash was less restricted, such as the MMT, this has implications on the likelihood of whether the guardians household or the intended 'biological' household will gain from the assistance (the selected student, siblings

[83] such as that reported in use by WFP programming in 2024.

[84] The programme could have had design features that attempted to ensure that the food stuffs went to those persons within the household who were most hungry or suffered most from poor nutrition, but this was not described by KIIs or in any programme literature.

[85] Students tend to be sent to live in houses closer to school and these households need not necessarily be low-income households. Indeed, related guardians are often selected from wealthier members of the extended household.

or students family), and increases the risk that no or very little gain will go to the intended beneficiary household.[86]

EQ1.2 Were the appropriate tools and guidance used effectively? [87]

FINDING 12: Relevant WFP corporate assessments, tools and guidance were used with good CBT readiness and capacity gains, yet limited effectiveness is evidenced by weaknesses in programming.

108. Financial service Provider (FSP) due diligence and selection and retailer selection was good, and modality and delivery mechanism selection and locations were appropriate to context at the time. However, despite this a number of problems arose, principal among which, include: delays in retailer payments led to frustration and retailer drop out; failure to modify the initial value voucher decision[88] and transfer value decisions to suit family size or changing prices or local market in line with best practice; failure to adequately identify and put right wide ranging problems with registration and the accurate receipt of entitlements across E-Voucher and MMT or to identify and rectify the double taking of MMT transfer fees to this date. These weaknesses may reflect on tools and guidance more strategically.

109. **Standard Corporate programming assessments** – WFP report that standard programming assessments were either undertaken or updated (Findings under EQ 1.1 on relevance and coordination discuss in more detail). CPs report that they had little involvement in these assessments and were thus unable to support with their local contextual knowledge. There were failings in the level of understanding of the local vulnerability context relevant to the targeting and selection of beneficiaries[89] that may/have led to flaws in ensuring assistance impacted the targeted beneficiary household. These types of failings are something which WFP guidance may need to reflect more prominently.

110. **CBT Corporate Assessments and SoPs** – Two senior WFP regional staff confirmed that there were no corporate SoPs in place at the time of the pilot, but evidence was supplied that these do now exist. One WFP staff member reported that "The SoPs need review for appropriateness for small country. SoPs don't really reflect the staffing availability in a small country". WFP regional staff indicate that corporate SoPs were in place for mobile money and vouchers on WFP, though it seems these were not known or adapted for use in the CBT pilot in Liberia.

111. The CO were reported to not have had adequate resources and staff to achieve the necessary CBT assessments[90] adequately, and regional support was brought in, to support[91]. One senior WFP staff reported; "Assessment are a bit of a box ticking exercise then move on and leave to occur". Despite this, the assessment that were required were reportedly achieved[92] - corporate FSP assessments (MAFA & MEEFA[93], and technological assessments[94]) were achieved, and MFI (Market Functionality Index) and ROC supply chain and retailer assessments were achieved. RBD and CO KIIs reported that some assessments had limitations at the time and have since been updated;' "The tools at the time did not formally integrate preferences and consultation, but we should have done FGDs to be sure, but didn't as we didn't have the people or the time. The tools are time consuming and need updating. There is always a time constraint to assessments, as fundings have very short windows."[95]

[86] For the CBT THR pilot, the community of Harper reported having been instructed to use the assistance for 'educational purposes' (fees and materials), and therefore the food was not used for food security purposes of either the biological or the guardian's household.
[87] This EQ has been adapted from 'What tools were used for FSP or Retailer selection, screening, due diligence, reporting, reimbursement etc.?" and modified in the evaluation matrix accordingly.
[88] Switching to a commodity voucher would have cushioned households from price rises but would have required additional funds and given the process that would have been required to make such a switch, may have delayed assistance.
[89] of this school based THR related to high proportions of children living away from their biological parents to access education.
[90] KIIs at regional and CO level.
[91] KIIs report that the support persons were often left having to do the work rather than supporting and developing the capacities in CO staff to do so.
[92] Evidence of doing so has not been provided.
[93] MAFA (macro financial assessment), MIFA (Micro financial assessment - now been upgraded and combined))
[94] MITA & MEETA
[95] Source - KII

112. **Recommended assessments** - Other recommended assessments (especially in more complex contexts), such as beneficiary consultations (especially around preferences) were not thought to be undertaken. These included not adequately consulting on modality and delivery mechanism preferences (nor across different genders or vulnerability groups) but additionally there was limited assessment of protection, security and general risk mitigation assessment. However, guidance on this was not "corporately well-articulated within WFP then and to some degree now".[96] Some assessments around technology availability and access (MEETA and MITA) were "thought done" (KII), but it remains unclear if these assessed the degree that different gender and vulnerable groups have the technical capacities etc. One KII reported that the assessments are: "Not great at assessing whether people have capacity to do the (MMT) transactions".[97] Retailer assessments were reported to have included a check for disability access. KII report a degree of overstretch and frequent turnover and gaps between CBT advisory support at a regional level, where the focus tended to be on larger programmes.

113. **FSP due diligence and selection tools** - Lonestar confirm WFP assessments were detailed and had very strong due diligence aspects. Lonestar reported positively that there was much more effort involved in due diligence for WFP FSP selection than with other agencies/donors. WFP CO staff (corroborated by RBD) report having used all the required guidance and tools for FSP selection.[98] KIIs at national and FGDs and KIIs at field level all confirm that Lonestar were the most appropriate FSP for the geographical zones selected at that time.

114. **Financial reconciliations** – The COMET reporting platform and WINGS have been used in Liberia over a long time, so they are able to monitor financial system of WINGS through comet to see if cash has been released. Staff reported that this "Allows us to spot (from WINGS) that we have a gap between what has been paid and variance with and if any outstanding payments. these are then cross checked with retailers - the dashboard is monitored and allows us to inform supply chain colleagues. the challenge is how timely the reports come in and how timely the payments are made. this determines whether 2 systems are reconciled. regional office also monitor dashboard and they send report." (CO KII)

115. **Modality and delivery mechanism tools** - WFP report[99] having used all the required guidance and tools for transfer modality and Delivery mechanism selection. However, one senior KI indicated that only the value voucher and MMT options were ever considered for selection. The response options decision process should have been documented in a memo or a NFR (note for the record), and this should have been achieved by something like an internal cash working group (CWG) however, the CWG in Liberia was not formed early enough in the process. A senior KII reported that modality decision making was strongly influenced by a senior CO staff with a strong restriction bias. CP also confirmed that: "WFP carried out the following assessment to inform the selection of the specific transfer modality: - Supply Chain Assessment; - CBT Feasibility Study; - Retailers Assessment; and Market Assessment."[100] The selection of locations for the e-Vouchers and MMTs appears to have been appropriate. The school selection fitted retailer access and connectivity satisfactorily and met the needs of the fact that the CBT THR overall purpose was a test of WFP systems and procedures for cash readiness, rather than a test of whether different geographies in Liberia were ready for different modality and delivery mechanism combinations. Two WFP KIIs reported that some decisions were not well evidenced or based on consideration of gender issues. They reported that the CO were "Hesitant to do MMTs as in 2021 it was only fathers who had mobile phones and any MMT technical know-how. Sadly, the assessments did not ask people their preferences for delivery, and it was thought that women would have wanted EVs as they are less familiar with MMT and phones and don't own phones. The assessments and PDM doesn't ask this, and the MFI simply decides which is best from a market perspective."

116. **Transfer value related tools and guidance -** There were issues related to appropriateness of the S/MEB and the size of ration/cash transfer overall and in relation to family size that were not addressed. Equally the approach was not modified in any way in the face of price rises (either then or since). Although WFP could

[96] KII

[97] There was Some training on technology use for beneficiaries achieved in 2023 (RB KII).

[98] However, WFP was not able to provide any documentary evidence of this to the ET.

[99] Documentary evidence of completion of the tools was not provided (though CPs were able to corroborate that FSP due diligence and CBT feasibility and market related assessments were undertaken).

[100] Caritas Gbarnga, no date. Final Narrative Report.

not have foreseen the price rises coming, the CO and the advice and support from WFP Regionally or at HQ level have not demonstrated the capacity to amend these weaknesses since.

117. **Testing CBT tools, systems and procedure decision** - It was a relevant decision (especially post audit findings) to test corporate tools, guidance and systems and procedures, and has been an important capacity building and readiness opportunity for the CO. Whether the start of an emergency was an appropriate time to do so, in an overstretched small CO, is less certain. The question also remains as to whether lighter tools and a more local view (including the views and experience of local stakeholders, CPs and beneficiary representatives) of what modalities and delivery mechanism combinations were available and what beneficiaries were already familiar with receiving cash through / had access to would have been more appropriate/effective.

FINDING 13: E-Voucher retailer selection and functioning was effective but technical issues such as slow retailer repayments led to retailer drop out and a range of other problems.

118. **Retailer selection, functioning and effectiveness –** Corporate tools and guidance led to the selection of appropriately standard and size of retailers. WFP appeared to have selected retailers of sufficient size and financial capacity in the locations the ET visited (Ganta, & Pleebo), however there remain some reports[101] that the retailers selected in Saclepea had similar difficulties than the smaller retailers in Pleebo, who may not necessarily have been too small, but did not have the financial capacities to withstand the extremely long WFP repayment times. However, WFP tools and procedures do tend to select larger retailers that don't necessarily sell small quantity bags, so transfer (when split into small monthly cycles) doesn't cover large bag and problems arose (this also limited local purchasing and reduced economies of scale). During COVID some instalments were combined, and this helped to reduce problems related to insufficient amounts to purchase whole sacks. It is reported[102] that fewer, larger instalments are now used more in Liberia, but WFP is recommended to ensure adequate guidance on the importance of assessing the pros and cons and necessity of multiple instalments and discouraging monthly instalments almost as a default option.

119. **The numbers of retailers selected to cover each location was appropriate** in terms of numbers of beneficiaries. Because the THR was a small programme and a short-term trial it was pragmatic not to have selected a larger number of vendors (to encourage competition and promote choice). However, the small-scale nature of the programme (relatively small beneficiary numbers, small value of transfer over a short time), combined with the extremely slow WFP repayments, led to retailers dropping out (3 in Ganta and Pleebo throughout; of the 3 in Saclepea, 2 dropped out).

120. Retailers in Pleebo reported that they encountered difficulties with their suppliers in terms of restocking due to the delays in WFP repayments. Overall retailer selection was appropriate, however In places where retailers dropped out, the result was too few retailers. Access to retailers was largely very good (located close to schools and HHs. However, in Gbolobo, Maryland HHs had to travel 4 to 5 km to access retailers in Pleebo and the cost of transport was not factored in/topped up (1.5USD round trip), and in Saclepea, there was only one retailer (due to 2 retailers dropping out).

121. Some retailers reported signing MoU that encouraged them to stock items in readiness for the anticipated start of project, only to find that the programme was delayed by 3 or more months, and some of the goods then perished (see the retailer case study below) leading to loss of money and confidence. Retailers do not appear to have been forewarned when the actual disbursements were made. Some felt the programme was well organised, but others were extremely frustrated by the very slow repayments (1 to 4 months). The slow repayments were of limited consequence to the largest retailers but debilitated medium and small sized retailers from restocking, and this risks putting retailors off taking part in future programmes for WFP and other actors.

Box 6. Pleebo medium-sized retailer mini case-study

Retailers reported that they were informed of programme start dates and encouraged to purchase stock in advance. However, the three-month delay in the project start led to them having to sell goods to other customers. One retailer, the proprietor in Pleebo, reported that purchasing the beans stipulated by WFP

[101] CP and school authorities in saclepea and Nimba county level.
[102] Regional and CO KIIs.

had been problematic. According to him, by the time the programme started, the beans had spoiled and thus he suffered considerable financial loss. Even if the programme had started on time, beneficiaries would not have purchased them because the price rises had led to a situation where the transfer value for each beneficiary would not have covered the purchase of beans.

Source: KII Interview & permission gained for case study and photo use.

122. Retailers very much appreciated assistance of Caritas staff and volunteers at redemption (and WFP and MoE representatives when this occurred), as this assisted beneficiary customers and provided a feedback and complaints system when the customers had problems or were dissatisfied. Retailers particularly appreciated the assistance of Caritas staff in Pleebo (Gbolobo and children's Rescue Community schools in Maryland) where beneficiaries had to team up with other another beneficiary HH and share the purchase of one large 25kg bag of rice and then divide it fairly. This was reported to have led to a great deal of disaffection and feedback difficulties that Caritas staff and volunteers dealt with allowing retailers to concentrate on serving customers. Caritas "bore the brunt of high levels of dissatisfaction throughout the project", despite this not having been their role or for which they were compensated. Caritas have suffered significant reputational challenges because of their involvement in the THR and in-kind distributions by WFP and BHA.

123. All e-Voucher retailers complained of the SCOPE system being slow at first (card not reading fast enough, etc.), but this problem eased with time. other problems reported include – beneficiaries arriving after the expiry date of the transfer (corroborates what beneficiaries reported that they were notified late and did not know that the expiry dates were in place). Retailers reported that it could take around three-to-four hours to put this expiry problem right and sometimes involved beneficiaries who had travelled, were left waiting all day, and sometimes had to return at their own expense another day.

124. **FSP selection and MMT functioning and effectiveness at local level –** Lonestar were reported[103] to be the appropriate FSP for Harper at that time. MMT operators and Harper community report adequate numbers of MMT operators in Harper in 2021 (estimate 2 bigger operators and 8 small, with considerably more now). The bigger MMT operators (that the majority of beneficiaries reported using) did not report any problems related to amounts of cash in stock (liquidity), and that the project was only a very small number of customers in relation to their overall business size.

125. 'Effectiveness of verification procedures, segregation of duties, and review of changes in WFP beneficiary information and transfer management platform' - A high proportion of beneficiaries (triangulated across parents, students and CPs) report that they have not received the correct number of transfers or total amount. It was more difficult to assess receipt of entitlements than usual, as very few people had been informed how much their entitlement was, how many times it would be received, how long for and when it would stop.

126. WFP were aware that there were some discrepancies and demonstrated that they had undertaken some investigations (rather late in the day, as feedback systems failed, and Schools and Caritas then undertook to record and transmit complaints to WFP). Specifically, WFP investigated in Harper based on a list submitted by Caritas Cape Palmas of 50 households who claimed no cash payment was made to their respective accounts since the inception of the program. According to a WFP's "Note to the Record", the investigation found that 14 out of the 50 reported households did not receive any payments for the four months but transfer value of $861 USD was made to non-CBT beneficiaries due to mismatched or wrong numbers from data entry during sim registration. The 14 affected beneficiary households were paid their full amounts for all four cycles/instalments. However, Caritas reported that it was not aware of this investigation, and that affected beneficiaries kept complaining to them long after the project ended. Lonestar appeared unconcerned, and relatively unaware of the degree and suggested that the reasons for people not receiving cycles/instalments 'may have been down to beneficiaries using wrong or multiple SIMS.' Lonestar estimated that approximately 10 numbers were provided to them that did not correspond with numbers registered to the persons named on the WFP lists.[104] Lonestar reported that WFP have demonstrated that they are now

[103] Triangulated by CPs, school representatives and FGD with parents and students.

[104] WFP shared list of mobile numbers that were listed on the Lonestar platform as belonging to persons with different names than those provided by WFP as named beneficiaries (potentially at times due to mis spelling or data recording of names, but more often as beneficiaries had given the numbers of 'people they knew' and hoped were trustworthy. The lack of complying lists meant Lonestar were unable to transfer monies.

more accurate and better at registration with the more recent programming. The ET did not find evidence of any similar investigation undertaken regarding the claims by e-voucher beneficiaries of receiving no or less than their entitlements.

127. **Payment verification** - Lonestar report each sim is attached to a number that serves as a unique verifier and that they can and that they do a 'full liquidation and returned moneys check' (KII). However, it is not clear/been evidenced that WFP also achieved this or followed up on any Lonestar reporting of failed payments. Lonestar did however report that if a SIM card remains unused for 275 days, the number will be recycled and any monies remaining stays with Lonestar. Lonestar said they reported what monies were cashed or not to WFP. However, there are some data protection / legal issues about Lonestar sharing whether the monies have been cashed out or not. Lonestar say they could easily have reported on gender of recipient registered mobiles.

128. **MMT transfer fees appear to have been taken twice** from most beneficiary payments and it appears that WFP & Lonestar were unaware at the time and since. Reporting from transfer management platform by Lonestar and WFP and PDM by WFP (using corporate tools) does not appear to have captured this potentially reputation damaging fault. WFP may choose to consider segregation of duties around PDM and whether PDM by the local cash experienced CP, Caritas may have been more effective, or whether third party monitoring would have been any more effective than WFP in capturing this issue. Though the amounts are small (because the overall numbers of MMT beneficiaries is small), this warrants further audit tracking or consideration at CSPE, to ensure that systems are checked, and learning achieved.

Box 7. Detailed explanation of how the double transfer fee deduction occurred and remained uncovered– Transfer fees appear to have been taken twice for each transaction on almost all occasions. The problem of asking beneficiaries whether they received their full 15USD entitlement is that the SIM card/phone did receive 15USD, but then the beneficiaries are used to paying a transfer fee, so just accepted that they should also do so on this occasion, despite WFP having paid Lonestar 15 + 1.5USD per transaction. Lonestar and WFP were completely unaware that almost all payments appear to have been to the value of 13.5USD and therefore the transfer fee was removed twice. On only one occasion (1/10 parent/guardians) was the ET able to find a person who was able to receive USD in cash, and this was a person who had failed to receive payments due to difficulties with mobile number mis-registration and was therefore assisted through a school principal, Caritas staff and finally WFP rectified and Caritas went with the person to encash, and received the full 15USD three times (i.e. without a double transfer fee being deducted).

2.2. EFFECTIVENESS

Evaluation Question 2 - To what extent has WFP Liberia demonstrated readiness to implement and monitor CBTs in ways that are effective?

EQ2.1 To what extent has the CO demonstrated the capacity to implement the CBT modality effectively and efficiently?

FINDING 14: *The CO demonstrated adequate capacity to use corporate systems and procedures for CBT, in line with the purpose of the pilot.*

129. Benefits accrued to Schools, CPs and those beneficiary households who received were highly appreciative of the assistance and the mode and delivery in which they received it.[105] There were reports of enrolment and attendance benefits, that were largely perceived[106] to be equal to both genders, however concerns around students shifting schools to access benefits have been identified. School and CPs joined in but utilized substantial time and resource and/risked some reputational damage because of undertaking feedback and complaints roles. There were other programme implementation weaknesses identified, including; inaccurate registration of beneficiaries; insubstantial/poor communication of, gathering of feedback and complaints and monitoring of receipt of entitlements and other programme shortcomings and grievances.

[105] It was outside of the ToR and beyond the scope of this evaluation to assess the degree of appreciation/preference for e-Voucher or MMT over in-kind THR modality.
[106] No evidence was provided.

130. There was a diversity of views as to the intended number of instalments that remains to this day. The ET were informed of different numbers by different KIIs and CPs. It is thought however that there were; "3 cycles for MMT, and 5 cycles for e-voucher" (WFP KII present at time).[107]

131. The KIIs and FGDs conducted in both counties triangulated the finding that there was significant variation in the amounts of money that were transferred to beneficiary households in the E-voucher and MMT communities. In summary, amongst the individuals selected to be present at FGDs, (and who reported having been registered - details taken, photographed etc.) and that they did not receive what was thought to be the entitlement. It was extremely difficult to assess this, however, as beneficiaries (and often their representatives and CPs) were often unaware of what the precise entitlement was, the planned or eventual number of instalments/cycles, nor whether the programme had completed or not. A high proportion of both parents and students reported they did not receive any transfers. This was corroborated by school representatives and CPs.

132. Amongst E-Voucher beneficiaries, there were some (estimated at 30-40 percent who reported not receiving any payments, some that reported only one transfer, and others, 3, 4, 5, 6 and even 7 instalments.[108] Amongst MMT FGD participant students - 50 percent reported no payments at all; amongst parents, zero percent[109] said this. However, amongst MMT participant parents – 63 percent reported receiving less than the 60USD entitlement. Of the MMT students asked 20 percent reported only one 15USD transfer (13.5 percent) and 18 percent of parents reported the same. Comments such as this were frequently reported by beneficiaries; *"if we received any payment at all, we just felt 'lucky" (Elderly guardian FGD participant).* It appears that the CO did not demonstrate the capacity to effectively deliver entitlements. Annex 15 records in more detail a small sample[110] of primary data collected to demonstrate the level of effectiveness of MMT in the two schools in Harper (Maryland County).

133. The table in Annex 14 includes a 'Compilation of micro-findings on effectiveness, benefits and challenges, across different stakeholder types which informs the key findings presented in this section.

134. **Effectiveness, Benefits & challenges to schools and authorities (MoE, PTA etc)** – Enrolment benefits were reported by MoE and school representatives (Saclepea & Ganta and Gbolobo), such as this school principal in Maryland: "*The following year the school was full*". However, though some were children not formerly in school, most were those from adjoining schools. Others were students who had previously dropped out of school, particularly in Harper where authorities incorporated students who were at risk of or had been asked to leave school after being unable to pay school fees. MoE and school authorities reported anecdotally[111] that the enrolment of the participating schools increased. However, on more detailed questioning, this was more a movement of children from other non-participating adjoining/neighbouring schools[112], than an increase in the number of children who were not in education taking up places. There are potential negative consequences (educational, safeguarding etc.) around children moving from one school to another to access project benefits, and WFP should assess in more detail with local stakeholders and with more educational specialist how targeting and selection criteria can be amended to reduce movements between schools and promote inclusion of children not already in school and the return of children who have recently 'dropped out' of school for financial or other reasons. It is thought that this should apply beyond the Liberia context.

135. MoE and School principals, administrators and teachers in all schools (MMT and EV) reported spending very significant amounts of time dealing with and trying to sort out feedback and complaints, and using school and their own resources (vehicles, fuel and communication/data costs). School principals in all schools (MMT and EV) were particularly burdened by reporting difficulties and on occasions directly to WFP. Some school principals felt a direct line of communication between school and WFP would have been preferable to the long chain. WFP may consider compensating school staff (some of whom are teacher volunteers, who also

[107] There may have been added confusion as in "Some months there were combined cycles - as some beneficiaries had problems with mobile accounts, so payments with MTN were late so we sped up the second payment – two-in-one (April & May)." (WFP KII)

[108] (These varied instalment numbers were verified by ET through observation of the SCOPE ration cards carried by some of the FGD participants)

[109] Which may be accounted for because students, were not fully aware of the receipt of the cash.

[110] It should be noted that the sample sizes are very small and there are limitations in the selection of respondents.

[111] Data was not made available by WFP or MoE or the schools when requested.

[112] School authorities were not asked qualitative follow up questions around whether class numbers increased and teacher to pupil ratios etc.

pay transport costs to get to schools they teach in[113]) in some way or through inclusion in the THR programme as some sort of compensation.

136. **Effectiveness, benefits and challenges for CPs – MoE, Caritas and schools** -Some increase in CBT capacities of MoE and Caritas and within School authorities and PTA (though Caritas already achieved some CBT with CRS previously – Catholic Relief Services). Overall, the roles of the Caritas CP did not seem well understood and Caritas ended up having to step in to perform WFPs role to deal with all detailed communications (beneficiary entitlements, timings of payments, how long, duration etc) and WFPs feedback and complaints and monitoring roles. WFP seem to have treated Caritas as a CP with no CBT or other good programming capacities, and acted in a top-down manner, imposing programme design and ways of working and failing to make use of the value add of their existing capacities.

> **Box 8. Differing views on the roles of implementing partner in the CBT Pilot**
>
> **Implementing partner view on roles** – 'informing HHs and presence to support beneficiaries at redemption (in retailers and at MMT offices where possible on occasions at the start).' The implementing partner reported that they were heavily involved with relaying complaints from beneficiaries to WFP.
>
> **WFP staff on implementing partner roles** – "Caritas Nimba key role during the CBT pilot in 2021 entails redemption monitoring, beneficiary/HH sensitization on specific project information. In addition, Caritas also supported beneficiary registration along with the FSP, WFP field team, and MOE. MOE provided the list of students and schools for inclusion on the project. These beneficiaries/ schools were selected based on an agreed targeting criteria discussed with MOE. Caritas was not responsible for school or beneficiary selection" (email 2/5/24)

137. Caritas became the informal feedback and complaints mechanism in Maryland. In Nimba this burden seemed to be more born by School leadership and MoE. The main feedback and complaints included those about the 'one child' as representative of one household problem, registration difficulties, failure to receive payments difficulties (EV and MMT) etc. MoE and or School principals in Nimba and Caritas in Maryland, gathered feedback and complaints and fed these through to WFP. There were complaints that there was no dedicated person at WFP in charge of the THR or to whom complaints were to be given to. CPs did not feel that WFP staff were in short supply, rather that they tended to be 'focused on bigger projects than this little CBT pilot'. Some staff were commended for their tireless dedication.

138. **Effectiveness/Benefits to Beneficiaries (Students and their Households)** – HHs were highly appreciative of the assistance they received (if they received it and if they received what they perceived was the correct amount). They reported that it helped to feed families (though not sufficient for larger families). Recipients of MMT in Harper reported benefits that were not Food security related but were educational (school fees, attendance and enrolment, school clothing, footwear, exercise books and paper handouts). This cannot or may only be partly attributed to the capacity for the MMT to have been used for any /unrestricted as the beneficiaries were clearly instructed to use the cash for educational purposes.

139. **Perceptions of Gendered benefits** - Some respondents (particularly women, mothers and grandmothers) felt that boys gained more benefit than girls as they tended to eat more food in general. Others reported that girls benefited specifically as the THR meant that the usual role of girls to have to 'go and find foods' was reduced by the THR, and this reduced their chores and the risks they faced (PSEA) from seeking out food (whether, foraging, asking for or begging for food or money[114]). Caritas in Maryland reported that girl's retention was improved above and beyond that of boys (but had not been asked by WFP to provide enrolment, attendance or retention evidence or disaggregated by gender).

FINDING 15: *The transfer value was calculated in line with WFP corporate guidance but became and remains inadequate after global food and fuel price rises.*

140. Different locations received similar cash amounts, but price rises, and differential transport costs led to households receiving widely divergent food ration equivalents. The pilot failed to take price volatility into account or respond to it adequately.

[113] Volunteer teachers in Gbolobo work from 7.30 to 3.30 and incur approximately 200 Liberian Dollar transport costs.
[114] This sensitive subject was not explored in any detail due to time and sensitivity constraints.

141. **Effectiveness of food ration/Cash transfer value –** though all beneficiaries (students and their households) were extremely grateful for the THR CBT assistance they received; all stakeholders from beneficiary to WFP and Government KIIs nationally were unanimous that the value transferred became insufficient for the average family size that it was originally estimated for (5) and was always insufficient for the larger families. More recent best practice[115] encourages actors to identify the average HH size in the localities targeted and assess the variation in HH size to assess the degree to which larger families are prevalent and whether top ups or accommodations are appropriate. However, this was a trial of systems, so can potentially be overlooked.

142. **Effectiveness of Transfer value and food prices**- When price rises occurred (due to COVID) the WFP CO & RBD discussed whether to adjust the transfer value (recorded in decision memoranda) but did not do so. Instead, they approved the adjustments that beneficiaries had already been obliged to undertake, principally that of purchasing substantially less (by up to half the amount of rice intended in some more inaccessible areas such as Saclepea in Nimba, and Pleebo and Gbolobo in Maryland – see Mini Case study in Annex ??) and allowing switching to other less preferred food goods. However, though alternatives do exist (cassava, plantains, etc.) beneficiaries did not switch away from rice which is considered as essential in Liberia. However, if there were no rice stocks at retailers (only happened occasionally), some beneficiaries did purchase small amounts of other goods (biscuits, canned fish or beans[116] etc.) in small amounts to tide them over until rice stocks returned. Only very rarely did beneficiaries switch to other goods than rice and frequently went without oil to fund additional rice purchasing. Although the initial technical design was acceptable (transfer value based on S/MEB to average HH size[117]) in general, when the food price rises (caused by COVID) came about, WFP were informed of the fact that the transfer value no longer reflected prices and would mean a substantial reduction in the ration, and they were presented with an opportunity to re-assess and consider alternative modality options[118] or modifications in the transfer value (subject to additional funding), but chose not to do so.[119] There was some evidence[120] that there was some remaining budget that might have been used for this purpose, but this was not used for this purpose[121].

[115] Truelove S.J, Young P & Lawson-McDowall J. CaLP – "Calculating the Minimum Expenditure Basket – A guide to best practice".

[116] which contravene WFPs rules against canned goods.

[117] Though current best practice recommends use of Minimum rather than Survival minimum expenditure baskets e.g. Truelove S.J, Young P & Lawson-McDowall J. **CaLP –** "Calculating the Minimum Expenditure Basket – A guide to best practice").

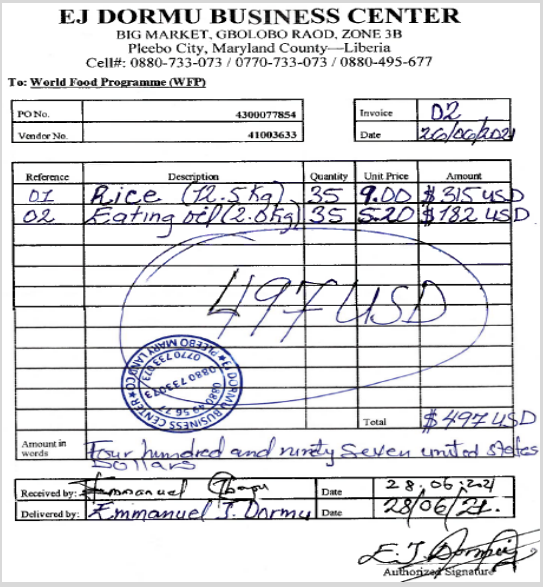
[118] For example a with to a commodity voucher, that would have cushioned beneficiaries but required additional funds.

[119] WFP CO staff indicated that they were advised by WFP's RB that in order to adjust transfer values they would need to undergo the full set of assessments that they completed in the project design stage – and that this was deemed non-feasible; RB CBT Advisor highlighted this instance as an example of why WFP needs to consider 'light' options for small Cos with limited funding and capacity.

[120] Info from memorandum on price.

[121] It was beyond the scope of the ToR to assess this further.

Box 9. Mini case study – Evidence of half rations in Pleebo and Gbolobo - An invoice from a retailer from Pleebo, E.J Dormu Business Centre (which the ET interviewed in Pleebo), confirms the findings from the FGDs with parents in Gbolobo, who reported that each household in Gbolobo and Children's rescue schools received 12.5 kg of rice during each cycle. Below is a screen shot of the invoice and a picture of the business centre.



EJ DORMU BUSINESS CENTER
BIG MARKET, GBOLOBO RAOD, ZONE 3B
Pleebo City, Maryland County—Liberia
Cell#: 0880-733-073 / 0770-733-073 / 0880-495-677

To: World Food Programme (WFP)

PO No.	4300077854	Invoice	02
Vendor No.	41003633	Date	26/06/2021

Reference	Description	Quantity	Unit Price	Amount
01	Rice (12.5kg)	35	9.00	$315 USD
02	Eating oil (2.5kg)	35	5.20	$182 USD
			Total	$497 USD

Amount in words: Four hundred and ninety Seven united States Dollars

Received by: Emmanuel
Delivered by: Emmanuel J. Dormu
Date: 28/06/21

Authorized Signature

Source: based on triangulation of FGD data with MoE, Schools, beneficiaries and KIIs with CPs, WFP staff and retailors.

143. **Transfer value and Food quantities in relation to retailer incurred transport costs and changing food Prices** - Households in Pleebo and in Gbolobo reported (and community and CP representatives triangulated) that households failed to receive the initial 25kg intended due to higher prices caused by high transportation costs for retailers in general in Maryland and in Pleebo in particular and due to prices caused by the additional costs of transporting rice at that time of year during the rainy season as well as price rises due to stock shortages due to seasonal shortages caused by inaccessibility/pipeline breakages. Beneficiaries in Gbolobo reported that on some occasions, retailers in Pleebo did not have rice in stock and they had to take other goods (biscuits, canned fish and beans, etc). The local price increases were reported to WFP, who did not increase the transfer value but advised households to team up with other beneficiary households to purchase and share a 25kg bag of rice and hence HH only received 12.5kg each, far short of the amount intended.

Box 10. Mini case study – Beneficiary living with disability in Gbolobo, Maryland County

A beneficiary living with a disability and his 14-member household received food ration through the E-voucher modality four times during the duration of the project. For each redemption cycle, his household received 12.5 kg of rice (sharing the 25 kg of rice with another household/neighbour) and 2 litres of oil, which lasted the household 12 days. The head wife was the holder of the SCOPE card and received the food during each redemption cycle. Once she took the ration home, the food was shared with the two wives, with each receiving 6.25 kg of rice and one litre of oil.

Source: KII conducted by the ET. Permission obtained for use.

144. **Impact of beneficiary-incurred transport costs on transfer value/quantity of food purchased** – In Gbolobo (Maryland), HH had a greater distance to travel than those beneficiaries in nearby neighbouring Pleebo (18km) and therefore incurred a further 1.5 USD transport cost[122] which reduced the value of the THR transferred in real terms and the amount of rice households could purchase. Equally, school and MoE

[122] Estimated by beneficiary parents based on the cost of transporting rice by motorbike and triangulated with school representatives and local retailers.

representatives from Saclepea (Nimba) reported that the price of rice at the retailers in Saclepea was higher than in distant neighbouring (40km) Ganta as retailers had to pay for transportation costs. There were also reports that the lack of competition between retailers in Saclepea had contributed to higher prices.

FINDING 16: *Significant problems with registration of beneficiaries emanated from insufficient attention to detail, lack of appropriate technologies, and little time spent on CP and beneficiary orientation and communications.*

145. **Effectiveness and challenges of Beneficiary registration** – There were significant and diverse problems with registration; inaccurate data capture; use of mobile phone numbers of people not adequately trusted by beneficiaries, failure to adequately notify of registration and lack of orientation/awareness of those new to e-Voucher and MMT technologies, etc.

146. The consequences of inaccurate data capture at registration led to multiple difficulties for Schools and CPs to deal with. There appears to have been insufficient guidance on types of phone number acceptance and allocation of SIMS & new devices. People were asked to supply a phone number without adequate guidance, which led them to use phone numbers of friends and family without adequate forethought as to how trusted this was. Significant problems when FSP needed to verify phone numbers were linked to the named beneficiary HH. Difficulties and lack of understanding/envy arose when those that said they had no phone number were given phones and a SIM card. These beneficiaries were totally new to the technology and most experienced problems and required assistance from vendors or family/friends which introduced risk.

FINDING 17: *Though delayed,[123] and though beneficiaries were not at all well informed of the timing or duration, the CBT THR Pilot was inadvertently well-timed in terms of responding to the lean season and as a response to the post COVID price increases.*

147. **Effectiveness and efficiency in terms of timeliness, instalments/cycles etc**. - There are Many aspects to timeliness – time of day/week/month[124], whether when planned/late, in time or season of greatest need as well as factors around timeliness of notification and speed that registration issues are rectified or not, timeliness in relation to ongoing crisis etc, etc, which are considered briefly here;

- **Good Timeliness for time of day/week**– Beneficiaries reported being satisfied with the time of day and day of week/month of meetings and receipt of entitlements.
- **Good Timeliness in relation to emergency, purpose and adequate for when planned** - Though the pilot was not thought to have been initially planned or intended to respond to any seasonal or health related matters, the slight delay in the start-up of the programme (caused by lack of cash preparedness and capacity), of January to April , the delay to June/July to August/September (reported Ganta) meant that the programme was particularly apt and relevant as a response to COVID 19 and to some of the consequences of food shortages and price change consequences of COVID 19 and helped to meet a more intense/deeper than average lean season hunger period (coincides with the 'rainy season in Liberia). The start of the CBT Pilot was delayed by around 3 months, which meant it occurred around 6 months after COVID. However, this did mean that it accidentally corresponded with periods of greatest hunger/lean season, hence timely, but not by design.
- **Poor Timeliness in relation to stakeholder awareness of timings** – Beneficiaries and other key stakeholders were not at all well informed of when to expect entitlements (across all project sites visited and reported in those that were not), so they were unable to say whether it was later than intended.
- **Inadvertently Good Timeliness in terms of In time of season or time of greatest need**- Though beneficiaries reported that people 'go hungry and need food' throughout and at all times of the year, they also reported that it was well timed as it coincided with what was agreed to be the seasonal peak of hunger (rainy season – Aug/Sept). Equally the beneficiaries reported that the payments were relatively well timed in terms of the expenses required for the start of the school term (formal and informal costs peak in September) this was more relevant in Harper where beneficiaries were instructed to use payments for educational purposes.
- **Poor Timeliness in terms of anticipating seasonal inaccessibility, pipeline breakages and price rises** - Some CPs reflected that food and Cash distributions aimed at food security would feasibly be timelier if timed to coincide with seasonal lean period that correspond with rains. On further probing these CPs understood the importance of

[123] in terms of a response to COVID and by 3 months from intended.
[124] (or in relation to market day where relevant)

anticipating price rises and logistical and re-stocking issues during the rainy season that meant delivery of food or transfer payments prior to the rains was preferable.

- **Poor Timeliness of notification and speed that registration issues are rectified or not**- Some beneficiary households experienced problems with registration (EV & MMT), and delays from this meant that if their registration problems were not rectified in good time, they purchased foods after prices had increased (complaint in Maryland and Gbolobo in particular). A small number of beneficiaries reported that they were told very late that the payments were ready, and that by the time that they went to MMT or retailer, prices were higher, or their entitlements had expired. People did not seem to have reported this problem.

148. **Views on instalments** – It should be remembered that very few beneficiaries were well oriented in what instalment/cycles to expect and when or how many instalments there would be in total. In addition, there was wide variation in number of E-Vouchers (Gbolobo some get none, mostly 3 or 4 instalments, Ganta 0 to 7 instalments) and MMT cycles across different localities. There was a general acceptance that instalments help HH manage their money responsibly over time. However, some individuals (notably younger ones) acknowledged that by receiving in fewer or all at once this opens the potential to purchase with economies of scale or to use for larger purchases (full 25kg bag of rice, bigger container of oil, school shoes, bags, etc.), enterprise or livelihood purchases (including petty trade and food production/farming purposes – such as seeds, fertiliser, etc.).

Table 11. Differing Beneficiary views on receiving MMT transfers in instalments vs. all at once

Parents/guardians (Harper) – preferred instalments if transferred by MM as felt mobile money is 'tempting to spend all at once', money management concerns, able to use for LH preferences, economy of scale gains, price change concerns (hence prefer commodity voucher or flexibility/linked to inflation transfer value)
Students (Harper) – preferred 1 instalment (as it reduces need to visit MMT and pay transfer fees) and preferred direct cash (less problems and less transfer fees), prefer direct as no need to use other people's mobile numbers or pay transaction fees.

Source: FGDs conducted by the ET.

149. **Efficiency** – The THR was a small scale, dispersed[125], and thus by nature, highly inefficient pilot that was designed to test systems and procedures not formerly very familiar to the CO (and thus required more time and resources to use). The pilot should be aiming to be an effective test rather than seek efficiencies. That said in general CBT research indicates MMT are in general the most efficient delivery mechanism[126], and e-Vouchers tend be more time consuming for partners to implement. WFP staff confirmed that this was indeed the case for WFP CO in Liberia. The inefficiencies of familiarising staff and CPs (and beneficiaries) with the systems and procedures of two relatively new modality and delivery mechanism approaches and the relatively new (to the CO) SCOPE system (that was slow and difficult to manage at first) and to do so during an emergency (global COVID pandemic) when both the CO had undergone funding and staff reductions and when WFP support systems were already overstretched, proved an unsurmountable/particular problem for the country office.

150. **School or community platform –** One KII reported that, "WFP are only really doing the THR through schools as a platform so that the school and MoE authorities virtually run the project for them; it is a cheap and easy platform – because it's convenient, they call it a localisation benefit". It is evident that the approach is very convenient and relevant in a small resource-poor WFP CO and therefore relevant and efficient. However, the downside is that by targeting through schools, WFP misses a section of vulnerable people – especially the elderly, out-of-school children, etc. and this is a strategic issue that requires careful consideration by WFP

EQ2.2 To what extent has the CO demonstrated the capacity to effectively respond to CBT-related challenges?[127]

151. The table in Annex 16 summarises some of the strengths or 'what went well' identified by this evaluation.

[125] 673 households across 6 sites and two geographically spread counties.
[126] DG ECHO 'Evaluation of the use of transfer modalities in ECHO Humanitarian Aid Actions'(2015)
[127] This sub-question has been slightly revised to sharpen analysis (reference to SOPs removed).

152. Most challenges have been fully documented elsewhere within this report, the table in Annex 16 presents a summary of a small number of the key challenges and a small number of remaining challenges. There are notable mitigating factors that should not be minimised when assessing what went less well. Principal amongst these is that this programme trial designed to test systems and procedures occurred in an emergency phase, during a global pandemic that reduced opportunities for good practices such as contact time, communications and monitoring visits and when WFP regional support systems were also stretched.

153. Organisational and communications were a fundamental reason for most challenges that occurred and though discussed elsewhere in the report have been summarised here to emphasise the importance of this core weakness; CPs and school authorities reported the following[128]:

- **In general, the CBT THR Pilot programme was not well organised and there was no one person at WFP who seemed responsible** or to whom they could go to when issues arose.
- **The household of the guardians tended to be registered rather than the intended beneficiary households** of the biological households as this was not clearly spelt out prior to registration (see sensitisation guide)
- **Plans were not explained or communicated well from WFP to CPs, schools and beneficiary households** or their communities, and there were never any supporting documents to refer to or disseminate to check programme course.
- **The purpose and objectives were not explained by WFP**, leaving largely schools (but sometimes MoE and Caritas) to communicate from their perspectives. This may have led to a situation in Harper where beneficiaries received strong messaging (thought to be from schools) that MMT should be spent on education (100 percent of HHs used money for educational purposes). In a small number of cases (20 percent) it was interpreted that the MMT should be spent on the specific selected child. This led to sibling rivalries and risked being to the detriment and wellbeing and relationship of child.
- **Beneficiaries and authorities and the CPs themselves were not clear over the differing roles of CPs -** Though field level agreements were reported to have been agreed and signed, the CP staff responsible for the programme did not seem to have access to or knowledge of what had been formally agreed. This meant that the staff working closely with the beneficiaries were not clear of roles and responsibilities or programme rules and regulations, terms and conditions, logic, targeting and selection. This appeared to be greater in Nimba than Maryland county.
- **There was a lack of clarity and awareness on general programme matters and detailed programme matters** (ie what would be received, when, how many times, expiry etc.). Though there were some text notifications (EV & MMT) in some areas, these did not occur in some areas, and there was poor connectivity in others and so the messages were not delivered. Equally, not all recipients had the technical skills to access messages or were not the owners of the phone numbers that they had provided. CPs backed up communications by using notifications through school by word of mouth with teachers and students. However large proportions (50 percent) of students did not reside with their biological parents but in houses close to schools in CHH, GHH and with often informal guardians). Messaging not used.
- **Visibility** – beneficiaries and most school authorities and MoE were not aware of where the monies came from for this project, other than WFP.
- **There was a lack of transparency and a failure to adequately communicate targeting, selection approaches, entitlements, instalments etc**. Though messaging over what WFP rules on purchasing rice and oil were clearly understood (though of dubious necessity, especially in a country where rice consumption is religiously adhered to). People seemed to understand that alcohol was not to be purchased but beneficiaries and retailers were not aware of the restriction on purchasing canned goods. Beneficiaries were unaware and confused over what their actual entitlements were (especially over beans and oil).

[128] that was confirmed by beneficiaries and other community representatives.

- **The lack of coherence with the other IK programmes** running at same time, led to additional confusion and disaffection amongst beneficiaries and their communities and impacted severely on CPs. Communications and awareness could have helped to minimise these difficulties.

EQ 2.3 & 2.4 - How effective were feedback and complaints mechanisms and Monitoring & Evaluation?[129]

FINDING 18: *Insufficient involvement of local stakeholders in assessments and technical design decisions, alongside failed feedback and complaints systems allowed weaknesses in programmatic decisions and programme failures to go unnoticed.*

154. Failures in awareness raising, feedback and complaints and monitoring systems meant that the design problems, programming failures and misuse allegations were not identified, tracked, and dealt with in a timely manner and may well remain to date.

155. **Capacity to effectively assess and monitor safety and misuse and 'do no harm' (DNH)** – Though corporate assessments may have included assessment of safeguarding, PSEA and DNH at the time[130], the CO or RBD were not able/did not provide evidence[131] that any specific risks associated with CBTs had been assessed. Wide ranging stakeholders report (KII&FGDs) they were not asked about safety, safeguarding, or PSEA aspects in advance of, during nor routinely as part of monitoring.

156. **Misuse -** There may have been some signs (from informal observations of scope cards and FGDs), that teachers and PTA leaders with children in targeted grades may have received more instalments than other beneficiaries, however this was not adequately triangulated. There could also be good reasons to deliberately include as beneficiaries, some of the persons voluntarily working hard (and using their own resources sometimes – such as time and mobile data etc) for the programme. A high proportion of schoolteachers are volunteers or not paid regularly or much, for example (source: FGDs). There was a potential failure to acknowledge potential misuse or favouritism or potential gains from school selection process. There was one serious direct allegation, and some corroboration of corrupt CP misuse reported in Ganta. These issues should have been monitored for, and there should have been adequate (and appropriate to context) feedback systems for and communications of these mechanisms, so that stakeholders were aware of them. WFP report (RBD KII) they now have a misuse monitoring tool. When asked, staff largely see 'misuse' as inclusion/exclusion and targeting issue rather than misuse, fraud or safeguarding or PSEA issue. One issue of households registering twice had not been interpreted or assessed as potentially being due to a potential polygamy or divorce issue.

157. **Retailer and CP related misuse and harm** - In general retailers are not in favour of in-kind distributions by WFP (or others), as this damages their market. One large retailer reported that the IK food (rice and oil) was offered to them for re-sale, and that the E-voucher helped to solve this re-selling problem. Retailers reported that they preferred that the HH were given e-voucher cards as it gave them security to re-stock in readiness to supply the beneficiaries, however the retailers acknowledged that MMT is easier and is the method they all use most now in 2024. There was a serious allegation of corruption and personal gain relating to CPs that was reported to the evaluation team, that had not been previously reported, and has not been investigated.

158. **Assessments, Accountability to affected populations and feedback & complaints –** Corporate assessments were achieved successfully by the CO (vulnerability, markets, vendors, technology etc.), However, these were done largely without the inclusion/involvement of local CPs, school or other community or beneficiary involvement (though a small number of MoE staff reported some limited involvement). A mitigating factor is that this may have been because of the COVID situation. KIIs at community level reported that by and large WFP went to the county level with a 'pre-set project design' and did not involve or cross check the technical design much with CPs (Caritas or MoE) or school authorities. Neither the PTA nor parents

[129] EQs 2.3 & 2.4 have been combined. Formerly – "Has the CO demonstrated the capacity for effective and efficient monitoring of CBT implementation?" And EQ2.4 "What feedback and complaints mechanisms used & what monitoring & documenting systems are in place & followed up & tracked?'

[130] Beyond the scope of this decentralised evaluation to assess this.

[131] WFP "Liberia annual Country report" (2021)states that; "Messaging on the prevention from sexual exploitation and abuse, entitlements, COVID-19 social distancing, and food or cash distribution modalities were delivered through various communication mediums"

or students were involved in assessments (though they may have been as passive or not remembered respondents) or consulted prior to or during. Parents felt they were 'told not asked' and were so in need ('desperate') that they just accepted.

159. Though a hotline[132] direct to WFP existed, and CPs, school representatives, parents (less so students) were aware of its presence, few people report that they knew what it was for or were likely to or did use it. This represents a failure in awareness communications and monitoring. Other than the hotline, there appear to have been no, or low levels of communications/awareness or systems for reporting feedback of a sensitive nature, be that of fraud or misuse or PSEA related. Beneficiaries reported feeling uncomfortable about knowing about misuse, but did not like to report it and did not have adequate knowledge of or understanding around anonymity, etc. Students and Parents/Guardians report that they tended to report problems to school staff, who reported having to pass feedback and complaints onto MoE, who then report either to Caritas or directly to WFP. This long feedback chain appears to add a further inefficiency and risk, and no systems were in place to monitor effectiveness. School and MoE authorities reported having to expend considerable energies and administrative inefficiencies responding to misunderstandings over selection decisions (and the failure to communicate the 1 child only issues), entitlements, card issuing, and redemption problems. Their role as principal line of feedback put them in the way of accusations and allegations of unfairness and corruption.

FINDING 19: *Though there may have been some monitoring, that has not been evidenced, there have been limited adjustments in approach, hence monitoring was assessed as extremely poor.*

160. There was evidence of good supervision (by Caritas at redemption), and some individual WFP staff who were praised by CPs for doing their upmost to sort out payment entitlement difficulties.

161. **Intended M&E Roles and WFP overstretched M&E capacities** – The WFP CO was reported to have; "The overall responsibility for monitoring and evaluation (M&E)" of the CBT THR pilot with "household questionnaires administered by Caritas" (Caritas "Inception report' January 2021), and though some PDMs were reported to have occurred in some locations (e.g., by CP and school authorities in Harper), there was limited reporting and PDMs or other M&E of any kind. One WFP KII reported "PDMs were done but not in sufficient detail with enough qualitative information to be able to make decisions about what modalities work better where and for whom etc.". Stakeholders concur that M&E capacities within WFP were overstretched. As the CBT THR was a pilot to test systems and procedures, it was even greater importance than normal that quality and detailed reporting and M&E occurred to help explain the strengths and weaknesses and generate learning. It is unclear why Caritas was not assigned more M&E roles and responsibilities (and the resources to do so) if/when the CO leadership became aware that WFP M&E capacities were overstretched.

Box 11. Caritas' understanding of their roles and responsibilities in the CBT Pilot

"The Overall responsibility for monitoring and evaluation (M&E) will rest with WFP. WFP will conduct an assessment to establish necessary detailed baselines to measure indicators set out in the results framework. The survey will use household questionnaires administered by Caritas. M&E will be carried out concurrently with project execution. Monthly technical reports, progress reports and progress review reports will be coordinated and produced by the Caritas Gbarnga Project Coordinator and Programme Manager, with inputs and guidance from MoE. The data for monitoring will consist of financial and physical progress as well as compliance with the requirements of management frameworks. WFP will share the M&E tools, methods/techniques and products (reports template)." CARITAS GBARNGA/ WFP "NIMBA COUNTY CBT SCHOOL FEEDING PROGRAMME- Inception Report" January 2021

162. **Oversight, Monitoring & Evaluation & supervisory roles** – Caritas (and in some locations MoE) were reported to have had an important role in monitoring and assisting during the redemption process with retailers (not able to do with MMT). Retailers confirmed that Caritas staff and volunteers were very effective and of particular use when the beneficiaries in Gbolobo and Pleebo had to share 25kg sacks of rice between 2 households as disputes frequently arose. Though some stakeholders reported that there had been some limited monitoring and WFP report having undertaken corporate post distribution monitoring (PDM), the CO have been unable to provide any data or analysis of these PDMs and therefore the evaluation has concluded that the programme M&E has been ineffectual/tive. It appears that whatever monitoring was (or was not) in

[132] Hotline number on ID/rations/scope cards.

place did not capture the registration problems nor the failure of many beneficiary households to get their entitlements[133], nor the over receipt of entitlements by some beneficiaries (one household received 75USD).

163. Two WFP staff members were particularly mentioned as having done a great deal to attempt to oversee and put right the entitlement and payment problems when they were reported (through the alternative to the failed feedback mechanism) through schools, then Caritas and then to WFP. Data and evidence collation and reporting appears to have been very poor throughout. CPs and School authorities reported that they received little or no guidance on data gathering (or disaggregation by gender or other vulnerability) and no training or capacity or resource building for localisation purposes. MoE were asked to supply data to WFP on attendance etc. but did not request this disaggregated by gender (though it existed) or by vulnerability. MoE were not involved before or during programme but were asked to be involved in some post programme monitoring and lessons learning process after programme completion, though not routinely. School representatives and PTA leaders were not intended to be involved in monitoring or feedback or complaints but were frequently asked to perform these roles by beneficiaries, without any guidance or quality assessment by WFP or CPs.

Box 12. Mini case study to demonstrate the role of poor communications in relationship strains and role of schools in feedback systems and problem remedying– One MMT beneficiary student from Harper School was living with their 'guardian (extended family member) and gave their phone number at registration. When the programme stopped, the student and guardian did not know that payments were only for approximately 3-month period and the student kept complaining to the guardian. The student thought that the guardian was still receiving money through the project and was concealing the information from them. This prompted the guardian to seek the intervention of the school and Caritas. The School and Caritas resolved the issue by explaining to the student that the project had ended and the pressure on the guardian stopped.

2.3. SUSTAINABILITY

Evaluation Question 3 – To what extent has WFP Liberia demonstrated sustainable capacity to assess, design, implement and monitor CBT to a high standard in the future?

EQ 3.1 To what extent is WFP Liberia ready to sustain its capacities for implementing the CBT modality in Liberia?

164. WFP staff reported that CO CBT capacities were extensively improved through the CBT THR Pilot. Both MoE, Caritas, and school authorities reported limited orientation on the programme implementation itself and little or no formal capacity building or trainings, and that what CBT capacity building did occur, was due to them having to undertake CBT roles by themselves, largely unsupported, and generally 'learning by doing.'

165. The CO had experienced some gains in CBT related capacities through implementing CBT programming prior to the CBT Pilot (see Table 1). However, despite this, Audits identified further areas for improvements. Undertaking the CBT pilot is reported by all levels of WFP staff to have continued the process of improving CBT capacities within the CO, particularly in relation to the use of the corporate tools, systems and the SCOPE platform (discussed under EQ 1.2).

166. The improvement in CO capacities was however considered by the ET (despite CO views otherwise) to have been limited by the CBT pilot being undertaken during an emergency when there was reduced time for best practice and capacity building within the CO and her partners. However, there were nevertheless good improvements in capacities around corporate assessments and tools in general (EQ1.2) and the requirements around the selection of – and due diligence of – FSPs and management of the SCOPE platform. Capacities in areas related to clear and efficient documentation of response options analysis (modality and delivery mechanism selection), transfer value decision-making, communications and awareness raising (CP orientation and capacity analysis, beneficiary orientation and management etc.), registration, feedback and complaints systems and MEAL, all fell far short of minimum/the standards required. Despite some movement of CBT trained staff away from CBT programming within WFP and other losses of WFP CBT trained staff to other organisations within Liberia, these skills largely remain in Liberia and add to national readiness for CBT.

[133] Beneficiaries did not know their entitlements nor do many report that they were asked or repeatedly asked whether or not they had received these accurately or in a timely or safe fashion.

167. Informants from MoE and Caritas reported some low-level orientation and guidance (Nimba), and there were reports of some general short workshops to explain programme implementation. There were no reports of any training needs/gap analysis or formal trainings or capacity building strategies. The orientation and informal capacity building efforts were reported to have fallen far short of expectations. Both CPs reported that they mostly had to learn what to do by doing it themselves and one CP staff member said: "We learned the hard way, by stepping in at the last minute and achieving the work ourselves; sometimes we laid our lives on the line for WFP".[134] In addition, after an orientation workshop that was said to be "unhelpful", a CP felt the need to document their understanding of the programme purpose and implementation through an 'inception report'. However, this inception report clearly identifies the lack of clarity of interpretation/understanding of programme logic, and other basics like roles and responsibilities. No awareness or capacity building of any kind (formal or informal) was reported by school representatives or PTA (in any locations) and the general feeling amongst school representatives was one of "finding our own way" (school principal). All county and field level stakeholders felt that more communications, guidance, and training would have been beneficial to the smooth running of the pilot.

168. Despite the lack of formal capacity building or informal awareness raising, the CPs and School authorities and PTA leaders report they now have better capacities in terms of community mobilisation and programme management and organisation in general as well as for CBTs (but only specific to the e-Voucher and MMT and IK modalities they are familiar with). There appear to remain shortcomings and missed opportunities around undertaking CBT related assessments, registration, feedback and complaints mechanisms and tracking and monitoring as best practice approaches were not communicated or being demonstrated by WFP. School and CPs report they were not assisted with CBT pilot related communications, transport and fuel resources and a lack of access to appropriate modern technologies and capacities for registration and monitoring purposes. Authorities report that they had been familiarised with digital technology use for registration purposes during COVID programming, but the technologies were withdrawn at end of project. This appears to have been a missed preparedness and capacity building opportunity.

[134] CP staff KII. This was a reference to the problems that occurred when different rations were distributed by different humanitarian agencies in the same geographical locations/communities, leading to threats to life of implementing partners and their families.

3. Conclusions and recommendations

3.1. CONCLUSIONS

169. Integrated conclusions are presented below, based on the consolidated findings introduced above. It should be noted that as the evaluation did not include a comparison of all modalities[135] nor CBT capacity and readiness since the CBT Pilot, the evaluations conclusions are restricted to the E-Voucher and MMT modalities tested and whether CBT capacities and readiness were improved by the pilot alone (and not any subsequent progress made).

170. **SUMMARY CONCLUSION –** As a test of CBT systems and procedures and a capacity building for CBT readiness exercise, this CBT pilot has been effective. However, several key weaknesses have undermined its programming effectiveness. The CBT pilot was founded on the use of good corporate assessments, systems and procedures that were undermined by an insecure logic, poorly documented and understood purpose, objectives, targeting and selection approach that was not well communicated to key stakeholders (at all levels). The ongoing failures in communications were added to by inadequate feedback and complaints and monitoring and reporting that did not capture these critical weaknesses and lead to remedy or course correction. The principal cause of these programmatic failings appears to be the decision to undertake CBT readiness during an emergency in a CO already overstretched by resource and staff shortfalls[136].

CONCLUSION 1: *Corporate assessments and tools were deployed satisfactorily; Modality decisions were appropriate and achieved a good degree of CBT readiness, capacity building, and 'timeliness'. However general good practice programming reduced programming quality and effectiveness.*

171. The standard and required CBT related corporate assessments available at the time were undertaken satisfactorily and to the degree possible given the CO capacity and RBD support available during the COVID and price rise crises that it caused. The CO did not adequately involve local level stakeholders in assessments and design decisions. The CBT modality and delivery mechanism feasibility analysis was narrow in scope and largely focused on enabling a value voucher through SCOPE and a MMT. As a test of CBT systems and procedures and a capacity building for CBT readiness exercise, this CBT pilot has been effective. However, the decision to undertake CBT readiness and capacity building during an emergency, when regional support was stretched, and in an under resourced CO already overstretched by staffing reductions, was considered by the ET[137] to be inappropriate and should be avoided by WFP in future, wherever possible. Though the modality and delivery mechanism combinations of E-Voucher and MMT selected were appropriate, the scope of this evaluation did not include a detailed comparison with in-kind and therefore the assumption that E-Voucher or MMT are preferred (when in-kind continues and when other modalities like direct cash remain popular, and other options remain unexplored) has not been adequately evaluated. With the benefit of hindsight, a commodity voucher or modification in the transfer value would have helped cushion beneficiaries more from the impact of price changes that the in-kind and CBT THR programme are reported to have not been adapted to, to this day. Though the THR CBT pilot transfers occurred over 6 months after COVID, 3 months later than intended,[138] and that stakeholders were not at all well informed of the timing or duration, the CBT THR Pilot was somewhat accidentally well timed, particularly in terms of seasonal lean season and as a response to the post COVID price increases.

[135] Inclusion of a comparison with in-kind was specifically excluded from the scope.
[136] Despite CO views that capacities were sufficient.
[137] The CO insist that capacities for the CBT Pilot were adequate, and thus weaknesses remain unexplained.
[138] (due to limited familiarity and capacities with the systems and procedures and new technologies)

CONCLUSION 2: *Geographic targeting was acceptable[139] and school selection and the communications around school selection, had potential misuse weaknesses and caused harm, but was pragmatic in terms of selecting schools for a trial of internal systems and contextual suitability of modality and delivery mechanisms.*

172. Geographic and school selection was effective in terms of suitability to local market and connectivity context and pragmatic in terms of selecting schools for a trial of internal CBT systems and capacities. However, the evaluation team were unable to identify adequate mitigation or monitoring measures to ward against potential misuse or corruption in the school selection process.

CONCLUSION 3: *Assessments were achieved but did not adequately include local knowledge and beneficiary preferences and thus missed key vulnerabilities, which led to technical design and programming weaknesses.*

173. Though WFP undertook assessments, CPs, beneficiaries and their representatives were merely providers of extracted information and had little influence on what questions were interrogated or ultimately on programme design. They were not asked about their modality or payment preferences and did not have the options explained to them or the relative pros and cons. In effect, WFP had an extractive assessment followed by assessment that sought to confirm that electronic value vouchers and MMTs were appropriate, rather than to undertake an open-minded response options analysis and planning process that considered the broader modality and delivery options available. This rather top-down approach may be based on prior experience of what is pragmatic in terms of local CO capacity and familiarity or on what modality and delivery mechanism combinations have worked well in Liberia (or elsewhere) in the past. However, CBT technical design decisions should always be cross checked with local experience and knowledge. The failure to cross check the overall approach selected early on with CPs, school and beneficiaries (especially targeting and selection approaches) led to critical weaknesses.

CONCLUSION 4: *Inadequate clarity of programme logic,[140] purpose, targeting and selection, alongside insufficient CP orientation and communications and awareness raising in communities throughout led to widespread confusion and de-railed the CBT effectiveness overall and effectiveness as a test of modalities and delivery mechanisms.*

174. The CBT THR pilot was founded on an unclear logic that was never adequately communicated. This contributed to flawed technical design decisions (that were made without adequate initial local consultation and assessment information that failed to identify critical relevant vulnerabilities[141] and targeting and selection flaws[142]). These weaknesses were then not adequately picked up as feedback and complaints systems were flawed and monitoring and reporting systems were limited and inadequately tracked and responded to. This meant that mistakes and registration and payment errors went largely unremedied and course adjustments were not acted upon (such as the decision not to amend to a commodity voucher or adjust transfer values in line with price increases and the failure to adequately respond to feedback related to failed payments).

175. The lack of clarity over programme purpose, objectives and targeting and selection combined with a failure to adequately document and then disseminate basic programme features in CP orientation and then locally appropriate awareness led to a situation where too few people knew what should or was happening (who should be receiving what entitlements, when and how often etc.) which caused community, household and individual beneficiary confusion and disaffection that at times caused harm. Indeed, a number of WFP staff appear to have believed that the CBT pilot was largely, when it appears to have had significant challenges

[139] (based on FCS at county level)
[140] There may have been less theoretical work on the programme logic as the main purpose was to test systems, procedures and perhaps less explicitly recognized, to test capacities.
[141] Vulnerabilities related to informal guardianship arrangements near schools.
[142] Such as the one child controversy and those vulnerable persons missed that did not have children in the selected school grades or children in school at all.

and quite fundamental defects. Some of the mistakes made in the pilot[143] appear to have continued unawares to date.

176. The failure to adequately summarise and clearly explain and disseminate key aspects of the purpose, objectives, decision making, targeting and selection criteria and entitlements of this CBT pilot programme to all key stakeholders (including WFP staff, CPs, school authorities and teachers, PTA leadership, parents, students and community leaders and the wider community as a whole) has been the principal weakness of the CBT and the core reason for its challenges.

CONCLUSION 5: *Selecting beneficiary households through the 'one child' approach was problematic.*

177. Beneficiary Household selection through the 'one child in grades 4-6' approach was unnecessary, complicated, caused controversy and disaffection and was not at all well communicated. The one child controversy confused people about the programme's intentions (making them think it was more education than food security oriented) and masked the overall programme purpose of providing food to the poorest and most vulnerable households, and risked family and community relationships and well-being. The lack of good communications and awareness around the reasons for school and beneficiary/HH selections risked and on occasion caused harm.

CONCLUSION 6: *Strategic and programmatic confusions negatively affected performance/results.*[144]

178. There appear to be some signs that WFP strategic and programming logic and purpose is confused somewhat using schools as a platform for delivery. This may be above and beyond the CBT THR Pilot and something for further investigation in Liberia and elsewhere. The purpose of the CBT THR was not clearly documented but appears to be hunger reduction/food security, that when delivered through a school-based platform has additional, potential knock-on benefits. The CBT THR pilot technical design (targeting and selection criteria, instalment size and payment timings in line with educational objectives such as enrolment and attendance[145]) could have been better formulated to maximize effectiveness and potential gains if the programming logic and understanding of the food security first and knock-on educational benefits second logic was more clearly expressed and understood. There does not appear to be any reason why the CO and/or Government should not make use of schools as a pragmatic delivery conduit, but there is also no reason why such programmes should always have to deliver educational outcomes or become entangled and confused with SF/HGSF objectives. Such an initiative could then also cover out of school children using other complementary delivery conduits (whereas school feeding is never ever going to reach out of school children by definition). This is something very important for WFP to grapple with, especially considering their 'Leave No One Behind' principles and using an intersectional approach.

CONCLUSION 7: *Increased internal CO CBT systems and procedure readiness and capacity building was achieved; however, opportunities were missed for cooperating partners.*

179. The CBT Pilot proved an important test of the CO's readiness and capacities with WFP corporate CBT systems and procedures. Despite a long-term shortfall in staff and resources to meet the very pressing ongoing chronic and complex needs in and across Liberia, the CO staff took on the additional burden of testing WFP's weighty corporate CBT systems and procedures during the upsurge in effort and needs caused by the COVID emergency. Nevertheless, the CO achieved an ambitious effort, that though it has proved to have faced and led to significant challenges, the result has been that the CO and the staff involved have since been in a much stronger position to implement higher quality CBT programming. Opportunities were missed for the improvement of CBT capacities and readiness with cooperating partners.

[143] Such as failed payments (MMT & EV) and the double charging of transfer values on the MMT for example.

[144] While WFP considers school feeding to be an aspect of social protection, it is not a particularly 'universal' example of a social protection initiative, given that it inherently excludes out of school children (and their households) and vulnerable populations that do not have children in the HH (e.g., elderly, people living with disabilities, etc.).

[145] For example, though the principal purpose is hunger reduction during lean seasons, a payment or possibly larger instalment timed in advance of the lean season (to anticipate pre-lean-season lower prices) might feasibly be timed to coincide with the start of the academic year, thereby potentially promoting enrolment of children not previously able to access school. Equally, some sort of payment timed towards the end of the academic year might promote attendance, for example.

180. The limited scope of this evaluation, which has not evaluated the CBT in comparison to in-kind (or other CBT modality and delivery mechanism options) and has not evaluated the degree of progress in CBT readiness and capacities since the CBT Pilot in 2021, and the extensive general programming weaknesses identified by this evaluation, means that this evaluation is only able to report that internal and CP CBT capacities and readiness have improved and not that the CO is now ready for good quality CBT programming at scale in the future.

3.2. RECOMMENDATIONS

181. The constructive use-focused recommendations formulated by the ET draw on the preceding evidence-based findings and conclusions.

182. Lessons emerging from this evaluation have been integrated with conclusions and recommendations; learning is a priority objective in this evaluation, but a Lessons section has not been included to avoid redundancy and increase user-friendliness of the report.

183. This section introduces the recommendations in summary and includes a detailed table of recommendations which fully articulates sub-recommendations and specifies responsibility, importance, and timing for each recommendation.

RECOMMENDATION 1: *Establish strategic coherency by clarifying programming logic and purpose and re-examining contextual vulnerabilities.*

184. This recommendation focuses on the importance of clear THR programming logic and purpose. We recommend that WFP compare the in-kind and CBT programmes being currently deployed,[146] and evaluate the pragmatism, appropriateness, effectiveness, and efficiency of operating programmes through schools rather than other community platforms in the context of WFP Liberia's overstretched CO.

185. Four sub-recommendations are also identified, relating to the need for improvements in logic, efficiency, timing, coherency, and contextual relevance.[147] Targeting and selection[148] approaches are also addressed, noting the importance of recognizing the high levels of students living away from their parents with informal guardians or as a child headed or grandparent headed household and opportunities for strategic links to WFP's work on local agricultural production or local procurement (e.g., HGSF).

RECOMMENDATION 2: *Ensure better alignment with CBT good practice around transfer values, registration, CBT communication, and coordination.*

186. The CBT pilot went some way to promote CBT capacities and readiness, and the continuing CBT programming will undoubtedly have provided opportunities for further improvement. The four sub-recommendations relate to recommended good practices and may have already been achieved to some extent as part of continued CBT implementation that was beyond the scope of this evaluation. The sub-recommendations focus on ensuring that the real value of THRs reflects the Minimum Expenditure Basket (MEB), price changes, and family size context – and adjusting modality or transfer values when price or other changes occur (if funding allows; and communicating clearly if not);[149] ensuring that values remain consistent between in-kind and CBT; improving assurance (registration, data capture, and payment monitoring); considering some small compensation for school representatives for their assistance and their own resources used;[150] and improving coordination with neighbouring actors to ensure geographical targeting and coherent modality and transfer values are used.

RECOMMENDATION 3: *Improve communications to communities as-a-whole.*

187. A significant number of the problems that arose during the CBT Pilot were due to inadequate communications, and hence this recommendation includes four sub-recommendations that focus on CBT

[146] Not included within the scope of this evaluation.
[147] For example, if reducing hunger is the primary purpose consider linking timing of programme and instalments to occur prior to predictable lean seasons and to anticipate seasonal price rises which will maximise the real value of the transfer. And if educational objectives are also sought, consider timing other instalments in line with formal and informal/hidden school enrolment costs at the start of academic years and/or with attendance towards the end of academic years etc.
[148] Of in-kind, CBT, or other school related/based programming.
[149] The ongoing THR remains at 15USD to date, despite that falling far short of any capacity to purchase the survival or minimum expenditure basket (S/MEB), and hence did not and no longer covers the 'ration'. The CBT THR Pilot could potentially have been switched to a commodity voucher or increasing or adding a temporary or permanent top up (making the top up temporary, and communicating well on the temporary nature, would have given WFP flexibility to reduce the transfer value size should the COVID and Ukraine crisis/war induced price rises have proved short term) dependent on how price changes panned out.
[150] Such as mobile data use reporting and solving programme problems.

awareness. Sub-recommendation themes include ensuring detailed awareness raising at the start and keeping beneficiaries and the wider community well informed throughout CBT interventions; gathering their opinions and preferences and monitoring feedback and complaints; ensuring early involvement of beneficiaries and their representatives and cross-checking of design decisions alongside clear communications of all programme aspects (including targeting rationale, selection criteria, entitlements, and timings); improving communications so that communities as a whole[151] understand targeting (and preferably verify); and ensuring key programme parameters[152] are well communicated.[153]

RECOMMENDATION 4: *Continue CBT Readiness Efforts.*

188. There are no overnight fixes to CBT readiness, and this pilot has proved an important, necessary, if quite painful step on the road to improved CBT programming. The two sub-recommendations included in this recommendation are intended to help further improve CBT readiness. Sub-recommendations focus on attempting to achieve CBT readiness efforts in partnership and coordination with other actors and in the times between emergencies; considering lighter more rapid corporate tools for smaller scale CBTs and COs; undertaking these assessments with other CBT actors for national readiness and capacity building purposes; and investigating how CBT readiness and standards have continued to develop over the ensuing period since the pilot.

RECOMMENDATION 5: *Improve Accountability to Affected Populations; undertake feasibility assessments of wide-ranging response and modality and delivery mechanism options and include more local knowledge in assessment and design decisions and throughout the programme.*

189. A number of the evaluation recommendations relate to the various aspects of cross cutting AAP. These two sub-recommendations focus on undertaking response options analysis that includes feasibility assessment of wide-ranging modality and delivery mechanism alternatives and ensuring that CBT programmes capitalise on the skill sets and local knowledge of competent and experienced local CBT partners by involving them from the start (especially in assessments and technical design decisions, feedback, complaints, and – crucially – MEAL).

RECOMMENDATION 6: *Assess and improve corporate guidance capacities and gaps; make use of existing capacities and build those needed to fill remaining gaps.*

This recommendation acknowledges that although progress was made in CBT capacity-building during the pilot, and more may have been made since, this evaluation identified some remaining gaps for consideration. At the same time, it responds to the observed missed opportunities to take advantage of existing capacities in the Liberian context. Five sub-recommendations have been developed under this recommendation, focusing on issues such as improving corporate guidance, undertaking skills gap analysis (in general and specific to CBT) with CPs and developing capacity building action plans[154] to address gaps identified and increasing access to and ensuring capacity building[155] in modern technologies for improved effectiveness and efficiency of assessments, registration, feedback, and monitoring. Partner capacity building is emphasized (including the conduct of joint assessments, feedback and monitoring) to address the low level of understanding on terminologies and ensure restrictions and conditions and instalments[156] and their consequences are better understood and deployed.

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[151] Starting with CPs and schools and other community representatives (traditional leaders, women's and disability organisations etc.) and including non-beneficiaries as well as beneficiaries.

[152] Short clear programme summaries of; programme purpose and objectives; CP roles and key programme parameters of: targeting and selection criteria, basic entitlements, frequency and number and timing of instalments, date of programme closure, and feedback and complaints mechanisms etc.

[153] Leaflets for selected households and banners with images of entitlements within communities.

[154] These need not always be formal 'trainings' but may include shadowing, 'buddying up' or sharing skills between competent and less experienced partners (WFP to CP, CP to WFP, CP to CP and within different geographies of CPs.).

[155] Ensure that when a new technology is introduced, that more than just a 'training in its use' occurs. Trainings need to be followed up with careful demonstration, supervision in the field, and ongoing support and quality monitoring, as well as a long-term sustainability plan for how to ensure the equipment is maintained and upgraded etc.

[156] There appears to be a deep-seated, paternalistic, over reliance upon monthly instalments that needs to be examined for efficiency.

RECOMMENDATION 7: *Improve feedback and complaints mechanisms.*

This recommendation focuses on the need to improve accountability to affected populations. Its three sub-recommendations focus on; ensuring better, faster, and more locally contextual, diverse types of feedback related communications and monitor these for use; Ensure that misuse and protection related safe feedback mechanisms are in place – especially in school-based programming;[157] Establish more direct feedback chains between beneficiaries and WFP for speedy and effective reporting and resolution of problems.

RECOMMENDATION 8: *Improve quality and understanding of targeting and selection based on gender and vulnerability; ensure its logic is in line with programme objectives.*

190. This recommendation focuses on the very critical issue of targeting and strategic, theoretical clarity, and coherence. It has nine sub-recommendations – reflecting the priority of this issue. The sub-recommendations are fully articulated in the table below; in summary, they relate to the need to assess programme logic and objectives and link to targeting and selection criteria and considering whether rations are best targeted through schools at all, re-examining the programme logic, putting in place flexible measures[158] to discourage potentially harmful movements between schools, and setting targeting criteria with some flexibility for amendment by local representatives/authorities.[159]

RECOMMENDATION 9: *Improve monitoring, evaluation, accountability, and learning (MEAL).*

191. This recommendation addresses further issues identified in WFP's systems and approaches for monitoring, evaluation, accountability, and learning – as they played-out in the pilot. Four sub-recommendations were developed by the ET, related to ensuring that pilots are even more closely monitored than standard programming to ensure qualitative and quantitative issues are monitored and that learning occurs within the timescale of the programme; reviewing corporate post distribution monitoring (PDM) questions to ensure appropriate wording for asking what amount was received after transfer fees were deducted[160] and whether any other additional favours, gifts, or other informal payment or fees were given to anyone (PSEA); assessing whether CPs (such as Caritas) have the potential to bolster CO feedback and complaints and monitoring mechanisms or exploring third party monitoring (TPM) options when CO services are overstretched; and investigating the signs of and allegations of misuse, double taking of transfer fees[161] and related issues identified by this evaluation.

[157] Certain beneficiaries may continue to use face to face reporting to trusted individuals (such as PTA leaders or school staff as well as CPs).
[158] Rather than blunt tools which school principals are not able to modify for genuine cases of where students need to switch tools.
[159] Encourage joint decision making between schools and MoE with facilitation by other CP representatives (such as Caritas) or WFP.
[160] (such as, 'what was the initial amount received, what transfer fees (if any), and how much money they eventually had to spend on goods/services')
[161] Lonestar report that there is no expiry on the cash and though a significant time has passed there could potentially be monies, however small, available or repayable by other means.

Table 12. Recommendations and sub-recommendations are linked to specifications of responsibility, priority, and timing.

#	Recommendation	Grouping	Responsibility	Contributing entities	Priority level	By when
1	**Recommendation 1:** Establish strategic coherency by clarifying programming logic and purpose and re-examining contextual vulnerabilities. • **Sub-recommendation 1.1:** Evaluate the logic and efficiency of the in kind and CBT THR as opposed to that of an alternative modality (such as an anticipatory lean season response, for example) for this small, overstretched country context. Re-examine the pros and cons of the overall programming portfolio for a small, overstretched CO in a declining funding context. Ensure that when operating through school platforms, that programming intentions are not lost sight of, that school authorities are recognised as cooperating partners and that school (and school staff) resources are not mined/drained from their important educational roles without compensation. Ensure strategies are in place to avoid movements of students between schools. • **Sub-recommendation 1.2:** Ensure that the timing of in kind and CBT programmes and their instalments are better linked to and coherent with programming purpose and objectives for the THR in Liberia and elsewhere more generally; ensure corporate tools consider instalment frequency and timing in relation to programming objectives. Further examine the of assistance going to the HH of a formal or informal guardian rather than the intended HH beyond the confines of this CBT pilot in Liberia. • **Sub-recommendation 1.3:** Examine whether the current targeting and selection approaches in Liberia (and elsewhere/globally) are designed with deliberate intention to increase the proportions of vulnerable groups in programming (whether child or grandparent headed households, households with people living with disabilities, chronic sickness - including persons living with HIV/AIDS - PLWHA etc.) and with adequate recognition of the high levels of students living away from their parents with formal or informal guardians. Equally, it is recommended tht WFP examine the degree to which programming in Liberia and elsewhere have adequately assessed and incorporated programming modifications designed to meet the specific safeguarding and protection needs of students (particularly adolescent girls) in high school who live without much or any supervision (whether parents, extended family, friends or neighbours etc) and represents a considerable risk of early pregnancy, marriage etc. • **Sub-recommendation 1.4:** Consider design modifications to the THR that could bring it more in line with the strategic aim of encouraging more local production and purchasing.	Strategic & Operational	HQ, RBD, CO	HQ, RBD, CO, CPs	High	Within CSPE or by end of next phase
2	**Recommendation 2:** Ensure better alignment with CBT good practice around Transfer values, registration, CBT communication and coordination. • **Sub-recommendation 2.1:** Ensure the purchasing power of the current CBT THR is comparable to the in-kind ration and reflects the *local* cost of purchasing a ration that reflects the cost of an adequate food basket for the size of family and remains in line with local price changes in line with best practice guidelines; adjust modality or transfer values when price or other changes occur (if funding allows) but communicate clearly if not.	Operational	HQ, RBD, CO	RBD, CO, CPs	High	Within CSPE or by end of next phase

#	Recommendation	Grouping	Responsibility	Contributing entities	Priority level	By when
	• **Sub-recommendation 2.2:** Ensure the real value remains consistent between in-kind and CBT as differences between modalities can cause disaffection and impact upon and damage future modality preferences; communicate the rationale clearly to communities. • **Sub-recommendation 2.3:** Improve CBT assurance – registration, data capture and payment monitoring through measures such as; training and use of experienced enumerators and close supervision; testing numbers on the spot; gather the same data at registration as the FSP also require; provision of improved data capture technology (reduces mis-reading and mis-writing errors and makes verification more efficient) and training of CPs and school authorities in their use that will achieve additional localisation gains; training in mobile phone use for MoE, Caritas, School representatives, and PTA leaders to improve beneficiary skills so they receive notifications and payments; and consider some small compensations for school representatives for their assistance and their own resources used. • **Sub-recommendation 2.4:** Improve coordination with neighbouring actors to ensure geographical targeting and coherent modality and transfer values used. Promote national and local CBT coordination and de-duplication efforts with other key actors in readiness for future emergencies and encourage effective and more efficient joint CBT and market assessments, and joint CBT monitoring as well as joint training and capacity building opportunities.					
3	**Recommendation 3:** Improve communications with communities as-a-whole. • **Sub-recommendation 3.1:** Ensure detailed awareness raising at the start and keep beneficiaries and the wider community well informed throughout; gather their opinions and preferences and monitor feedback and complaints. • **Sub-recommendation 3.2:** Ensure early involvement of beneficiaries and their representatives and cross checking of design decisions alongside clear communications of all programme aspects to all stakeholders and of targeting rationale, selection criteria, entitlements, and timings. • **Sub-recommendation 3.3:** Improve communications so that communities as-a-whole understand (and preferably verify) why households were selected or not; improve advance communication around dates and times of registration (and monitoring of failures to attend and follow up) and running repeat registrations for those missed out; do not rely on mobile communications and ensure back-ups for key notifications wherever possible; ensure that beneficiaries are aware of any expiry dates, etc. • **Sub-recommendation 3.4:** Ensure key programme parameters are well communicated to CPs and wider community representatives and well communicated through awareness raising and posting to communities as-a-whole with visual messaging that remains in the community for reference; monitor that these messages are well-understood.	Operational	RBD, CO	CO, CPs	Medium	by end of next phase

#	Recommendation	Grouping	Responsibility	Contributing entities	Priority level	By when
4	**Recommendation 4:** Continue CBT readiness efforts. • **Sub-recommendation 4.1:** Wherever possible, attempt to achieve CBT readiness efforts in partnership and coordination with other actors and in the times between emergencies and consider lighter more rapid corporate tools for smaller scale CBTs and Cos; undertake these assessments with other CBT actors for national readiness and capacity building purposes. • **Sub-recommendation 4.2:** Ensure that a very thorough investigation of how CBT readiness and standards have continued to develop over the ensuing period since the pilot.	Strategic & Operational	HQ, RBD, CO	RBD, CO, CPs	Medium	In CSPE and by end of next phase
5	**Recommendation 5:** Improve Accountability to Affected Populations; undertake feasibility assessments of wide-ranging response and modality and delivery mechanism options and include more local knowledge in assessment and design decisions and throughout the programme. • **Sub-recommendation 5.1:** Undertake more open-minded response options analysis that includes feasibility assessment of wide-ranging modality and delivery mechanism alternatives; avoid implanting pre-defined programme technical designs and involve key stakeholders and beneficiary representatives more in assessments and technical design decisions early on; and ensure that the final technical design is cross-checked with local representatives and modified accordingly (ensure process documentation). • **Sub-recommendation 5.2:** Ensure CBT programmes capitalise on the skill sets and local knowledge of competent and experienced local CBT partners, by involving them from the start (especially in assessments and technical design decisions).	Strategic & Operational	HQ, RBD, CO	RBD, CO, CPs	Medium	By end of next phase
6	**Recommendation 6:** Assess and improve corporate guidance and CBT-related capacities and gaps; make use of existing capacities and build those needed to fill remaining gaps. • **Sub-recommendation 6.1:** Undertake skills gap analysis (in general and specific to CBT) with CPs and develop capacity building action plans to address gaps identified. Increase access to and ensure capacity building in modern technologies for improved effectiveness and efficiency of assessments, registration, feedback and Monitoring appears to be an area where significant value could have been added. • **Sub-recommendation 6.2:** Assess existing CBT, communications and feedback and monitoring capacities and gaps (internally and with key partners). Implement internal and partner capacity building and review corporate capacity building and tools to address the low level of understanding on terminologies and ensure restrictions and conditions and instalments and their consequences are better understood and deployed. Consider amending corporate tools to encourage examination of different modality options by modality, delivery mechanism, conditions and restrictions and instalments and to ensure that local price variations (often due to additional retailor and beneficiary side transport costs) and predictable seasonal price rises, are adequately considered in tools and guidance (if not already). Undertake a regular identification of individuals for CBT advocacy (internal and external)	Strategic & Operational	HQ, RBD, CO	HQ, RBD, CO, CPs	Medium	By end of next phase

#	Recommendation	Grouping	Responsibility	Contributing entities	Priority level	By when
	and capacity building around CBT. Ensure corporate guidance encourages the assessment of assessing the pros and cons and necessity of multiple instalments and discouraging monthly instalments almost as a default option. • **Sub-recommendation 6.3:** Involve CPs and other potential future cooperating partners in CBT joint assessments and joint exercises to improve the quality of the assessments and monitoring and as a capacity building and readiness for CBT measure. Having more national and local actors with improved CBT capacities nationally should open future cooperating possibilities for WFP. Investigate why corporate assessments are failing to identify (and monitor and put right) important misuse, vulnerability and gender related issues such as guardianship issues and protection and safeguarding concerns related to CBT or in-kind programming; issues related to the difference in overall selection criteria and selection of the gender of the person for registration purposes and therefore gender empowerment gains; and the double-taking of MMT transfer fees. Ensure adequate corporate guidance around how to assess beneficiary modality and delivery mechanism preferences in communities that have limited experience of CBT options, where some degree of guidance on the advantages and disadvantages of different modality and delivery mechanism options and combinations may be required to help guide communities (and the differing vulnerability groups with differing CBT preferences within communities) when their preferences are being gathered. • **Sub-recommendation 6.4:** Ensure awareness and training in good practice CBT, Communications, feedback and monitoring for CPs and others involved in leadership and implementation roles, alongside Training of Trainers (ToT) to improve programming quality and cascade down to beneficiaries and the wider community. • **Sub-recommendation 6.5:** Provision of basic training and IT and data capturing equipment to improve quality of data gathering, feedback and monitoring roles for key partners such as MoE, school authorities and Caritas and encourage sustainability and localisation gains.					
7	**Recommendation 7:** Improve feedback and complaints mechanisms. • **Sub-recommendation 7.1:** Ensure communications around hotlines and ensure that alternative, efficient feedback systems are in place that better suit the local context and monitor these for use; ensure that misuse and protection-related safe feedback mechanisms are in place, particularly in school-based programming; monitor for hotline/feedback mechanism uptake and do not assume low use equals low problems. • **Sub-recommendation 7.2:** Establish shorter, more direct feedback chains between beneficiaries and WFP – essential for speedy and effective reporting and resolution of problems; identify and train CO CBT focal points; ensure adequate handovers. • **Sub-recommendation 7.3:** Establish feedback and complaints mechanisms appropriate for use for misuse allegations safeguarding or PSEA purposes and ensure these are appropriate to and in place in school-based programming.	Strategic & Operational	HQ, RBD, CO	HQ, RBD, CO, CPs	Medium	In CSPE and by end of next phase

#	Recommendation	Grouping	Responsibility	Contributing entities	Priority level	By when
8	**Recommendation 8:** Improve quality and understanding of targeting and selection based on gender and vulnerability; ensure logic is in line with programme objectives. • **Sub-recommendation 8.1:** Assess programme logic and link to targeting and selection criteria – consider whether rations are best targeted through schools at all. Re-examine the programme logic and confirm which is the primary and which is the secondary objective (food security and then school attendance. Consult with relevant ministries, UNICEF and other UN and NGO child specialist actors and identify the best means of targeting and selection to encourage those children not in education, or those at risk of 'dropping out', to attend (rather than encouraging movements between schools). Put in place flexible measures to discourage potentially harmful movements between schools (such as qualifying periods. Ensure parents in neighbouring schools are informed that moving children between schools will not meet qualifying criteria. • **Sub-recommendation 8.2:** Continue to target elementary schools as a whole and consider targeting specific 'adolescents at high risk' from high schools. Set targeting criteria with some flexibility for amendment by local representatives/authorities. • **Sub-recommendation 8.3:** Evaluate in detail whether the overall country targeting, and selection approaches jointly ensure that 'no one is left behind'. • **Sub-recommendation 8.4:** Consider using more broad ranging vulnerability criteria than food Consumption Scores (FCS) for geographic and school selection, such as other poverty indicators or key programme objective related or contextual related vulnerabilities such as CHH, GHH, absent parents, nonformal/family guardians, Ebola, Covid and HIV/AIDS etc. • **Sub-recommendation 8.5:** Investigate the root causes and proportions of children headed and grandparent headed households and informal guardianship issues as well as proportions of children not in school etc. Consider advocacy for school building in rural areas, as appropriate. • **Sub-recommendation 8.6:** Consult with other gender and child and education specialist actors and identify alternative terminology for 'Head of household' and explore appropriate terminologies around biological parents, informal guardianship, children with absent temporary or permanently absent parents, 'dropouts' and children not in school etc. etc. Develop specific targeting and selection criteria related to these educational and other key vulnerabilities and of Child and Grandparent headed households (CHH & GHH). Develop targeting and selection criteria in link with programming objectives (such as promoting enrolment of those not yet in education or those who have dropped out or are at risk of dropping out due to late payments etc. Consider including Grade one within the targeting criteria to encourage children into school at the earliest opportunity. • **Sub-recommendation 8.7:** Consider the issues around the targeting of women and child headed households at registration as recipients of the household THR (in-kind, or CBT). Improve communications around preferred	Strategic & Operational	HQ, RBD, CO	HQ, RBD, CO, CPs	High	In CSPE and by end of next phase

#	Recommendation	Grouping	Responsibility	Contributing entities	Priority level	By when
	persons within the household for registration to receive the assistance that could improve potential empowerment gains from control of resources and improved access to IDs, technologies and financial inclusion. • **Sub-recommendation 8.8:** Select beneficiaries for the THR from community household lists (rather than using a 'one child in specific grades' approach) and administer through schools if considered pragmatic and of adequate educational outcome benefit. • **Sub-recommendation 8.9:** Improve beneficiary household targeting and selection – Establish simple but flexible gender and vulnerability criteria and consider targeting and selection through Community Based Targeting (CBT) with gender equitable committees of local men and women's representatives and organisations and (traditional leaders, women's organisation and disability and other local organisations and representatives from school, health services etc). Ensure the criteria for selection of households are well communicated and understood amongst the wider community.					
9	**Recommendation 9:** Improve monitoring, evaluation, accountability, and learning. • **Sub-recommendation 9.1:** Ensure pilots are even more closely monitored than standard programming to ensure qualitative and quantitative issues are monitored and that learning occurs within the timescale of the programme. • **Sub-recommendation 9.2:** Review corporate post distribution monitoring (PDM) questions to ensure appropriate wording for asking what amount was received after transfer fees were deducted and whether any other additional favours, gifts or other informal payment or fees were given to anyone (PSEA). • **Sub-recommendation 9.3:** Assess whether CPs (such as Caritas) have the potential to bolster CO feedback and complaints and monitoring mechanisms or explore third party monitoring (TPM) options when CO services are overstretched. • **Sub-recommendation 9.4:** Consider investigating the signs/allegations of misuse, double taking of transfer fees, and related issues identified by this evaluation; these issues may warrant further independent investigation and may have reputational consequences.	Strategic & Operational	HQ, RBD, CO	HQ, RBD, CO, CPs	Medium	In CSPE and by end of next phase

Annex 1. Summary Terms of Reference

Decentralized Evaluation of Cash-Based Transfers Pilot in Liberia in 2021

Summary Terms of Reference – February 2024

The decentralized evaluation covers Cash-Based Transfer (CBT) activities implemented under the WFP Liberia Country Office Country Strategic Plan (CSP) 2019-2023. This evaluation is commissioned by WFP Liberia Country Office (CO) and will cover the period from January 2021 to December 2023.

Subject and focus of the evaluation.

WFP Liberia provides school feeding assistance under Strategic Outcome 1 of the Liberia CSP "food insecure population, including school-aged children in targeted areas, have access to adequate and nutritious food, including food produced locally, by 2030". Activity 1 in particular focuses on providing an integrated, inclusive and gender-transformative school feeding package to vulnerable school children, including take-home rations (THR) for adolescent girls.

In 2020, WFP Liberia committed to adopting CBT to serve 25 percent of the THR beneficiaries and thus in 2021 the CBT Pilot was rolled out to test WFP cash tools and tw different modalities to distribute THR:

Mobile money, using SCOPE light cards as identification to receive SIM cards.

Commodity vouchers, using SCOPE light cards redeemable from selected retailers.

In the context of renewed emphasis on providing evidence and accountability for results, WFP Liberia aims at building evidence related to its intervention approach and results in the domain of Cash based Transfer (CBT) interventions. The findings of the evaluation will contribute to laying the foundation for the scale-up of CBT within and beyond the school feeding programme, as envisioned by the Liberia Country Strategic Plan.

The evaluation will adopt standard UNEG and OECD/DAC evaluation criteria, namely: Relevance, Effectiveness, Efficiency, Impact, Sustainability and Coherence.

Objectives and stakeholders of the evaluation

This evaluation serves the dual objectives of accountability and learning and has been commissioned to assess the performance and results of CBT for the School Feeding Programme (THR), with a particular focus on the performance of WFP CBT process and tools and related results. WFP Liberia places more emphasis on learning in this evaluation, the use of CBT is a relatively new effort in the Liberian context, as such the evaluation will place emphasis on documenting the factors that ensure success and the risks and limitations of CBT as a modality.

The evaluation will seek the views of, and be useful to, a range of WFP's internal and external stakeholders, such as the Government of Liberia (Ministry of Education; Agriculture; Gender, Children and Social

Protection; Internal Affairs), the UN Country Team in Liberia, Caritas and the financial service provider MTN Lonestar Cell GSM.

Key evaluation questions

The evaluation will address evaluation questions:

QUESTION 1: To what extent the CBT pilot activity was aligned with WFP, Government and partners strategies, policies, and priorities? [relevance]

The evaluation will assess if and how the CBT modality was relevant to the local context and to the needs to the beneficiaries, as well as assess if its design and implementation was gender sensitive and informed by gender analysis.

QUESTION 2: To what extent is the CBT modality aligned to and coherent with the policies and programmes of other key partners operating in the context? [coherence]

The alignment with Government, donors, UN agencies, international standards, as well as, with other WFP intervention will be assessed.

QUESTION 3: To what extent were planned targets (both output and outcome level) met? [effectiveness]

This question will also identify the major factors influencing the effectiveness of the CBT pilot and what are the intended and unintended effects of CBT on the food security situation of the recipient communities.

QUESTION 4: To what extent is the allocation of roles and responsibilities among different partners involved in CBT efficient and to what extent was the transfer timely? [efficiency]

This criterion will also look at the internal and external factors affecting efficiency and at the contribution of CBT modality to the local economy in terms of local market and supply.

QUESTION 5: What, if any, consequences have risen because of the CBT pilot activity? [impact]

This question will evaluate if there has been an impact on non-beneficiaries in terms of inflation and assess the positive impact on gender dynamics in assisted communities. It will also evaluate the extent to which the project met the food security needs of beneficiaries.

QUESTION 6: To what extent has the implementation of CBT integrated sustainability considerations? [sustainability]

The evaluation will assess the benefits of the activities are likely to continue after WFP support, in particular in relation to capacity building of government institutions, communities and other partners.

Scope, methodology and ethical considerations

The evaluation will adopt a mixed methods approach using a mix of methods and a variety of primary and secondary sources, including desk review, key informant interviews, surveys, and focus group discussions. Systematic triangulation across different sources and methods will be carried out to validate findings and avoid bias in the evaluative judgement. The evaluation approach and data collection methodology and tools will be developed by the evaluation team during the inception phase.

The evaluation conforms to WFP and 2020 UNEG ethical guidelines. This includes but is not limited to, ensuring informed consent, protecting privacy, confidentiality and anonymity of participants, ensuring cultural sensitivity, respecting the autonomy of participants, ensuring fair recruitment of participants (including women and socially excluded groups) and ensuring that the evaluation results in no harm to participants or their communities.

Roles and responsibilities

EVALUATION TEAM: The evaluation will be conducted by a team of independent consultants with a mix of relevant expertise related to the Liberia context and in particular an appropriate balance of technical expertise and practical knowledge on, among others, cash-based transfer programming, food security and nutrition, school-based programmes, WFP or other humanitarian operations.

EVALUATION CHAIR: the evaluation will be chaired by the WFP Liberia Country Director **Aliou Diongue**, who nominates the evaluation manager, approves all evaluation deliverables, ensure the independence and impartiality of the evaluation at all stages, participates in discussions with the evaluation team, oversee the dissemination and follow up process, including the management response.

EVALUATION MANAGER: The evaluation will be managed by **Emmanuel Anderson** and **Tarig Eltayeb,** members of the Liberia RAM team. They will be the main interlocutor between the evaluation team, represented by the team leader, and WFP counterparts, to ensure a smooth implementation process and compliance with quality standards for process and content. Support will be provided by the Regional Evaluation Unit throughout the evaluation process.

EXTERNAL REFERENCE GROUP composed of a cross-section of WFP and external stakeholders from relevant business areas. It is an advisory group providing advice and feedback at key moments of the evaluation process. It is guided by the principles of transparency, ownership and use and accuracy.
WFP Liberia members: Evaluation Chair, Evaluation Manager, Head of Programme, Head of M&E, National Logistic Officer, Donor Relations and Partnership Officer, Head of Support Services, Programme Associates (TEC & Gender FP), Head of Saclepea field office.
WFP RBD members: Regional Evaluation Unit, Regional Monitoring Advisors, Regional Gender Advisor, Regional SCOPE team, Regional CBT advisor.
Government, NGOs, donors, partner: Director of School Feeding at the Ministry of Education, Director of Food Security and Nutrition at the Ministry of Agriculture, M&E officer at the Ministry of Gender, Children and Social Protection, M&E Officer at UNICEF Liberia, M&E Officer at UNDP Liberia, M&E Officer at Caritas Gbarnga and Cape Palmas, USAID.

Timing and key milestones

Inception Phase: Feb – April 2024 Includes a desk review of secondary data, initial interaction with the main stakeholders and an inception field mission for at least 1 week. The **Inception Report** (IR) will explain how the team intends to conduct the work with emphasis on methodological and planning aspects.

Data collection: April 2024 The fieldwork will span over 3 weeks and will include visits to project sites (schools) and primary and secondary data collection from local stakeholders. A **debriefing** presentation of preliminary findings will be conducted by the team leader

Reporting Phase: April – July 2024. The evaluation report will present the findings, conclusions and recommendations in a concise report of 40 pages maximum, plus an Executive Summary. Additional product: Detailed debriefing material and support to WFP in conducting interactive sessions to inform beneficiaries' and partners on relevant evaluation findings.

Findings will be actively disseminated, and the final evaluation report will be publicly available on WFP's website. Full Terms of Reference are available at https://www.wfp.org/publications/liberia-cash-based-transfers-pilot-2021-evaluation For more information contact: RBD.Evaluation.List@wfp.org and tarig.eltayeb@wfp.org

Annex 2. Timeline

193. Note that the timeline reflected below has been updated in response to various minor delays.

Table 13. Detailed timeline for the evaluation

Phases, deliverables, and timeline		Key dates (Per 17 Feb 2024)
Phase 2 - Inception		**Up to 7 weeks**
EM/TL	Brief core team	13 Feb
ET	Desk review, + inception KIIs, link with fieldwork partners	14–26 Feb
ET	Draft inception report	27 Feb – 8 Mar
EM/REO	QA of draft IR using QC, share draft IR with DEQS **and** ERG	11–20 Mar
EM	Rapid consolidation of comments	21-22 Mar
ET	Review draft IR based on feedback received and submit final revised IR	25 – 28 Mar
EM	Review final IR and submit to the evaluation committee for approval	30 Mar – 5 Apr
EC Chair	**Approve final IR and share with ERG for information**	**06 – 05 Apr**
Phase 3 – Data collection		**Up to 3 weeks**
EC Chair / EM	Brief the evaluation team at CO	30 Apr
ET	In country KII	1-2 May
ET	**Data collection**	3 – 8 May
ET	In country KII	9 May
ET	**In-country debriefing (s)**	9 May
Phase 4 - Reporting		**Up to 11 weeks**
ET	Draft evaluation report	17 May – 7 June
EM/REO	QA of draft ER, share draft ER with DEQS	8 June – 28 June
ET	Revise based on DEQS, EM, and REO feedback	28 - 4 July
EM	Circulate draft ER for comments to ERG, RB, and other stakeholders	6 July
ERG	Review and comment on draft ER	6- 20 July
EM	Consolidate comments received	21 July
ET	Review draft ER based on feedback received and submit final revised ER	22 – 6 Aug
EM	Review final revised ER and submit to the evaluation committee	7 Aug
EC Chair	**Approve final ER and share with key stakeholders for information**	**7 – 19 Aug**

Source: Evaluation Team as agreed with the co-EMs and REU and RB (17/2/24)

Annex 3. Methodology

194. Further to the overview of the evaluation's methodology in the main report, this annex provides additional details on the evaluability assessment (conducted during inception) and how the ET carried out the evaluation.

195. **Evaluability assessment** - Through the evaluability assessment (conducted during the evaluation's inception phase), the ET identified several key challenges related to a lack of documentation and very limited monitoring data (existence and or availability), concerns regarding the capacity for the CO to engage and the availability of relevant WFP RBD, CO and CP key informants with experience of the CBT Pilot 3 years after the CBT Pilot (caused by delays in the achievement of the DE by 3 years), which are summarised here for ease of reference:

- The evaluability assessment included in the ToR was simply a limited list of documents expected to be relevant to the evaluation; it did not discuss the extent of data availability, data quality, or indicator relevance to the subject of the evaluation. This is a valuable aspect of WFP's DEQAS Planning Phase and in this instance represents a missed opportunity to gain efficiencies from the ET during the Inception Phase.
- The review of existence and quality of documentation made available to the ET after contract signature revealed substantial evidence gaps. A systematic assessment of data availability for each of the indicators included in the revised scope of the evaluation revealed that some data was missing or may not have been in existence for some indicators.
- Review of the evaluation questions in the ToR indicated that the ToR did not include evaluation questions - only indications of criteria corresponding to the sub-questions, and discussions with WFP stakeholders identified the need for a re-scope of the evaluation ToR, Purpose, Objectives, and re-writing of EQs.
- The revised purpose, objectives and set of EQs were discussed and agreed with the evaluation CO-Managers and WFP's evaluation team at the RBD; they are included in the Evaluation Matrix, which also specifies indicators, means of data collection, and methods of triangulation that will be used to answer each question. The implications of this are a more focused set of evaluation questions.
- The evaluability assessment has informed the delimitation of the evaluation scope – and our choice of methods for data collection and analysis – by helping to identify functional relationships of different CBT actors and theoretical nodes of contributory causality.
- The ET has used the evaluability assessment process to ensure that the scope and rationale of the evaluation is clear and that all data needs are addressed by appropriate methods in the evaluation matrix, to the extent possible within the budget and timeline available.
- Annex 7 of the Inception report summarised evaluability factors, and their level of risk and concern, and made suggestions for mitigation measures available:

Table 14. Assessment of evaluability factors, risks, and mitigation measures to be used

Evaluability factor	Risk	Mitigation
Concerns regarding WFP spare capacity & appetite for participation – The evaluation inception phase has confirmed that WFP CO has a limited capacity for participation beyond the normal levels anticipated within an evaluation. Audit documents confirm that staffing review processes have reduced staffing levels to a degree that staff are frequently working at and beyond capacity and thus have limited available time to be able to dedicate to the evaluation or to do so speedily.		RB input more, senior staff identify alternative informants with knowledge of the CBT programme, context, and IPs to assist with planning and organisation of the evaluation.

Evaluability factor	Risk	Mitigation
Concerns regarding IP spare capacity & appetite for participation - It will be important to quickly identify whether WFPs implementing partners (Caritas, FSPs and MoE) have sufficient spare capacity to input adequately into the evaluation. It is hoped that Caritas may be willing to make staff available to help introduce the evaluation team to the communities, however, WFP has indicated that as Caritas are not currently implementing partners, that this may not be the case. Approaches for KIIs with Caritas have been made, but so far, none have been forthcoming.	TBC	WFP consider allocating budget to cover some Caritas staff participation and logistical costs.
FSP or MoE involvement - No concerns identified yet.		
Limited number of site visits, availability of Informants & triangulation. The maximum number of sites to be visited is likely not to exceed 9 in time and budget available. The Evaluation team hope to be able to contact and interview sufficient key informants and Focus Group discussions to collect reliable and repeat KIIs and FGDS enough times to adequately triangulated data and findings, and capture differences across countries and contexts. We have not yet been able to fully assess the response to requests for interviews, however, there has been good attendance by WFP staff at CO and RB level so far. However, response to actions requested has been mixed.		Re-think fieldwork sampling strategy to fit with the strategic nature of the new EQs; reduce size of field team to include the TL and only one SNE – concentrating resources on a more focused approach (with longer, more technical interviews, etc.).
Timing - Risks of delays – Heavy rains may impact domestic travel to field locations. The risk remains that the selected month of April may pose problems related to the potential early onset of seasonal rains that could affect the length of journey times and thus reduce the total number of sites visited and reduce the amount of time spent at each site and numbers of individuals participating (either due to access issues or because busy with seasonal farming tasks – men, women, and children)		WFP allocate budget for flights. Reduce number of FGDs & sites; and potentially visit only one county (Maryland will be prioritised as it contains both Mobile money and voucher HHs).
Sampling –The ET anticipates some evaluability challenges - some related to the increase in duration of the timescale of the CBT programmes that were implemented (from pilot to the period since) and related to scope changes.		Budget for flights. Reduce number of FGDs & sites or, if necessary, counties visited.
Data availability & disaggregation - Some concerns related to level of WFP monitoring data available as well as the degree of disaggregation of data by gender and wider vulnerabilities;		Depth of analysis will be adjusted based on availability.
Sensitivities for primary data collection at community level and access to beneficiary households and certain implementation sites (e.g., schools) will need to be taken into consideration.		The ET is experienced in participatory methods, and sensitive to norms in Liberia.
Evaluability of efficiency – The small scale and the very nature of the programme (as a pilot) impacts on efficiency (set up & staffing needs and costs greater, small scale, few economies of scale etc.). In addition, it is envisaged that efficiency will be assessed primarily based on the perceptions of key staff/stakeholders due to the time and budget available. Some concerns related to data availability and accuracy for examining cost efficiency (such as cost per beneficiary) of e-voucher and mobile wallet approaches (and the likely need to compare with the baseline option that is in Kind, which is not within the scope of the evaluation).		In kind will be the reference point against which beneficiaries and other stakeholders will compare other options, and hence will be included in scope when relevant, but as a baseline/reference point, rather than the whole IK

Evaluability factor	Risk	Mitigation
		programme being evaluated.
Resistance to the Evaluation and recollection matters. There have been no initial indications of resistance to the evaluation or evidence of any factors that could potentially compromise the success of the evaluation. However, the heavy workload and staff shortages may reduce the effectiveness of the evaluation. There may be access issues related to availability of stakeholders with historical knowledge of the earlier CBT programmes. WFP staff at all levels and implementing staff at all levels, and other stakeholders who participated in the evaluation (in KIIs, site observations, E-survey, document collection or response to Evaluation team requests) are anticipated to be forthcoming and open, though may have recall difficulties due the time that has elapsed (3/4 years).		Any observed limitations along these lines will be noted as limitations in the evaluation report.
Evaluability issues identified in ToR: • "Language barriers may create the need for translation in specific field locations. The evaluation consultant is expected to integrate field translation needs into their planning and budget accordingly. " • Network connectivity issues in WFP operational areas may limit real-time communication during site visits. Where necessary, travel will be accompanied by a local security assistant.		Make WFP or IP field offices available to ET. Plan for possible periods without internet connectivity, without cell phone service. If practical, provision of equipment to improve connectivity of ET.

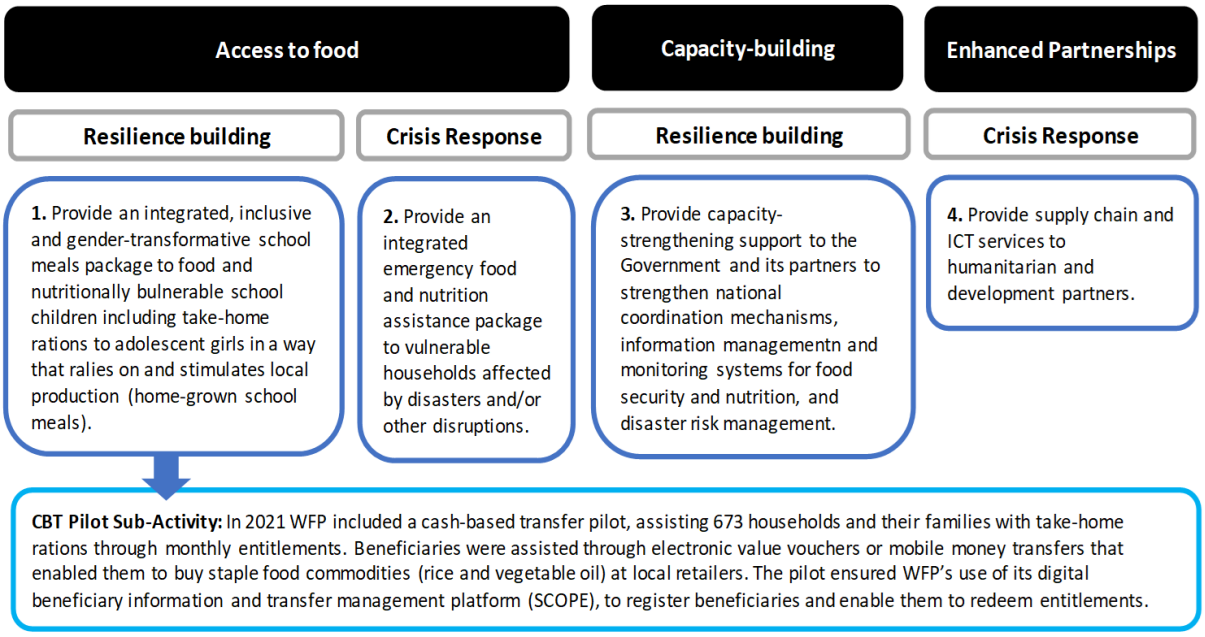
Source: Based on findings of the ET's evaluability assessment

198. The stakeholder mapping confirmed groups relevant to the evaluation, their relationships to each other, and helped to identify populations with specific vulnerabilities that need to be considered by the evaluation. While specific target groups such as the disabled are mentioned, other vulnerabilities such as orphans or households with PLWHA are not mentioned in the ToR, and the disaggregated data was not made available to the ET. The EA anticipated that disaggregated data did not exist on the key Liberian contextual disaggregation's of child headed household, grandparent headed household with school age children, HH with Persons with disabilities/PWD, and Persons Living With HIV/AIDs/PLWHA etc.'

199. The EA correctly identified the lack of clarity in how CBT programming had specifically made provisions for targeting of women within the household (either from a registration perspective- where 'head of household' concepts have been used, or otherwise). No specific stakeholder groups were identified as having reason to impede, mis-inform, or threaten the independence of the evaluation.

200. **Theoretical framework -** The at-a-glance line-of-sight below presents an overview of the WFP Liberia CSP and how the CBT pilot fits with the overall portfolio of WFP's assistance to Liberia. This framework will be further developed to reflect the linkages with enhanced capacities of WFP to implement CBT mechanisms and other elements of the CSP (e.g., emergency response, capacity building, and enhanced global partnerships

Figure 2. At-a-glance line-of-sight: WFP Liberia CSP 2019-2023 (showing CBT Pilot sub-activity)



Source: Developed by the ET drawing on WFP documentation.

201. **Data collection methods -** The main data collection tools (see Annex 5) were aimed at eliciting largely qualitative, but some semi-quantitative data from different stakeholder types. These include beneficiary children/students, their indirect beneficiary parent/guardian representatives, schoolteachers and headteachers and local community and vulnerability representatives from five[162] of the six CBT Pilot schools, across both counties of operation. Furthermore, there were KII or FGDs with; E-Voucher retailers, Mobile Money operators.

202. Secondary data was sourced from reports, primarily those provided by the CO and WFP's data systems, and some other external secondary documents (Caritas, MoE, government policies, etc.).

203. For sampling purposes, the ET first stratified purposively by county/district and modality and delivery mechanism type (EV, MMT and some referring to in-kind) to ensure coverage of CBT pilot approaches. The rationale for district and school selection was to ensure coverage of districts; include schools with differing urban/rural characteristics, varying access to markets and FSPs; and to capture degree of poverty, and food insecurity where diversity exists. Then within the final stratum the Evaluation sought to encourage random selection with a purposive element included to ensure inclusion of a diversity of beneficiary types (e.g., with varying vulnerability profiles, direct, and indirect – i.e. parent representatives of Households) and a mix of where programme successes and weaknesses occurred.

204. The IPs were asked to include a wide-ranging diversity of persons for FGDs based on gender, household size, urban/rural characteristics, distance from schools/markets, and other vulnerability types (orphans, Child or grandparent headed households, PWD, PLWHA, displacement status, etc) and these were asked specific vulnerability tool questions and a small number of mini vulnerability case study interviews for inclusion.

205. **Focus Group Discussions (FGDs) –** with five of the six schools. Participants were selected to represent each stakeholder group (Caritas, MoE, School representatives, PTA or other vulnerability group or community leaders) as well as to balance gender and age of beneficiary types (selected students, their parents or guardians). A different FGD guide was created for each with questions and discussion points aimed to yield data for the relevant EQ of the evaluation as indicated in the evaluation matrix and tools (Annex 4 and Annex 5).

[162] Beneficiaries from 4 of 6 and school, PTA leader and MoE representatives from 5 of 6.

206. The FGDs were scheduled across the two participating counties and at participating schools as detailed in the Table below[163]. Overall, a total of thirteen repetitions of FGDs that were estimated to involve a minimum of 10 persons each (people come and go from FGDs, but at times there were up to 28 persons at once). Hence there was a minimum of 130 persons involved, but over 200 are estimated to have been involved). This included fewer individuals in Nimba (where both of the two schools will be involved, but only one modality type (EV) was implemented) and more in Maryland (where two of the four schools involved are located – two in Harper with two of the two MMT schools and one in more rural Gbolobo where E vouchers).

Table 15. Overview of FGDs, KIIs, and case studies conducted at participating schools

County/District	School & CBT type (access type)	Method Type FGD/KII	Method totals (approximate attendance totals)
Nimba/ Ganta city	JW pearson – E-Voucher (urban)	FGD MoE, School Representatives, PTA leaders FGD beneficiary HH Parents/Guardians FGD Selected Students KII & case study Vulnerable group – Blind grandparent headed Household and selected student	3 x FGD (approx. 10+ = 30) 1 x KII & Case study
Nimba/ Saclepea	William R. Tolbert - E- Voucher (rural, poor connectivity)	FGD MoE, School Representatives & PTA leaders	1 x FGD[164]
Maryland/ Harper	East Harper – MMT (urban)	FGD MoE, School Representatives & PTA leaders FGD beneficiary HH Parents/Guardians FGD Selected Students	3 x FGD (approx. 10+ = 30)
Maryland/ Harper	Nathan Barnes – MMT (urban)	FGD MoE, School Representatives & PTA leaders FGD beneficiary HH Parents/Guardians FGD Selected Students	3 x FGD (approx. 10+ = 30)
Maryland/Gbolobo	Gbolobo Public School (rural, poor connectivity)	FGD MoE, School Representatives & PTA leaders FGD beneficiary HH Parents/Guardians FGD Selected Students KII & case study Vulnerable group – Disabled Elderly headed polygamous Household.	3 x FGD (approx. 10+ = 30) 1 x KII & Vulnerable Case study
Maryland/Pleebo	Children's Rescue School (urban)	None	
TOTALS	5/6 schools		13 x FGDs (13x 10 + participants = 130+) 2 x KII & vulnerable case study

Source: Records kept by the ET during fieldwork.

207. **Data capturing and quality management –** KII were conducted with higher level stakeholders, mostly remotely but some in country. All KII data was entered into an Excel database for compilation and structured analysis. This simplified data capturing and helped to facilitate analysis. Qualitative data was transcribed (often in summary/synthesis form) and subject to structured analysis.

208. The evaluation team conducted data validity and reliability checks and data quality during data collection – mostly through triangulation and testing for internal coherency.

[163] The representatives and beneficiaries of neighbouring schools were asked on to occasions to come to the same school for FGDs, to allow comparison of findings.
[164] Achieved jointly with JW Pearson

Table 16. Overview of further sampling details that contribute to the overall analytical framework

Semi-Structured KIIs and FGDs with Key Stakeholders (n= 13 FGDs and approximately 25 individual or joint KIIs)
The ET interviewed an appropriate sample of all stakeholder types using semi-structured interview protocols based on the evaluation questions, sub-questions, and priority themes developed in the evaluation matrix (Annex 4). The KI Interviews listed in Table 13 below were conducted in-person as much as possible, with a few done remotely where stakeholders were not available during fieldwork. Sample size was 25 individual stakeholders (in Liberia, RB, and other national and international CBT relevant stakeholders) – selected through purposive (with monitoring of gender balance) sampling of internal and external stakeholders. The KIIs with key stakeholders focus primarily on WFP, Caritas, FSP, Ministries, across national to field level.
Site-specific data collection / direct observation / KII/ FGDs / 'Beneficiary Voice' case studies
A small, non-statistically significant, purposive sample aimed to capture geographic, market, and vulnerability differences between operational areas was used. The evaluation team visited or interviewed staff from WFP and CPs (Caritas, FSP, MoE) in Monrovia and the two counties of Maryland and Nimba. Direct observation site visits were undertaken in sites that represent diversity of project experience and impact and geographical and vulnerability operating context (modality/delivery, rural/urban, close/distant markets, etc). A small sample of independently identified, purposively selected beneficiary community sites were identified and selected for in-depth KII and FGD observations in Maryland and Nimba. Nimba has a greater number of beneficiaries overall, however, does not have the diversity of CBT modality or delivery mechanism or location experience. The FGD/KIIs included, school management and teacher representatives, beneficiary pupils, indirect beneficiary parent/ guardian HHs, vulnerability representatives, retailers, and MMT operators. The KIIs and FGDs were primarily used to gather qualitative data alongside a small amount of semi-quantitative data. A breakdown of likely FGD number, repetition, and types: **Boys & girl selected students** - Four FGDs (one in Nimba and one in each of two schools in Harper, Gbolobo, and Maryland) focused on gathering the perspectives of boys and girls. These were conducted with older children who were in grades 5 or 6 at the time of the Pilot (11-or-12-year-olds at the time, but now three years older). Boys and girls were interviewed in small groups with teachers or PTA representatives present but not intervening (to reduce bias and help comply with good practice safeguarding standards for interviewing children). **Parents or Guardians/carers** – Four FGDs in Nimba and Maryland (women and men, younger and older). **Vulnerability representatives –** All FGDs included deliberate inclusion of persons from vulnerability groups. In each FGD, specific vulnerability questions were asked of these vulnerability representatives. When a specific vulnerability or programme pertinent point arose, these vulnerable individuals were asked to stay for a short case study interview at the end and a beneficiary story was captured. **Other Local relevant stakeholders** KII/FGD as appropriate: o Four FGDs – heads and school administrative and teachers and MoE representatives o Two FGD with MMT operators (Maryland, Harper), o Three FGDs with e-Voucher retailers (1 Nimba and 2 Pleebo, Maryland), The voices of individual beneficiaries or households were captured by the development of short 'beneficiary voice case study stories' that demonstrate the voices of diverse groups. The KIIs and FGDs were carried out by one mix-gendered team (TL + one National Consultant). The KIIs and FGDs were guided by a semi-structured tool (and notes gathered using laptops or paper-based means as appropriate to context). Prior to commencing the data collection, all members of the team received a training/briefing on the use of the FGD tool, relevant ethical standards, and child safeguarding awareness. The team then conducted a one-day field test of the FGD and KII tools to ensure fit for use and minor tool adjustments were made as necessary.

209. A final de-brief of preliminary findings was conducted in-country at the end of fieldwork, that involved an opportunity for feedback and validation.

Table 17. Summary of sampling of stakeholder consultations

Stakeholder Type	Method	Repetitions/Sites (N=Nimba, M = Maryland)

Local level		
EV retailers	KII & 1 case study	1 Ganta, Nimba, 2 Pleebo/Gbolobo schools
MMT operators	KII	Harper x1
School reps. (heads & teachers, PTA etc.)	FGD	2 N - Ganta & Saclepea, 3 M (Harper x2 & Gbolobo).
Indirect beneficiary parents & PTA	small FGD	2 N - Ganta, 3 M (2 x Harper & Gbolobo)
Student/Child beneficiaries	small FGD	1 N- Ganta, 3 M (2 x Harper & Gbolobo)
Vulnerability representatives (disability, orphan, women & displaced persons.)	Included in all FGDs and 2 individual KII case studies	1 N - Ganta, 1 M (Gbolobo)
Caritas staff	KIIs	N & M
WFP district/county staff	KIIs	N & M
MoE representatives at District/county level	small FGD	N& M
National		
Lonestar/MTN	KII (2 persons)	1
MoE	KII	1+
Ministry women/gender &/or children	KII	1

210. **Qualitative data collection and analysis –** Qualitative data collection was guided by specifically developed interview tools, which identified questions relevant to different stakeholder types, and specific probe points (Annex 5). FGDs were conducted by a minimum of two people of different gender. As far as possible, interview and FGD findings were written-up at the end of each day and uploaded to an online file organised by EQ. This allowed all members of the ET to assess findings and identify data gaps in real time. At the end of the field phase, this repository of qualitative data was added to with evidence extracted from secondary material (e.g., reports) collected by the ET, again organised by relevance to EQs. Systematic triangulation was ensured through adherence to the analytical framework laid out in the evaluation matrix.

211. **Quantitative data collection and analysis –** Primary quantitative and semi-quantitative data (primarily in the form of quantified qualitative data) was collected in the field by the evaluation team using pre-designed data collection tools. Data was cleaned and analysed using the appropriate software (Excel) and sampling was driven by relevance and convenience (purposive) – and tailored to fit within the evaluation's resources. Quantitative data was also collected at the primary level (e.g., data related to beneficiary numbers was collected in some instances to triangulate/validate secondary data); but the ET mainly utilized secondary quantitative data drawn from WFP and its partners' monitoring systems.

212. **Gender and inclusion -** Our approach integrates gender equality and women's empowerment (GEWE) and vulnerability and diversity (GEDSI) throughout – paying particular attention to WFP's other cross-cutting priorities regarding protection, Do No Harm, Accountability to Affected Populations, and Sustainability. The ET analysed if and how GEDSI was considered in the CBT pilot and the extent to which women, men, girls, boys and persons with disabilities, and other marginalized populations (particularly people living with HIV/Aids, child/grandparent headed HHs, larger HHs, etc.), experienced/observed any gender transformative results (positive, neutral, or negative) linked to the CBT pilot. The ET's analysis was guided by WFP's Gender Policy and the OEV technical note for *Integration of Gender Integration in WFP Evaluations* and examined the quality of the gender analysis that was undertaken before the pilot (by WFP and her IPs – Caritas) and if this was integrated into implementation of the Pilot.

213. Program innovations and advocacy for policy development as part of the CBT Pilot were reviewed through a gender lens. As well as sex-disaggregation, data collection considered gender issues such as protection, privacy, cultural issues around women's comfort when speaking within groups, sex of interviewers or group facilitators, and the need for separate groups amongst men and women for conducting group interviews. Gender and diversity analysis is integrated throughout all EQs and sections where relevant in this report.

214. **Accountability to Affected Populations –** The ET has used WFP's definition of accountability to affected populations (AAP) as "an active commitment to give account to, take account of, and be held to account by the people it assists", including provision of information to all evaluation participants, conducting interviews that respect UNHCR principles of "responsible use of power" (which must be considered in the interviewer-interviewee relationship), and recognition of individual and community dignity, capacity, and ability to be independent. The ET ensured compliance with child interviewing and safeguarding rules. AAP is a commitment of the ET, but also part of the subject of the evaluation and an integral aspect of implementation of gender-transformative and nexus-smart approaches.

215. **Ethical considerations –** Evaluations must conform to the 2020 United Nations Evaluation Group (UNEG) Ethical Guidelines. Accordingly, SALASAN Consulting is responsible for safeguarding and ensuring ethics at all stages of the evaluation cycle. This includes, but is not limited to, ensuring informed consent, protecting privacy, confidentiality, and anonymity of participants, ensuring cultural sensitivity, respecting the autonomy of participants, ensuring fair recruitment of participants (including women and socially excluded groups) and ensuring that the evaluation results in no harm to participants or their communities. The ET identified and safeguarded against the following ethical issues and related risks.

Table 18. Ethical considerations, risk levels, and safeguards

Phases	Ethical issues	Risks	Safeguards
Data collection and protection	Confidentiality, data fabrication, interview bias or human error in data capturing	Low	Very small team of one international and one national consultant were trained on the use of a standard set of data collection tools/protocols.
Data analysis	Data fabrication and falsification	Low	Data analysis will only be conducted by ET, experts who are cognisant of the Scientific Rule and Ethical Consideration.
Reporting	Objectivity	Low	Data analysis was only conducted by ET and findings are based on clear evidence that has been validated and triangulated – with clear logic linking findings, conclusions, lessons, and recommendations.

216. At any time in the process for KIIs and FGDs, participants had the choice to opt-out. Interviews included typical stories that highlighted what works, what doesn't, and what could be different in different areas. While these were largely anecdotal, the ET used representative stories and believe that these provide a nuance and context that is not easily replicated in standard written exposition. Importantly, this also contributes to ensuring that the voice of affected populations is "front and centre" in the analysis.

217. **Risks and assumptions –** The following Risk Management Table summarizes critical risks and the mitigation measures deployed by the ET in this evaluation.

Table 19. Risk Management Table

Risk	Potential impact	Quality system / mitigation strategy	Responsible
Internal			
Unclear expectations	A flawed conceptual framework (based on unclear ToR and scope that did not reflect the requirements voiced by the RB and CO) is a threat to evaluation quality.	Attempted to achieve clarity among all participants as early in the assignment as possible. Ensured that expectations were communicated early and clearly and prioritization of areas of research was clearly understood and documented. The ET has clearly stated limitations regarding the poor quality of the ToR, including the absence of evaluation questions, lack of evaluability assessment, incomplete annexes (no ToC or Logical Framework), and poor clarity on the scope and purpose of the evaluation.	TL, QA, and PM
Tight timeline	Short inception phase and multiple aspirations of the ToR require prioritization and scope clarity to be established quickly to ensure efficient and strategic use of limited resources available to the evaluation.	Strong focus on the inception phase and the development of the evaluation matrix to ensure alignment among the team and a solid evaluation design from the onset. Close coordination and prioritization between the CO and the evaluation team will be needed from the start of the evaluation phase, the team will remain flexible. Provision and organization of UN approved flights could increase number of schools to be visited and KII & FGDs conducted.	TL, QA, and PM

Risk	Potential impact	Quality system / mitigation strategy	Responsible
Inadequate and insufficiently disaggregated secondary data and M&E data and reporting	The evaluation relies heavily on the data already gathered by the programme, as the scope did not include quantitative surveying.	CO to provide what data there is; the ET was provided with very limited PDM reporting, or other data sets reflecting the performance of the CBT Pilot in 2021. Budget figures specific to the Pilot were not available, nor was information on characteristics of targeted HHs (leaving the evaluation mostly blind to intersectional vulnerability issues that affect this population). The ET has compensated by gathering primary qualitative data and conducting extensive triangulation.	CO, RB, ET
Implementing partners attempt to bias/unduly influence	The practical need for the ET to be introduced into the communities and to stakeholders may allow IP staff to introduce the possibility of influence and bias – which can threaten the quality and validity of the evaluation.	Our robust mitigation strategy for this critical risk was careful selection, briefing, training, monitoring of individuals, and oversight of an experienced TL who is used to identifying such issues and responding appropriately. The ET did not identify any instances of this risk materializing while conducting data collection in Liberia.	TL, QA
Delays caused by slow CO response times	Severe staff shortages at the CO may delay response times for essential information and delay actions and deliverables.	RB to support CO and ET to operate more independently where feasible or through more junior CO staff. This risk has been realized throughout the evaluation and presented a substantial challenge for the ET. This is a limitation/constraint to the evaluation's scope, timeliness, and quality.	RB, CO, EM, TL, QA
Delays in delivery of outputs	Results of the evaluation are not well coordinated to inform the scale-up and implementation of CBT.	Plan realistically and monitor closely. Frequent review of state of play with the client, especially regarding security. Time is of the essence since this evaluation is expected to inform pending CBT programming and CSPE. There has been some schedule slippage, but overall the evaluation has been conducted according to schedule.	TL & PM, RB & CO
Team coordination	Information is not shared in a timely manner; teams working in silos	Strong leadership and focus on coordination and support by an experienced PM. Clearly defined roles of the different team members. Foster communication and participation within team and partners. Clear channels of exchange from the inception.	TL & PM
External (general)			
Access to stakeholders in the field and security	Security and seasonal road conditions and other concerns limit access to beneficiaries. Data gaps / sampling limitations, etc.	Selection of sites was done in close cooperation with the CO. We used our own and the UN's risk management tools to identify risk alerts. Provision and organization of UN approved flights enabled access to stakeholders.	TL, PM, experts, WFP CO, and Sub-office
Poor connectivity	Reduces efficiency of remote KII and other communications.	ET equipped with appropriate technologies and IPs assisted in selection of well-connected office space and accommodations.	CO, TL
Sensitive political situation	Actionable findings and recommendations and perception of validity	The evaluation identified early on the policies and standards which may have limited applicability for the CO. The ET has carefully considered the practicality and political viability of recommendations.	TL, EM
Staff turnover among stakeholders	Low staff availability, Staff turnover, resulting in short institutional memory	The team reached out as early as possible to relevant stakeholders and formerly posted staff to check their availability. Key stakeholders such as CD were identified by EM as not available. Multiple data sources were used to fill data gaps.	TL/ET, PM, WFP CO, and Sub-office
External (related to insecurity and other health or COVID-19)			

Risk	Potential impact	Quality system / mitigation strategy	Responsible
Entry bans and/or lockdown	In-country data collection reduced or not possible	Mitigation strategy was not needed as this risk was not realized – in-country data collection was conducted as planned (with some minor delays and slightly reduced duration/coverage).	TL, national evaluators, WFP CO
Limited access to certain institutions & stakeholders	Sample selection bias, loss of contextual data and evidence	Strong reliance on the national experts to ultimately collect data in-person in communities if conditions allow it. Flexibility for phone interviews and data incorporation even after the main mission. No severe access constraints, only time constraints were encountered by the ET.	TL, national evaluators

218. **Quality assurance –** WFP has developed a Decentralized Evaluation Quality Assurance System (DEQAS) based on the UNEG norms and standards and good practice of the international evaluation community (the Active Learning Network for Accountability and Performance (ALNAP) and the Development Assistance Commission (DAC). It sets out process maps with in-built steps for quality assurance and templates for evaluation products. It also includes checklists for feedback on quality for each of the evaluation products. DEQAS was systematically applied during this evaluation and relevant documents have been provided to the evaluation team. Several mechanisms have helped to ensure the evaluation's utility, credibility, impartiality, and independence. These include DEQAS (mentioned above) and SALASAN procedures that facilitate high quality results.

219. The ET was comprised of evaluators who are very familiar with the context and upheld the principles of impartiality, rigour, and participation throughout the evaluation process. These principles allowed the team to foster open discussions with all stakeholders and to substantiate key findings as they arose – along with permitting the team to build robust evidence around lines of inquiry. Thus, several activities were built into the methodology to ensure data quality, reliability, consistency, and accuracy. The national consultant underwent training given by the TL to ensure he had a clear understanding of the objectives of evaluation, ethical and safeguarding and gender and vulnerability considerations, and the intention behind each question in the KIIs and FGDs and qualitative interview guides. The tools were piloted during training and each team member had the opportunity to conduct at least one live interview. This also gave SALASAN, MoE, and WFP a last opportunity before fielding to review and make any necessary changes to the tools.

Annex 4. Evaluation Matrix

220. The Evaluation Matrix presented below is the primary tool that will be used by the ET to structure the evaluation's analysis. The evaluation questions and evaluation sub-questions have been revised extensively and no longer track back to the set of sub-questions that were included in the ToR (The ToR did not include evaluation questions). Thus, the questions presented in the matrix below **do not match** **with the original set of questions contained in the evaluation's ToR**; they have been developed by the evaluation team in close consultation with the CO and RB evaluation team through a participatory process undertaken in the inception phase and further refined during analysis.

Criteria, EQs & Sub-Qs		DAC criteria	Indicators	Sources of data/information	Data analysis methods/ triangulation	Evidence (Good / Satisfactory / Weak)?
EQ1: RELEVANCE & COHERENCE - To what extent has WFP Liberia demonstrated readiness and capacity to assess and select CBT modality and delivery mechanism response option packages / responses that are beneficiary and contextually relevant?						
1.1	To what extent has the CO demonstrated the capacity to contextualize and implement the CBT modality in ways that are relevant to the local context?	R, E&E	Evidence of capacity to inform CBT pilot design and implementation decisions through appropriate assessment (including gender, vulnerability and protection, markets, risks etc.)	KIIs; Documents: Context/situational analysis, Gender & Vulnerability analysis, Risk assessment, safeguarding, PSEA, Retailer Performance Evaluation (RPE), 2021 VAM Market Functionality Index Assessment Report, 2021 MaFA and MiFI on Liberia, 2020 WFP Security Assessment for Conducting CBT Assessment in Liberia, SOP CBT THR Final Report, Transfer Modality Selection Ops Design.	Data derived from DR, KII, and FGD sources will be triangulated using the evaluation matrix as an analytical framework.	
		R	Evidence of capacity to inform CBT modality and design decisions based on preferences between or differences in relevancy of modalities and delivery mechanisms from the perspective of different types of stakeholders (WFP, beneficiaries, FSPs, vendors, government, etc.) and context/vulnerability factors (urban/rural, displacement status, vulnerability type)			
		C	Evidence of WFP's coherence and coordination with the policies, strategies, and approaches of other CBT actors in Liberia, and coherent with other WFP and actors' interventions'			
1.2	What tools were used for FSP or vendor selection, screening, due diligence, reporting, reimbursement, monitoring, feedback etc.?	R, E&E	Evidence of the use of tools related to due diligence and safeguarding in FSP & vendor selection & engagement, monitoring, and feedback.		(Document Review, KIIs, FSP/vendor KII)	
		R, E&E	Evidence of any vendor reimbursement issues.		DR, KII, FGD	

Criteria, EQs & Sub-Qs		DAC criteria	Indicators	Sources of data/information	Data analysis methods/ triangulation	Evidence (Good / Satisfactory / Weak)?
EQ2: EFFECTIVENESS - To what extent has WFP Liberia demonstrated readiness to implement and monitor CBTs in ways that are effective?						
2.1	To what extent has the CO demonstrated the capacity to efficiently and effectively implement the CBT modality?	E&E	Evidence of adaptive / shock-responsive modifications in response to emergent challenges & risks (e.g., misuse, inflation, rising prices, transfer value adjustments) and other context factor constraints.	DR, KII and FGD will be used along with reference to specific audit recommendations.	Data derived from DR, KII, and FGD sources will be triangulated using the evaluation matrix as an analytical framework.	Transfer values, beneficiary registration Timeliness
2.2	How effective were CBT SoPs?	E&E	Do WFP have relevant SOPs in place? (Y/ N/)	Document review	Data derived from DR, KII, and FGD sources will be triangulated using the evaluation matrix as an analytical framework.	
		E&E, R	User perspectives on usefulness/user-friendliness	KII		
2.3	Has the CO demonstrated the capacity for effective and efficient monitoring of CBT implementation?	E&E	Evidence of high quality and complete monitoring and data sets including WFP PDM, Market & Price monitoring, FSP and vendor reporting, partner reporting, etc.	DR, KII, FGD		
2.4	What feedback and complaints mechanisms used, monitoring / documenting systems in place & followed up tracked?	R, E&E	Evidence that "Set up comprehensive community feedback mechanisms, appoint focal points and create awareness thereon among beneficiaries." addressed	DR, KII, specific reference to audit recommendations (Audit 55-WFP to define CFM standards, Audit -'MoE school feeding staff feedback')		
EQ3: SUSTAINABILITY - To what extent has WFP Liberia demonstrated sustainable capacity to assess, design, implement and monitor CBT to a high standard in the future?						
3.1	To what extent has the CO demonstrated the capacity to sustain CBT readiness in Liberia?	S	Evidence of the inclusion of sustainability considerations in the design and implementation of the CBT modality (e.g., capacity building of the CO, government institutions, communities, and other partners)	HR Adequacy: Evidence that the CO has addressed audit issues related to the adequacy of numbers of appropriately trained/experienced (turnover?) & equipped/resourced staff to implement & oversee CBT	Data derived from DR and KII sources will be triangulated using the evaluation matrix as an analytical framework.	
		S	Examples of challenges, funding, and capacity constraints in the use of WFP's guidance, systems, and tools.			

Annex 5. Data collection Tools

221. The tool below is an overall bank of interview questions that will be drawn on for KIIs and FGDs; more specific selections of these questions will be developed as appropriate through initial tool testing in the field. The ET commits to keeping the EM involved and abreast of any changes.

Criteria, EQs & Sub-Qs		Indicators	Bank of Interview Questions / Lines of Inquiry
EQ1: RELEVANCE & COHERENCE - To what extent has WFP Liberia demonstrated readiness and capacity to assess and select CBT responses that are beneficiary and contextually relevant?			
1.1	To what extent has the CO demonstrated the capacity to contextualize and implement the CBT modality in ways that are relevant to the local context?	Evidence of capacity to inform CBT pilot design and implementation decisions through appropriate assessment (including gender, vulnerability and protection, markets, risks etc.)	What assessments undertaken? (Probe - any pre-crisis readiness assessments). Which of WFPs tools have been used appropriately and are staff and resource capacities in place to do so effectively?
			To what extent were the CBT MODALITY & DELIVERY MECHANISM relevant to the needs of different beneficiary HHs?
			Were beneficiaries consulted or preferences requested?
			What were the targeting criteria and selection methods used for: Schools? Beneficiaries? And how effective were they? How could this be improved?
			How was transfer value decided and linked to characteristics of individual, family size, categories HH size, vulnerability types etc.? How could this be improved?
			How effective/fit for purpose was the transfer value? How could this be improved?
		Evidence of capacity to inform CBT modality and design decisions based on preferences between or differences in relevancy of modalities and delivery mechanisms from the perspective of different types of stakeholders and context/vulnerability factors	How appropriate or successful was gender & Vulnerability targeting? Did women or girls or vulnerable groups adequately benefit? Did targeting of students work on behalf of a HH?
			What modality and delivery mechanisms (In-kind and CBT using restricted e-Voucher or less restricted MMT) have worked best in the different geographies & contextual settings (urban/rural, distant/close markets/FSPs etc.) and for the different genders and vulnerability groups (displaced, refugees, women/men, vulnerable)?
		Evidence of WFP's coherence and coordination with the policies, strategies, and approaches of other CBT actors in Liberia.	To what extent was the CBT adequately coordinated (avoiding duplication, coordinated transfer rates, modalities, FSPs, etc.) and aligned with other CBT actors and their CBT policies & strategies?
			What were other stakeholders' (Other CBT actors, donors, Caritas, FSP, MoE and beneficiary and community level) perceptions on the appropriateness and effectiveness of the CBT modality and delivery mechanisms used?
1.2	What tools were used for FSP or vendor selection, screening, due diligence, reporting, reimbursement, monitoring, feedback etc.?	Evidence of the use of tools related to due diligence and safeguarding in FSP & vendor selection & engagement, monitoring, and feedback.	What tools were used for FSP or vendor selection, screening, due diligence, reporting, reimbursement, monitoring, feedback etc.?
		Evidence of any vendor reimbursement issues.	Were there any financial reconciliation and vendor payments issues? How could this have been improved?

Criteria, EQs & Sub-Qs		Indicators	Bank of Interview Questions / Lines of Inquiry
EQ2: EFFECTIVENESS - To what extent has WFP Liberia demonstrated readiness to implement and monitor CBTs in ways that are effective?			
2.1	To what extent has the CO demonstrated the capacity to efficiently and effectively implement the CBT modality?	Evidence of adaptive / shock-responsive modifications in response to emergent challenges & risks (e.g., misuse, inflation, rising prices, transfer value adjustments) and other context factor constraints.	How or did the transfer value evolve over time? How could this be improved?
			How appropriate, effective & Efficient were conditions, restrictions, and instalments etc.? How could this be improved?
			To what extent were the transfers timely (Probe - delivered as planned? In keeping with In Kind? In time of most need? Etc.)? How could this be improved?
			How safe from misuse were transfers? (Audit; how effective have 'mitigation measures to safeguard last-mile delivery (EV & MMT) to school principals' been?) How could it be improved?
			How effective was beneficiary registration? How could registration be improved?
2.2	How effective were CBT SoPs?	Do WFP have relevant SOPs in place? (Y/ N/evidence)	What were the main operational & implementation challenges? What adaptations could assist?
		User perspectives on usefulness and user-friendliness	How effective were CBT SoPs? Any main areas for improvement?
2.3	Has the CO demonstrated the capacity for effective and efficient monitoring of CBT implementation?	Evidence of high quality and complete monitoring and data sets including WFP PDM, Market & Price monitoring, FSP and vendor reporting, partner reporting, etc.	Has the CO demonstrated the capacity for effective and efficient monitoring of CBT implementation? How could this be improved?
2.4	What feedback and complaints mechanisms used, monitoring / documenting systems in place & followed up tracked?	Evidence that "Set up comprehensive community feedback mechanisms, appoint focal points and create awareness thereon among beneficiaries." addressed	What feedback and complaints mechanisms used, monitoring/documenting systems in place & followed up tracked? (Probe- Were any feedback learnings tracked and acted on? Degree of knowledge of FCM among beneficiaries) How could this be improved?
EQ3: SUSTAINABILITY - To what extent has WFP Liberia demonstrated sustainable capacity to assess, design, implement and monitor CBT to a high standard in the future?			
3.1	To what extent has the CO demonstrated the capacity to sustain CBT readiness in Liberia?	Evidence of the inclusion of sustainability considerations in the design and implementation of the CBT modality (e.g., capacity building of the CO, government institutions, communities, and other partners)	What CBT training needs assessments or skills gap analysis undertaken in CO or partners (AUDIT)? How adequate are the CO's human resources to meet the requirements of implementing CBT?
			What CBT support to WFP program staff is there?
		Examples of challenges, funding, and capacity constraints in the use of WFP's guidance, systems, and tools.	How appropriate are WFPs guidance, systems & tools for a small CO?
			Were and are there adequate numbers of appropriately trained/experienced (turnover?) & equipped/resourced staff to implement & oversee CBT? (Audit 55)

Key Informant Interview Tool

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry – KII specific Questions	Name, role, involvement
EQ1: RELEVANCE & COHERENCE - To what extent is WFP Liberia ready to implement the CBT modality in ways that are beneficiary & contextually relevant?			
1.1	To what extent has the CO demonstrated the capacity to contextualize and implement the CBT modality in ways that are relevant to the local context?	What assessments were undertaken? (Probe - any pre-crisis readiness or joint agency assessments?). Which of WFPs tools have been used appropriately and are staff and resource capacities in place to do so effectively & sustainably?	
		What evidence is there of the CO adequately assessing (before and during implementation) and responding to CBT security and protection risks?	
		How were response options selected & documented? What other modalities were considered (IK, Direct cash, Commodity/value vouchers, CFW etc.)? How could this be improved?	
		To what extent was the CBT *modality and delivery mechanism) relevant to the needs of the HHs most in need? Were the households most in need included & impacted? How could this be improved?	
		To what extent was the CBT MODALITY & DELIVERY MECHANISM relevant to the needs of **different beneficiary HHs, gender and vulnerability types** (Probe - small/large families, displaced HH, HH with specific vulnerable people: Orphans, Child headed HHs, PWD, PLWHA etc.) Were the most vulnerable included & impacted? How could this be improved?	
		Were beneficiary HHs consulted, or modality or payment mechanism preferences requested?	
		What were the targeting criteria for and selection methods used for: Districts? Schools? Beneficiaries? And how effective were they? How could this be improved?	
		How appropriate or successful was gender & Vulnerability targeting? Did women or girls or vulnerable groups adequately benefit? Did targeting of students work on behalf of a HH?	
		How was the transfer value decided and linked to characteristics of individuals, family size, categories HH size, vulnerability types etc.? How could this be improved?	
		How effective/fit for purpose was the transfer value? How could this be improved?	
		Which modality and delivery mechanisms have worked best (In-kind and CBT using restricted e-Vouchers or less restricted MMT, or any other combination): - in the different geographies & contextual settings (urban/rural, distant/close markets/FSPs etc.) - and for the different genders and vulnerability groups (displaced, refugees, women/men, vulnerable)?	
		To what extent was the CBT adequately coordinated (avoiding duplication, coordinated transfer rates, modalities, FSPs, etc.) and **coherent/aligned with other CBT actors and their CBT policies & strategies**? How could this be improved?	
		What were other stakeholder perceptions on the appropriateness and effectiveness of the CBT modality and delivery mechanisms used (Other CBT actors, Caritas, FSP, MoE and beneficiary and community level)? Why? How up to date and appropriate is the 'MoU with MoE'? How could it be improved?	
1.2	What tools were used for FSP or vendor selection, screening, due diligence, reporting, reimbursement, monitoring, feedback etc.?	What tools were used for FSP or vendor selection, screening, due diligence, reporting, reimbursement, monitoring, feedback etc.?	
		Were there any financial reconciliation and vendor payments issues? How could this have been improved?	

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry – KII specific Questions	Name, role, involvement
EQ2: EFFECTIVENESS & EFFICIENCY - To what extent is WFP Liberia ready to implement the CBT modality in ways that are effective and efficient in different programmatic scenarios within Liberia?			
2.1	To what extent has the CO demonstrated the capacity to efficiently and effectively implement the CBT modality?	How or did the transfer value evolve over time? How could this be improved?	
		How appropriate, effective & Efficient were conditions, restrictions, and instalments etc.? How could this be improved?	
		To what extent were the transfers timely (Probe - delivered as planned? In keeping with In Kind? In time of most need? **At a favourable time in terms of anticipation of predictable seasonal price rises and needs** etc.)? How could this be improved?	
		How safe from misuse were transfers? (Audit; how effective have 'mitigation measures to safeguard last-mile delivery (EV & MMT) to school principals' been?) How could it be improved?	
		How effective was beneficiary registration? How could registration be improved?	
2.2	To what extent has the CO demonstrated the capacity to effectively respond to CBT-related challenges and how effective were CBT SoPs?	What were the main CBT related operational & implementation challenges and how did these effect CBT programming? What adaptations could have assisted?	
		How effective and easy to use were CBT SoPs? Any main areas for improvement?	
2.3	Has the CO demonstrated the capacity for effective and efficient monitoring of CBT implementation?	Has the CO demonstrated the capacity for effective and efficient monitoring of CBT implementation? any examples of where adjustments occurred? How could this be improved?	
2.4	What feedback and complaints mechanisms used & what monitoring & documenting systems are in place & followed up & tracked?	What feedback and complaints mechanisms used, monitoring/documenting systems in place & followed up tracked? How could this be improved? Do all involved know about the feedback systems in place?	
		How effective have 'beneficiary verification procedures, segregation of duties, and review of changes in WFP beneficiary information and transfer management platform' been? How could it be improved?	
EQ3: SUSTAINABILITY - To what extent is WFP Liberia ready to sustain/adapt/improve its capacities for implementing the CBT modality in Liberia?			
3.1	To what extent has the CO demonstrated the capacity to sustain CBT readiness in Liberia?	What CBT training needs assessments or skills gap analysis undertaken in CO or partners (AUDIT)? as the CO been able to recruit, equip, resource, and keep hold of adequate numbers of appropriately trained & experienced staff to implement & oversee CBT? (Audit 55)?	
		What CBT support to WFP program staff is there?	
		How appropriate are WFPs guidance, systems & tools for a small CO?	

Focus Group Discussion Tool: Parents

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry	FGD questions: PARENTS	FGD1: Type, School, role, involvement
EQ1: RELEVANCE & COHERENCE - To what extent is WFP Liberia ready to implement the CBT modality in ways that are beneficiary & contextually relevant?				
1.1	To what extent has the CO demonstrated the capacity to contextualize and implement the CBT modality in ways that are relevant to the local context?	What assessments were undertaken? (Probe - any pre-crisis readiness or joint agency assessments?). Which of WFPs tools have been used appropriately and are staff and resource capacities in place to do so effectively & sustainably?	Were you or your representatives/leaders involved in any assessments prior to the THR cash, EV/MM (AAP)? Which? In what way?	
		What evidence is there of the CO adequately assessing (before and during implementation) and responding to CBT security and protection risks?	Were you or your representatives/leaders asked about possible problems or risks to you or your family from the THR cash/EV/MM or how it might affect your safety?	
		How were response options selected & documented? What other modalities were considered (IK, Direct cash, Commodity/value vouchers, CFW etc.)? How could this be improved?	How would you have preferred to receive assistance from WFP & Caritas? If no response, probe - would you have preferred to receive the food, a voucher for food from a retailor, or cash by mobile phone or another method?	
		To what extent was the CBT (modality and delivery mechanism) relevant to the needs of the HHs most in need? Were the households most in need included & impacted? How could this be improved?	Did the families who are most in need in the community receive the assistance?	
		To what extent was the CBT MODALITY & DELIVERY MECHANISM relevant to the needs of different **beneficiary HHs, gender and vulnerability types** (Probe - small/large families, displaced HH, HH with specific vulnerable people: Orphans, Child headed HHs, PWD, PLWHA etc.) Were the most vulnerable included & impacted? How could this be improved?	Were the poorest and most vulnerable people included & impacted? Why?	
		Were beneficiary HHs consulted, or modality or payment mechanism preferences requested?	How do you normally prefer to receive money from family/ friends who live elsewhere? wait & probe - Were you asked this by WFP or Caritas before the THR programme?	
		What were the targeting criteria for, and selection methods used for: Districts? Schools? Beneficiaries? And how effective were they? How could this be improved?	Do you know why your child or family were selected? Y/N & Why?	
		How appropriate or successful was gender & Vulnerability targeting? Did women or girls or vulnerable groups adequately benefit? Did targeting of students work on behalf of a HH?	In what ways have women or girls benefitted from the THR programme?	
		How was the transfer value decided and linked to characteristics of individuals, family size, categories HH size, vulnerability types etc.? How could this be improved?	Did the amount of food or money suit the size of the families it was given to? Why?	

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry	FGD questions: PARENTS	FGD1: Type, School, role, involvement
		How effective/fit for purpose was the transfer value? How could this be improved?	Was the amount of food or money sufficient to meet the family's needs? Why?	
		Which modality and delivery mechanisms worked best (In-kind and CBT using restricted e-Vouchers or less restricted MMT, or any other combination): - in the different geographies & contextual settings (urban/rural, distant/close markets/FSPs etc.) - and for the different genders and vulnerability groups (displaced, refugees, women/men, vulnerable)?	Which worked best - food, voucher for retailer or cash by mobile and why? Would any other way have worked better?	
			Which would have worked best in more remote and distant villages?	
			Which would have worked best for people with special needs such as displaced people or refugees, people with mobility problems, the elderly, orphans/CHH, PWD, people who have chronic sickness etc.? and why?	
		To what extent was the CBT adequately coordinated (avoiding duplication, coordinated transfer rates, modalities, FSPs, etc.) and aligned with other CBT actors and their CBT policies & strategies? How could this be improved?	Were there other cash or voucher programmes by other agencies at the same time? If so who and in what way was it the same or different?	
		What were other stakeholder perceptions on the appropriateness and effectiveness of the CBT modality and delivery mechanisms used (Other CBT actors, Caritas, FSP, MoE and beneficiary and community level)? Why?		
1.2	What tools were used for FSP or vendor selection, screening, due diligence, reporting, reimbursement, monitoring, feedback etc.?	What tools were used for FSP or vendor selection, screening, due diligence, reporting, reimbursement, monitoring, feedback etc.?	Did you have any problems accessing food or cash through the retailers or Lonestar/mobile money operators?	
		Were there any financial reconciliation and vendor payments issues? How could this have been improved?	Who do you think gave the food or money for the THR programme?	
EQ2: EFFECTIVENESS & EFFICIENCY - To what extent is WFP Liberia ready to implement the CBT modality in ways that are effective and efficient in different programmatic scenarios within Liberia?				
2.1	To what extent has the CO demonstrated the capacity to efficiently and effectively implement the CBT modality?	How or did the transfer value evolve over time? How could this be improved?		
		How appropriate, effective & Efficient were conditions, restrictions and instalments etc? How could this be improved?		
		To what extent were the transfers timely (Probe - delivered as planned? In keeping with In Kind? In time of most need? Etc.)? How could this be improved?	Did you get the food, voucher, or mobile money when it was planned or late? Or at a similar time to when other schools were getting food distributons?	
			Did you get the food, voucher, or mobile money on an appropriate day of the week or at the right time of day? How could it be improved?	

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry	FGD questions: PARENTS	FGD1: Type, School, role, involvement
			Did you get the food, voucher, or mobile money at the time that you and your family were most hungry or in need? How could it be improved?	
		How safe from misuse were transfers? (Audit; how effective have 'mitigation measures to safeguard last-mile delivery (EV & MMT) to school principals' been?) How could it be improved?	Without mentioning any people or names - have you heard of any misuse or favours as a result of this project? Y/N	
			Without mentioning any details or names - Have the children that were beneficiaries, or have you felt unsafe at any time due to the THR project? How could this be improved?	
		How effective was beneficiary registration? How could registration be improved?	How effective was beneficiary registration? How could registration be improved?	
2.2	To what extent has the CO demonstrated the capacity to effectively respond to CBT-related challenges and how effective were CBT SoPs?	What were the main CBT related operational & implementation challenges and how did these effect CBT programming? What adaptations could have assisted?	Were there any challenges or problems with this project? How could it be improved?	
		How effective and easy to use were CBT SoPs? Any main areas for improvement?		
2.3	Has the CO demonstrated the capacity for effective and efficient monitoring of CBT implementation?	Has the CO demonstrated the capacity for effective and efficient monitoring of CBT implementation? Any examples of where adjustments occurred? How could this be improved?	Have you or your family been asked questions about what purchased? Whether you had any problems or felt unsafe etc.? Y/N	
2.4	What feedback and complaints mechanisms used & what monitoring & documenting systems are in place & followed up & tracked?	What feedback and complaints mechanisms used, monitoring/documenting systems in place & followed up tracked? How could this be improved? Do all involved know about the feedback systems in place?	If you had, had any feedback or problem, would you have known how to report it or who to speak to and if so? how? If you did you feedback, was it followed up satisfactorily?	
EQ3: SUSTAINABILITY - To what extent is WFP Liberia ready to sustain/adapt/improve its capacities for implementing the CBT modality in Liberia?				
3.1	To what extent has the CO demonstrated the capacity to sustain CBT readiness in Liberia?	What CBT training needs assessments or skills gap analysis undertaken in CO or partners (AUDIT)? Has the CO been able to recruit, equip, resource, and keep hold of adequate numbers of appropriately trained & experienced staff to implement & oversee CBT? (Audit 55)?		
		What CBT support to WFP program staff is there?		
		How appropriate are WFPs guidance, systems & tools for a small CO?		

Focus Group Discussion Tool: Financial Service Providers and Mobile Money Transfer Operatives

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry	FGD specific Questions: FSP & MMT Operators	FGD1: Type, School, role, involvement
EQ1: RELEVANCE & COHERENCE - To what extent is WFP Liberia ready to implement the CBT modality in ways that are beneficiary & contextually relevant?				
1.1	To what extent has the CO demonstrated the capacity to contextualize and implement the CBT modality in ways that are relevant to the local context?	What assessments were undertaken? (Probe - any pre-crisis readiness or joint agency assessments?). Which of WFPs tools have been used appropriately and are staff and resource capacities in place to do so effectively & sustainably?	Were you or other school or MoE representatives involved in any assessments prior to the THR cash? Y/N, What types of assessment??	
		What evidence is there of the CO adequately assessing (before and during implementation) and responding to CBT security and protection risks?	Were you or other school or MoE representatives asked about possible problems or risks to schools, beneficiaries, or their families/communities from the THR cash/EV/MM or how it might affect safety? Y/N/ what way?	
		How were response options selected & documented? What other modalities were considered (IK, Direct cash, Commodity/value vouchers, CFW etc.)? How could this be improved?	How do you think people would have preferred to receive the assistance? through food, a voucher for food from a retailor, or cash by mobile phone or another method?	
		To what extent was the CBT (modality and delivery mechanism) relevant to the needs of the HHs most in need? Were the households most in need included & impacted? How could this be improved?	Did the families who are most in need in the community receive the assistance or not? Why?	
		To what extent was the CBT MODALITY & DELIVERY MECHANISM relevant to the needs of **different beneficiary HHs, gender and vulnerability types** (Probe - small/large families, displaced HH, HH with specific vulnerable people: Orphans, Child headed HHs, PWD, PLWHA etc.) Were the most vulnerable included & impacted? How could this be improved?	Which way of receiving assistance do you think is most appropriate or easy for the poorest people, or those who are elderly, disabled or have mobility or health issues? Food parcel, voucher at retailor, mobile money transfer, any other method you know of? Would you have preferred to have had a voucher for food or a voucher for 15USD to be spent on food? Y/N/ Why? Or would you have preferred to have 15USD for you to select what food or other items or services you wanted to purchase? Y/N, why?	
		Were beneficiary HHs consulted or modality or payment mechanism preferences requested?	were you or beneficiary families asked how they would have preferred to receive money or how they usually receive it from family/ friends who live elsewhere?	
		What were the targeting criteria for and selection methods used for: Districts? Schools? Beneficiaries? And how effective were they? How could this be improved?	Do you know why specific students or families were selected? Y/N & Why?	
		How appropriate or successful was gender & Vulnerability targeting? Did women or girls or vulnerable groups adequately benefit? Did targeting of students work on behalf of a HH?	In what ways have students benefitted or had problems due to the THR programme? In what ways have women or girls benefitted from the THR programme? Have disabled students or those from families with disabilities, chronic sickness or HIV/AIDS benefitted or had problems?	

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry	FGD specific Questions: FSP & MMT Operators	FGD1: Type, School, role, involvement
			Has it helped boys and girls with school or studies? How? Has it been a problem to boys and girls or their families in any way? How?	
		How was the transfer value decided and linked to characteristsics of individuals, family size, categories HH size, vulnerability types etc? How could this be improved?	Did the amount of food or money suit the size of the families it was given to? Why?	
		How effective/fit for purpose was the transfer value? How could this be improved?	Was the amount of food or money sufficient to meet your family's needs? Why? Did this change during the project?	
		Which modality and delivery mechanisms worked best (In-kind and CBT using restricted e-Vouchers or less restricted MMT, or any other combination): - in the different geographies & contextual settings (urban/rural, distant/close markets/FSPs etc.) - and for the different genders and vulnerability groups (displaced, refugees, women/men, vulnerable)?	Which worked best or had problems - food, voucher for retailer or cash by mobile and why? Would any other way have worked better?	
			Were there problems in more remote areas? which would have worked best in more remote and distant villages?	
			Were there problems for vulnerable people or which would have worked best for people with special needs such as displaced people or refugees, people with mobility problems, the elderly, orphans/CHH, PWD, people who have chronic sickness etc.? Why?	
		To what extent was the CBT adequately coordinated (avoiding duplication, coordinated transfer rates, modalities, FSPs, etc.) and aligned with other CBT actors and their CBT policies & strategies? How could this be improved?	were there other cash or voucher programmes by other agencies at the same time? If so who and in what way was it the same or different?	
		What were other stakeholder perceptions on the appropriateness and effectiveness of the CBT modality and delivery mechanisms used (Other CBT actors, Caritas, FSP, MoE and beneficiary and community level)? Why?	How well organised was the THR? Did it present any problems/benefits to school or MoE? How up to date and appropriate is the 'MoU with MoE'? How could it be improved?	
1.2	What tools were used for FSP or vendor selection, screening, due diligence, reporting, reimbursement, monitoring, feedback etc.?	What tools were used for FSP or vendor selection, screening, due diligence, reporting, reimbursement, monitoring, feedback etc.?	Did you have any problems administering the THR Project? (wait & Probe - selection, screening, registration, due diligence, reporting, monitoring, feedback etc.)?	
		Were there any financial reconciliation and vendor payments issues? How could this have been improved?	Who do you think gave the food or money for the THR programme?	
EQ2: EFFECTIVENESS & EFFICIENCY - To what extent is WFP Liberia ready to implement the CBT modality in ways that are effective and efficient in different programmatic scenarios within Liberia?				
2.1	To what extent has the CO demonstrated the capacity to efficiently and effectively	How or did the transfer value evolve over time? How could this be improved?	Did the transfer value evolve over time? How could this be improved	
			How appropriate, necessary, effective & efficient were the payment cycles/instalments etc.? How could this be improved?	

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry	FGD specific Questions: FSP & MMT Operators	FGD1: Type, School, role, involvement
	implement the CBT modality?	To what extent were the transfers timely (Probe - delivered as planned? In keeping with In Kind? In time of most need? Etc.)? How could this be improved?	Did people get the food, voucher, or mobile money when it was planned or late? Or at a similar time to when other schools were getting food distributons?	
			Did people get the food, voucher, or mobile money on an appropriate day of the week or at the right time of day? How could it be improved?	
			Did people get the food, voucher, or mobile money at the time that they were most hungry or in need? How could it be improved?	
			Did people get the food, voucher or mobile money at an effective and efficient time given predictable seasonal access problems, price rises and strains on household budgets (ie - lean season?)? How could it be improved?	
		How safe from misuse were transfers? (Audit; how effective have 'mitigation measures to safeguard last-mile delivery (EV & MMT) to school principals' been?) How could it be improved?	how effective have 'mitigation measures to safeguard last-mile delivery (EV & MMT) to school principals' been?) How could it be improved?	
			Without mentioning any people or names - have you heard of any misuse or favours as a result of this project? Y/N	
			Without mentioning any details or names - Have the children that were beneficiaries, or have you felt unsafe at any time due to the THR project? How could this be improved?	
		How effective was beneficiary registration? How could registration be improved?	How effective was beneficiary registration? How could registration be improved?	
2.2	To what extent has the CO demonstrated the capacity to effectively respond to CBT-related challenges and how effective were CBT SoPs?	What were the main CBT related operational & implementation challenges and how did these effect CBT programming? What adaptations could have assisted?	Were there any challenges or problems with this project? How could it be improved?	
		How effective and easy to use were CBT SoPs? Any main areas for improvement?	How effective and easy to use were any CBT guidance, tools or standard operating procedures used? Any main areas for improvement?	
2.3	Has the CO demonstrated the capacity for effective and efficient monitoring of CBT implementation?	Has the CO demonstrated the capacity for effective and efficient monitoring of CBT implementation? Any examples of where adjustments occurred? How could this be improved?	Was there effective and efficient monitoring of CBT implementation? How could this be improved?	
2.4	What feedback and complaints mechanisms used & what monitoring	What feedback and complaints mechanisms used, monitoring/documenting systems in place & followed up tracked?	What feedback and complaints mechanisms were used? Were these documented & followed up or tracked? How could this be improved?	

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry	FGD specific Questions: FSP & MMT Operators	FGD1: Type, School, role, involvement
	& documenting systems are in place & followed up & tracked?	How could this be improved?Do all involved know about the feedback systems in place?	Do you think that the beneficiary students, families, and those not involved in the THR know about the feedback systems in place and can use them easily? If you had, had any feedback or problem, would you have known how to report it or who to speak to? Y/N why? If you did feedback, was it followed up satisfactorily?	
		How effective have 'beneficiary verification procedures, segregation of duties, and review of changes in WFP beneficiary information and transfer management platform' been? How could it be improved?	How effective have 'beneficiary verification procedures, segregation of duties, and review of changes in WFP beneficiary information and transfer management platform' been? How could it be improved?	
EQ3: SUSTAINABILITY - To what extent is WFP Liberia ready to sustain/adapt/improve its capacities for implementing the CBT modality in Liberia?				
3.1	To what extent has the CO demonstrated the capacity to sustain CBT readiness in Liberia?	What CBT training needs assessments or skills gap analysis undertaken in CO or partners (AUDIT)? Has the CO been able to recruit, equip, resource, and keep hold of adequate numbers of appropriately trained & experienced staff to implement & oversee CBT? (Audit 55)?	Were there any training needs assessments or skills gap analysis undertaken in your organisation? Did you feel you and your staff had the necessary training to undertake the CBT programme?	
		What CBT support to WFP program staff is there?	How has the THR helped the school/MoE?	
		How appropriate are WFPs guidance, systems & tools for a small CO?	[redacted]	

Focus Group Discussion Tool: Ministry of Education, School Leaders

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry - FGD specific Questions: MoE or School leaders FGD question		FGD1: Type, School, role, involvement
EQ1: RELEVANCE & COHERENCE - To what extent is WFP Liberia ready to implement the CBT modality in ways that are beneficiary & contextually relevant?				
1.1	To what extent has the CO demonstrated the capacity to contextualize and implement the CBT modality in ways that are relevant to the local context?	What assessments were undertaken? (Probe - any pre-crisis readiness or joint agency assessments?). Which of WFPs tools have been used appropriately and are staff and resource capacities in place to do so effectively & sustainably?	Were you or other school or MoE representatives involved in any assessments prior to the THR cash? Y/N, What types of assessment??	
		What evidence is there of the CO adequately assessing (before and during implementation) and responding to CBT security and protection risks?	Were you or other school or MoE representatives asked about possible problems or risks to schools, beneficiaries, or their families/communities from the THR cash/EV/MM or how it might affect safety? Y/N/ what way?	
		How were response options selected & documented? What other modalities were considered (IK, Direct cash, Commodity/value vouchers, CFW etc)? How could this be improved?	How do you think people would have preferred to receive the assistance? through food, a voucher for food from a retailor, or cash by mobile phone or another method?	

Criteria, EQs & Sub-Qs	Bank of Interview Questions / Lines of Inquiry - FGD specific Questions: MoE or School leaders FGD question		FGD1: Type, School, role, involvement
	To what extent was the CBT (modality and delivery mechanism) relevant to the needs of the HHs most in need? Were the households most in need included & impacted? How could this be improved?	Did the families who are most in need in the community receive the assistance or not? Why?	
	To what extent was the CBT MODALITY & DELIVERY MECHANISM relevant to the needs of **different beneficiary HHs, gender and vulnerability types** (Probe - small/large families, displaced HH, HH with specific vulnerable people: Orphans, Child headed HHs, PWD, PLWHA etc.) Were the most vulnerable included & impacted? How could this be improved?	Which way of receiving assistance do you think is most appropriat or easy for the poorest people, or those who are elderly, disabled or have mobility or health issues? Food parcel, voucher at retailor, mobile money transfer, any other method you know of? Would you have preferred to have had a voucher for food or a voucher for 15USD to be spent on food? Y/N/ Why? Or would you have preferred to have 15USD for you to select what food or other items or services you wanted to purchase? Y/N, why?	
	Were beneficiary HHs consulted, or modality or payment mechanism preferences requested?	Were you or beneficiary families asked how they would have preferred to receive money or how they usually receive it from family/ friends who live elsewhere?	
	What were the targeting criteria for, and selection methods used for: Districts? Schools? Beneficiaries? And how effective were they? How could this be improved?	Do you know why specific students or families were selected? Y/N & Why?	
	How appropriate or successful was gender & Vulnerability targeting? Did women or girls or vulnerable groups adequately benefit? Did targeting of students work on behalf of a HH?	In what ways have students benefitted or had problems due to the THR programme? In what ways have women or girls benefitted from the THR programme? Have disabled students or those from families with disabilities, chronic sickness or HIV/AIDS benefitted or had problems?	
		Has it helped boys and girls with school or studies? How? Has it been a problem to boys and girls or their families in any way? How?	
	How was the transfer value decided and linked to characteristics of individuals, family size, categories HH size, vulnerability types etc.? How could this be improved?	Did the amount of food or money suit the size of the families it was given to? Why?	
	How effective/fit for purpose was the transfer value? How could this be improved?	Was the amount of food or money sufficient to meet your family's needs? Why? Did this change during the project?	
	Which modality and delivery mechanisms worked best (In-kind and CBT using restricted e-Vouchers or less restricted MMT, or any other combination):	Which worked best or had problems - food, voucher for retailer or cash by mobile and why? Would any other way have worked better?	

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry - FGD specific Questions: MoE or School leaders FGD question		FGD1: Type, School, role, involvement
		- in the different geographies & contextual settings (urban/rural, distant/close markets/FSPs etc.) - and for the different genders and vulnerability groups (displaced, refugees, women/men, vulnerable)?	Were there problems in more remote areas? which would have worked best in more remote and distant villages?	
			Were there problems for vulnerable people or which would have worked best for people with special needs such as displaced people or refugees, people with mobility problems, the elderly, orphans/CHH, PWD, people who have chronic sickness etc.? and why?	
		To what extent was the CBT adequately coordinated (avoiding duplication, coordinated transfer rates, modalities, FSPs, etc.) and aligned with other CBT actors and their CBT policies & strategies? How could this be improved?	Were there other cash or voucher programmes by other agencies at the same time? If so who and in what way was it the same or different?	
		What were other stakeholder perceptions on the appropriateness and effectiveness of the CBT modality and delivery mechanisms used (Other CBT actors, Caritas, FSP, MoE and beneficiary and community level)? Why?	How well organised was the THR? Did it present any problems/benefits to school or MoE? How up to date and appropriate is the 'MoU with MoE'? How could it be improved?	
1.2	What tools were used for FSP or vendor selection, screening, due diligence, reporting, reimbursement, monitoring, feedback etc.?	What tools were used for FSP or vendor selection, screening, due diligence, reporting, reimbursement, monitoring, feedback etc.?	Did you have any problems administering the THR Project? (wait & Probe - selection, screening, registration, due diligence, reporting, , monitoring, feedback etc.)?	
		Were there any financial reconciliation and vendor payments issues? How could this have been improved?	Who do you think gave the food or money for the THR programme?	
EQ2: EFFECTIVENESS & EFFICIENCY - To what extent is WFP Liberia ready to implement the CBT modality in ways that are effective and efficient in different programmatic scenarios within Liberia?				
2.1	To what extent has the CO demonstrated the capacity to efficiently and effectively implement the CBT modality?	How or did the transfer value evolve over time? How could this be improved?	Did the transfer value evolve over time? How could this be improved?	
			How appropriate, necessary, effective & efficient were the payment cycles/instalments etc.? How could this be improved?	
		To what extent were the transfers timely (Probe - delivered as planned? In keeping with In Kind? In time of most need? Etc.)? How could this be improved?	Did people get the food, voucher, or mobile money when it was planned or late? Or at a similar time to when other schools were getting food distributions?	
			Did people get the food, voucher, or mobile money on an appropriate day of the week or at the right time of day? How could it be improved?	
			Did people get the food, voucher, or mobile money at the time that they were most hungry or in need? How could it be improved?	

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry - FGD specific Questions: MoE or School leaders FGD question		FGD1: Type, School, role, involvement
			Did people get the food, voucher or mobile money at an effective and efficient time given predictable seasonal access problems, price rises and strains on household budgets (i.e. - lean season?)? How could it be improved?	
		How safe from misuse were transfers? (Audit; how effective have 'mitigation measures to safeguard last-mile delivery (EV & MMT) to school principals' been?) How could it be improved?	how effective have 'mitigation measures to safeguard last-mile delivery (EV & MMT) to school principals' been?) How could it be improved?	
			Without mentioning any people or names - have you heard of any misuse or favours as a result of this project? Y/N	
			Without mentioning any details or names - Have the children that were beneficiaries, or have you felt unsafe at any time due to the THR project? How could this be improved?	
		How effective was beneficiary registration? How could registration be improved?	How effective was beneficiary registration? How could registration be improved?	
2.2	To what extent has the CO demonstrated the capacity to effectively respond to CBT-related challenges and how effective were CBT SoPs?	What were the main CBT related operational & implementation challenges and how did these effect CBT programming? What adaptations could have assisted?	Were there any challenges or problems with this project? How could it be improved?	
		How effective and easy to use were CBT SoPs? Any main areas for improvement?	How effective and easy to use were any CBT guidance, tools or standard operating proceedures used? Any main areas for improvement?	
2.3	Has the CO demonstrated the capacity for effective and efficient monitoring of CBT implementation?	Has the CO demonstrated the capacity for effective and efficient monitoring of CBT implementation? Any examples of where adjustments occurred? How could this be improved?	Was there effective and efficient monitoring of CBT implementation? How could this be improved?	
2.4	What feedback and complaints mechanisms used & what monitoring & documenting systems are in place & followed up & tracked?	What feedback and complaints mechanisms used, monitoring/documenting systems in place & followed up tracked? How could this be improved? Do all involved know about the feedback systems in place?	What feedback and complaints mechanisms were used? Were these documented & followed up or tracked? How could this be improved?	
			Do you think that the beneficiary students, families, and those not involved in the THR know about the feedback systems in place and can use them easily? If you had, had any feedback or problem, would you have known how to report it or who to speak to? Y/N why? If you did feedback, was it followed up satisfactorily?	
		How effective have 'beneficiary verification procedures, segregation of duties, and review of changes in WFP beneficiary information and transfer management platform' been? How could it be improved?	How effective have 'beneficiary verification procedures, segregation of duties, and review of changes in WFP beneficiary information and transfer management platform' been? How could it be improved?	

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry - FGD specific Questions: MoE or School leaders FGD question		FGD1: Type, School, role, involvement
EQ3: SUSTAINABILITY - To what extent is WFP Liberia ready to sustain/adapt/improve its capacities for implementing the CBT modality in Liberia?				
3.1	To what extent has the CO demonstrated the capacity to sustain CBT readiness in Liberia?	What CBT training needs assessments or skills gap analysis undertaken in CO or partners (AUDIT)? Has the CO been able to recruit, equip, resource, and keep hold of adequate numbers of appropriately trained & experienced staff to implement & oversee CBT? (Audit 55)?	Was there any training needs assessments or skills gap analysis undertaken in your organisation? Did you feel you and your staff had the necessary training to undertake the CBT programme?	
		What CBT support to WFP program staff is there?	How has the THR helped the school/MoE?	
		How appropriate are WFPs guidance, systems & tools for a small CO?	[redacted]	

Focus Group Discussion Tool: Students

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry – FGD	STUDENT beneficiary FGD questions	FGD1: Type, School, role, involvement
EQ1: RELEVANCE & COHERENCE - To what extent is WFP Liberia ready to implement the CBT modality in ways that are beneficiary & contextually relevant?				
1.1	To what extent has the CO demonstrated the capacity to contextualize and implement the CBT modality in ways that are relevant to the local context?	What assessments were undertaken? (Probe - any pre-crisis readiness or joint agency assessments?). Which of WFPs tools have been used appropriately and are staff and resource capacities in place to do so effectively & sustainably?	Were you or your parents/carers or representatives or leaders involved in any assessments or asked any questions before the THR cash, voucher, or mobile money project? Yes/ No?	
		What evidence is there of the CO adequately assessing (before and during implementation) and responding to CBT security and protection risks?	Were you or your parents/carers or representatives or leaders asked about possible problems or risks to you or your family from the THR cash/voucher or mobile money project or how it might affect your safety? Y/N	
		How were response options selected & documented? What other modalities were considered (IK, Direct cash, Commodity/value vouchers, CFW etc.)? How could this be improved?	How would you have preferred to receive the WFP assistance - as food, a voucher for food from a retailor, or cash by mobile phone or another way or method you know of?	
		To what extent was the CBT (modality and delivery mechanism) relevant to the needs of the HHs most in need? Were the households most in need included & impacted? How could this be improved?	Did the families who are most in need in the community receive the assistance or not? Why?	
		To what extent was the CBT MODALITY & DELIVERY MECHANISM relevant to the needs of **different beneficiary HHs, gender and vulnerability types** (Probe - small/large families, displaced HH, HH with specific vulnerable people: Orphans, Child headed HHs, PWD, PLWHA etc.)	Which way of receiving assistance do you think is most appropriate or easy for the poorest people, or those who are elderly, disabled or have mobility or health issues? Food parcel, voucher at retailor, mobile money transfer, any other method you know of?	

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry – FGD	STUDENT beneficiary FGD questions	FGD1: Type, School, role, involvement
		Were the most vulnerable included & impacted? How could this be improved?	Would you have preferred to have had a voucher for food or a voucher for 15USD to be spent on food? Y/N/ Why? Or would you have preferred to have 15USD for you to select what food or other items or services you wanted to purchase? Y/N, why?	
		Were beneficiary HHs consulted, or modality or payment mechanism preferences requested?	How do you or your family normally prefer to receive money from family/ friends who live elsewhere? wait & probe - Were you asked this by WFP or Caritas before the THR programme?	
		What were the targeting criteria for and selection methods used for: Districts? Schools? Beneficiaries? And how effective were they? How could this be improved?	Do you know why you or your family were selected? Y/N & Why?	
		How appropriate or successful was gender & Vulnerability targeting? Did women or girls or vulnerable groups adequately benefit? Did targeting of students work on behalf of a HH?	In what ways have women or girls benefitted from the THR programme?	
			How has the THR helped you? Has it helped you with school or studies? How? **Has it been a problem to you or your family in any way? How?**	
		How was the transfer value decided and linked to characteristics of individuals, family size, categories HH size, vulnerability types etc.? How could this be improved?	Did the amount of food or money suit the size of the families it was given to? Why?	
		How effective/fit for purpose was the transfer value? How could this be improved?	Was the amount of food or money sufficient to meet your family's needs? Why?	
		Which modality and delivery mechanisms worked best (In-kind and CBT using restricted e-Vouchers or less restricted MMT, or any other combination): - in the different geographies & contextual settings (urban/rural, distant/close markets/FSPs etc.) - and for the different genders and vulnerability groups (displaced, refugees, women/men, vulnerable)?	Which worked best - food, voucher for retailer or cash by mobile and why? Would any other way have worked better?	
		To what extent was the CBT adequately coordinated (avoiding duplication, coordinated transfer rates, modalities, FSPs, etc.) and aligned with other CBT actors and their CBT policies & strategies? How could this be improved?		

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry – FGD	STUDENT beneficiary FGD questions	FGD1: Type, School, role, involvement
		What were other stakeholder perceptions on the appropriateness and effectiveness of the CBT modality and delivery mechanisms used (Other CBT actors, Caritas, FSP, MoE, and beneficiary and community level)? Why?		
1.2	What tools were used for FSP or vendor selection, screening, due diligence, reporting, reimbursement, monitoring, feedback etc.?	What tools were used for FSP or vendor selection, screening, due diligence, reporting, reimbursement, monitoring, feedback etc.?		
		Were there any financial reconciliation and vendor payments issues? How could this have been improved?	Who do you think gave the food or money for the THR programme?	
EQ2: EFFECTIVENESS & EFFICIENCY - To what extent is WFP Liberia ready to implement the CBT modality in ways that are effective and efficient in different programmatic scenarios within Liberia?				
2.1	To what extent has the CO demonstrated the capacity to efficiently and effectively implement the CBT modality?	How or did the transfer value evolve over time? How could this be improved?		
		How appropriate, effective & Efficient were conditions, restrictions, and instalments etc? How could this be improved?		
		To what extent were the transfers timely (Probe - delivered as planned? In keeping with In Kind? In time of most need? Etc.)? How could this be improved?	Did you get the food, voucher, or mobile money when it was planned or late? Or at a similar time to when other schools were getting food distributions?	
			Did you get the food, voucher, or mobile money on an appropriate day of the week or at the right time of day? How could it be improved?	
			Did you get the food, voucher, or mobile money at the time that you and your family were most hungry or in need? How could it be improved?	
		How safe from misuse were transfers? (Audit; how effective have 'mitigation measures to safeguard last-mile delivery (EV & MMT) to school principals' been?) How could it be improved?	Without mentioning any people or names - have you heard of any misuse or favours as a result of this project? Y/N	
			Without mentioning any details or names - Have you or your families felt unsafe at any time due to the THR project? How could this be improved?	
		How effective was beneficiary registration? How could registration be improved?		
2.2	To what extent has the CO demonstrated the capacity to effectively respond to	What were the main CBT related operational & implementation challenges and how did these effect CBT programming? What adaptations could have assisted?	were there any challenges or problems with this project? How could it be improved?	

Criteria, EQs & Sub-Qs		Bank of Interview Questions / Lines of Inquiry – FGD	STUDENT beneficiary FGD questions	FGD1: Type, School, role, involvement
	CBT-related challenges and how effective were CBT SoPs?	How effective and easy to use were CBT SoPs? Any main areas for improvement?		
2.3	Has the CO demonstrated the capacity for effective and efficient monitoring of CBT implementation?	Has the CO demonstrated the capacity for effective and efficient monitoring of CBT implementation? Any examples of where adjustments occurred? How could this be improved?	Have you or your family been asked questions about whether you had any problems or felt unsafe etc.? Y/N	
2.4	What feedback and complaints mechanisms used & what monitoring & documenting systems are in place & followed up & tracked?	What feedback and complaints mechanisms used, monitoring/documenting systems in place & followed up tracked? How could this be improved? Do all involved know about the feedback systems in place?	if you had, had any feedback or problem, would you have known how to report it or who to speak to and if so? how? If so, did you feedback, was it followed up satisfactorily?	
		How effective have 'beneficiary verification procedures, segregation of duties, and review of changes in WFP beneficiary information and transfer management platform' been? How could it be improved?		
EQ3: SUSTAINABILITY - To what extent is WFP Liberia ready to sustain/adapt/improve its capacities for implementing the CBT modality in Liberia?				
3.1	To what extent has the CO demonstrated the capacity to sustain CBT readiness in Liberia?	What CBT training needs assessments or skills gap analysis undertaken in CO or partners (AUDIT)? as the CO been able to recruit, equip, resource, and keep hold of adequate numbers of appropriately trained & experienced staff to implement & oversee CBT? (Audit 55)?		
		What CBT support to WFP program staff is there?		
		How appropriate are WFPs guidance, systems & tools for a small CO?		

Annex 6. Fieldwork Agenda

Arrive ROB Wed 1st – 02.15 – PM – 2- 4/5pm Team meeting/tool orientation – Barward Johnson)

2nd – Thursday – AM - -Travel to Gbanga and meet with Caritas staff

PM -Travel to Ganta – meet WFP Head of office (Insufficient time so KIIs conducted instead)

3rd – Friday – Nimba school J W Pearson – Ganta

09h – FGD head teachers, relevant teachers & MoE & PTA

10.30h – FGD Students (with teacher present)

11.30 – 13h – lunch

13- 14-30 -FGD Parents

14.30 – 16h -KII/case study most Vulnerable Beneficiary(s)

4th Sat – AM – Retailor KII/FGD

PM – Return Monrovia -

5th Sunday –Notes

6th Monday – 7am check in, depart Monrovia 8.30 – arrive Harper, Maryland 9.30

- 11.30 - Meet Caritas Las Palmas at airport go for KII at office
- 12.30 - Meet headteachers and other key staff for THR of East Harper & Nathan Barnes schools together & MoE staff, PTA etc
- 14h – lunch
- 15h – 17h FGD with THR students from both Harper schools (CP/teacher present for safeguarding purposes)

7th Tuesday – 08h – 10 - FGD parents of THR students (East Harper & Nathan Barnes schools together)

10-11 – KII 2 x MMT operatives (Harper)

11h- 12.30h – travel Pleebo & lunch

12.30h- 13.30 – Meeting with head teachers, PTA leaders & staff of Gbolobo School

13.30- 16h – FGD parents of THR students

16h- 17h – KII 2 x retailors in Pleebo

8th Wednesday – 07.30h – KII with 2 x staff Caritas & debrief

Check in for flight 09h

Fly to Monrovia (arrival @ 13h)

14h – KIIs in Monrovia - Winnifred George Finance Officer/Gender Focal Point

9th Thursday – AM- KIIs Monrovia

Days	Activity
Thu 09 May	KII with MTN
	KII Ministry of Education
	Lunch
	KII with WFP Head of Support Services - SCOPE
	KII with Ministry of Gender Children Social Protection – Program Manager
	WFP Debrief & validation.

10th Friday 03.25 TL Dept Monrovia

Annex 7. Findings Conclusions Recommendations Mapping

Table 20. Findings, Conclusions, and Recommendations Mapping

Recommendation	Conclusions	Findings
Recommendation 1: Establish strategic coherency by clarifying programming logic and purpose and re-examining contextual vulnerabilities.	1	1, 3, 6, 12, 13, 14, 15
	2	2, 6, 9, 12, 14
	3	1, 2, 3, 7, 8, 9, 10, 11, 12, 14, 16, 18, 19
	4	2, 3, 4, 5, 7, 8, 9, 10, 12, 16, 17, 18, 19
	6	1, 2, 4, 5, 9, 10, 16, 17
Recommendation 2: Ensure better alignment with CBT good practice around Transfer values, registration, CBT communication and coordination.	1	1, 3, 6, 12, 13, 14, 15
	3	1, 2, 3, 7, 8, 9, 10, 11, 12, 14, 16, 18, 19
	7	2, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19
Recommendation 3: Improve communications with communities as-a-whole.	1	1, 3, 6, 12, 13, 14, 15
	2	2, 6, 9, 12, 14
	4	2, 3, 4, 5, 7, 8, 9, 10, 12, 16, 17, 18, 19
	5	3, 7, 8, 9, 10, 11, 16, 18
Recommendation 4: Continue CBT readiness efforts.	3	1, 2, 3, 7, 8, 9, 10, 11, 12, 14, 16, 18, 19
Recommendation 5: Improve Accountability to Affected Populations; undertake feasibility assessments of wide-ranging response and modality and delivery mechanism options and include more local knowledge in assessment and design decisions and throughout the programme.	1	1, 3, 6, 12, 13, 14, 15
	2	2, 6, 9, 12, 14
	3	1, 2, 3, 7, 8, 9, 10, 11, 12, 14, 16, 18, 19
	5	3, 7, 8, 9, 10, 11, 16, 18
Recommendation 6: Assess CBT-related capacities and gaps; make use of existing capacities and build those needed to fill remaining gaps	1	1, 3, 6, 12, 13, 14, 15
	3	1, 2, 3, 7, 8, 9, 10, 11, 12, 14, 16, 18, 19
	4	2, 3, 4, 5, 7, 8, 9, 10, 12, 16, 17, 18, 19
	7	2, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19
Recommendation 7: Improve feedback and complaints mechanisms.	2	2, 6, 9, 12, 14
	5	3, 7, 8, 9, 10, 11, 16, 18
Recommendation 8: Improve quality and understanding of targeting and selection based on gender and vulnerability; ensure logic is in line with programme objectives.	1	1, 3, 6, 12, 13, 14, 15
	2	2, 6, 9, 12, 14
	3	1, 2, 3, 7, 8, 9, 10, 11, 12, 14, 16, 18, 19
	5	3, 7, 8, 9, 10, 11, 16, 18
	6	1, 2, 4, 5, 9, 10, 16, 17
Recommendation 9: Improve monitoring, evaluation, accountability, and learning (MEAL).	4	2, 3, 4, 5, 7, 8, 9, 10, 12, 16, 17, 18, 19
	7	2, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19

Table 21. Supplementary table mapping findings to conclusions

Conclusions	Findings
1: Corporate assessments and tools were deployed satisfactorily; Modality decisions were appropriate and achieved a good degree of CBT readiness, capacity building, and 'timeliness'.	1, 3, 6, 12, 13, 14, 15
2: Geographic targeting was acceptable and school selection and the communications around school selection, had weaknesses but was pragmatic in terms of selecting schools for a trial of internal systems and contextual suitability of modality and delivery mechanisms.	2, 6, 9, 12, 14
3: Assessments were achieved but did not adequately include local knowledge and beneficiary preferences and thus missed key vulnerabilities, which led to technical design and programming weaknesses.	1, 2, 3, 7, 8, 9, 10, 11, 12, 14, 16, 18, 19
4: Inadequate clarity of programme logic, purpose, targeting and selection, alongside insufficient CP orientation and communications and awareness raising in communities throughout led to widespread confusion and de-railed the CBT effectiveness overall and effectiveness as a test of modalities and delivery mechanisms.	2, 3, 4, 5, 7, 8, 9, 10, 12, 16, 17, 18, 19
5: Selecting beneficiary households through the 'one child' approach was problematic.	3, 7, 8, 9, 10, 11, 16, 18
6: Strategic and programmatic confusions negatively affected performance/results	1, 2, 4, 5, 9, 10, 16, 17
7: Increased internal CO CBT systems and procedure readiness and capacity building was achieved; however, opportunities were missed for cooperating partners.	2, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19

Annexes 8. Gendered Key informant's overview

Table 22. Overview of key informants interviewed by the ET

Organisation, Role	Relevant to which school	Method & participant type	Number of Males	Number of Females	Total
WFP					
Regional Bureau Dakar, Regional Evaluation Officer	All	Remote KII /FGD/meet & debrief		1	1
Regional CBT Adviser	All	KII		1	1
Former CBT Advisor/Surge	All	KII		1	1
Former CBT Advisor/Surge	All	KII		1	1
Country Director	All	Debrief/validation meet	1		1
Deputy Country Director	All	Remote KII /FGD/meet & Debrief	1		1
Evaluation manager	All	Remote KII /FGD/meet, debrief	1		1
Former head of programme	All	KIIs & debrief	1		1
Head of M&E - Research Assessment & Monitoring (RAM) Associate Geographic Information Systems/COMET/Market Analysis Focal Point	All	KII & debrief	1		1
National Logistics Officer	All	Debrief	1		1
Programme Associate (TEC)	All	KII	1		
Finance officer & Gender Focal Point	All	KII		1	1
Head of Nimba office & former Maryland staff	All	KIIs	1		1
Former head of programme	All	KII	1		1
Location of project sites represented	**Relevant to which school**	**Method & participant type**	**Number of Males**	**Number of Females**	**Total**
National cooperating partners					
MoE	All	KII, Monrovia	1		1
Ministry of Gender, Children and Social Protection	All	KII, Monrovia	2		2
Lonestar MTN	Nathan Barnes and East Harper in Harper	KII with FSP Mgmt., Monrovia	2		2
Cooperating partners					
Nimba		KII Caritas Gbarnga	2		2
Maryland		KII Caritas Cape Palmas	2		2

Organisation, Role	Relevant to which school	Method & participant type	Number of Males	Number of Females	Total
Nimba - Saclepea & Ganta	William R Tolbert & JW Pearson elementary school	FGD with MoE representatives (District education officer, school feeding coordinator, District education admin assistant, district focus persons	5	0	5
Maryland – Harper, Pleebo and Gbolobo	East Harper, Nathan Barnes, Children Rescue School and Gbolobo Public Schools	MoE Integrated into FGD with school representatives in Harper below.			
Schools					
Ganta	JW Pearson (elementary)	FGD School representatives (principal, teachers x 2, registrar, VPI and PTA x 11	9	7	16
Ganta	JW Pearson (elementary)	FGD parents & 'guardians'	7	16	23
Ganta	JW Pearson (elementary)	FGD Students	7	5	12
Harper	East Harper & Nathan Barnes (elementary)	FGD School representatives (principals of 2 schools, teachers, PTA & **MOE x3**)	7	2	9
Harper	East Harper School (elementary)	FGD parents & 'guardians'	7	8	15
Harper	East Harper (elem.)	FGD Students	3	7	10
Gbolobo	Gbolobo Elementary	FGD School representatives (principal, teachers, administrator, PTA	6	1	7
Gbolobo	Gbolobo Elementary	FGD Parents	10	18	28
Total of beneficiaries and beneficiary representatives			**56**	**64**	**120**
Retailers or MMT operatives					
Ganta	JW Pearson	KII Retailer 1	1		1
Harper	East Harper & Nathan Barnes	KII MMT Operative 1	Failed to show		0
Harper	East Harper & Nathan Barnes	KII MMT Operative 2	1		1
Pleebo	Gbolobo elementary and 'Childrens rescue school', Pleebo	KII Retailer 2	1	1	2
Pleebo	Gbolobo elementary and 'Childrens rescue school', Pleebo	KII Retailer 3	1		1
Total Retailers and MMT operatives			**4**	**1**	**5**

Source: ET records.

Annexes 9. Bibliography

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Annexes 10. Synthesis of how various national policies are relevant to social protection / CBT

Table 23. Examples of sector-specific policies in Liberia that have goals which intersect with CBT[165]

Policy/Strategy	How Social Protection and CBT support policy/strategy goals
2009 National Employment Policy	Social assistance programs will contribute to the Ministry of Labor's (MOL) goals of scaling up emergency unemployment schemes and encouraging sustainable productive employment through incentives in agriculture.
2008 Basic Package of Health and Social Welfare Services (BPHS)	The provision of cash transfers to the poorest will help to improve access to essential health services and improve awareness through referrals to services.
National Health and Social Welfare Policy and Plan (NHSWPP) 2011-2021	Programs that target vulnerable groups including the disabled, female and child headed households, vulnerable children, and the aging support the primary objective of the NHSWPP to broaden the coverage of social assistance and social insurance services to ensure access to the Essential Package of Social Services (EPSS).
Food and Agriculture Policy and Strategy (FAPS)	Social protection interventions will support the three core objectives of this policy relating to income support and access to food, school feeding, and cash transfers linked to labour; these objectives support the goal of strengthening human and institutional capacities.
Food Security and Nutrition Strategy (FSNS)	Besides directly contributing to the objective of strengthening safety net programs, social protection interventions can enhance access of the poorest and most vulnerable to factors of production whilst labour-based social protection will create infrastructure contributing to improving markets and food system functionality.
Gender Policy	The Social Protection policy states that "Women will be directly targeted for cash payments on cash transfer interventions, and will be linked to wider credit, training, extension and information services as well as essential maternal health services". This is an indication of the complex 'political economy' around targeting (see footnote 14 above).
Youth Policy	Prioritization of young people for support through employment-based social protection schemes – as well as including youth in the delivery and monitoring of social protection are expected to contribute to the objective of promoting the full participation of young people in the development process.

Source: Adapted from the Liberia National Social Protection Policy, Pg. 30-31.

[165] Government of Liberia, 2013. Liberia National Social Protection Policy. Pg. 30-31. Note that this table was developed based on content in the National Social Protection Policy and therefore may not include the most recent policies and policy revisions; an update of this catalogue was not prioritized in this evaluation but could be considered as part of the upcoming CSPE.

Annex 11. Detailed summary of the CBT Pilot's technical parameters

222. The table below is aimed to clarify understanding of the nature of the CBT programme as documents and KIIs indicate a lack of understanding of the main features of the programme and frequently demonstrate a lack of understanding of Key CBT terminologies (around modality, delivery mechanisms, and the hard or soft nature of conditions and restrictions within the programme pilot and beyond). The table provides a summary interpretation of a breakdown of the modality, delivery mechanism, conditions, and restriction features of the CBT THR Pilot in 2021.

Table 24. Key features of the CBT THR Pilot in 2021

Common term used	**Modality**	**Delivery mechanism**	**Conditions** (Soft/hard)	**Restrictions** (Soft/hard)	**Notes** (complimentary aspects? Awareness/ Training etc.? Package?)
In Kind (rice & oil)	**IN KIND** – Conditional, restricted In Kind (rice & Oil)	• Provision to school	• Reportedly a hard condition on 80 percent school attendance & monitored	**Hard restriction** to rice and oil	
Electronic voucher -	**Voucher** – Conditional restricted Cash value E-voucher (USD15)	• Scope card – USD 15 value (TBC if any transaction fees)	• Differing views on condition types around enrolment and attendance (e.g. Hard condition on 80 percent school attendance)	**Hard restriction** – from approved retailers **Soft restrictions –** messaging & monitoring of specific (Rice & Oil) Food types. Exclusion of some goods (canned goods, alcohol etc). Some switching of commodities occurred, monitored, and then approved by WFP.	• WFP reportedly negotiate prices with retailers.
Mobile money.	**Cash –** Conditional, unrestricted Cash	• Lonestar MTN – MMT value 15 + 1.5 Transaction fee USD	• Differing views on condition types around enrolment and attendance (e.g. Hard condition on 80 percent school attendance). Some reports that HHs selected based on whether the HH had children out of school as unable to pay or at risk of nonpayment.	**Soft restriction** – messaging, but unclear whether there was there any monitoring on food types.	

Source: Based on document review and inception interviews conducted by the ET.

Annex 12. Summary of 2019 Internal Audit Findings related to CBT capacities in the CO

Table 25. Overview of 2019 Audit issues related to CBT capacities in the Liberia CO

Summary of CBT shortcomings identified by the 2019 WFP Internal Audit of the WFP Liberia CO
Delays in registration & verification of beneficiary (BF) phone numbers.
Waived competition of 2 FSPs and no evidence of due diligence conducted or "FSP micro assessment" as well as "Deviations from WFP standard contracts were noted for one of the service providers and standard clauses on UN immunity and fraud and corruption were not included in the contract".
No CBT assessment or strategy of Cost efficiency and Cost effectiveness (CE/CE).
No security assessment or continuous protection monitoring.
No Standard Operating Procedures (SoPs) were drawn up (e.g. responsibilities to follow after incidents, payment instructions, post-cycle reconstruction and oversight. "Reconciliation to detect dormant wallets were not performed after each monthly transfer. Post distribution monitoring was ongoing at the time of the audit mission to ensure actual delivery of the cash assistance and measure the impact of the response".
The 'underlying causes' of this were summarized by the audit as being due to: "lack of staff capacity in the implementation of CBT. Lack of compliance with corporate guidance. Data sharing for reconciliation purposes not fully agreed with PSPs" (WFP Audit 2019).

Source: Based on review of the 2019 WFP Internal Audit of the Liberia CO.

Figure 3. Snapshot of Observation 6 in the 2019 Internal Audit Report with Agreed Actions

Observation 6	Agreed Actions [Medium priority]
Cash-based transfers CBT assistance was implemented starting August 2018 in response to an emergency flooding crisis. Following initial coordination with the National Disaster Management Agency and the UN emergency group, mobile money transfer was selected as the main preferred modality, with a smaller portion of food assistance for affected populations in rural areas. *Program design and choice of modality:* The initial planned schedule of two months duration for the flooding emergency response did not take into account contextual challenges to deploy the cash component of the emergency assistance. Unlike food assistance which was delivered promptly, there were significant delays associated with cash transfers due to inefficiencies in the process of registration and verification of beneficiary phone numbers. It took until January 2019 for the CO to complete the transfer of CBT assistance. Procedures required prior to the implementation of any new CBT intervention were not fully carried out nor documented. In particular: • A strategy paper on the choice of appropriate transfer modality and mechanisms to evaluate cost-efficiency and effectiveness were not prepared. • Essential CBT assessments were not carried out including a micro-assessment of financial service providers (FSPs), a security assessment, and continuous monitoring of protection issues. • SOPs did not define all key aspects of the CBT delivery cycle, such as responsibilities to be followed for specific incidents, payment instructions, post-cycle reconciliations and oversight. *Contracting of FSPs:* Two FSPs were contracted through waived competition. Documentation clearly defining specifications for the CBT emergency response was missing, and there was no evidence of any due diligence performed before contracting. Deviations from WFP standard contracts were noted for one of the service providers; and standard clauses on UN immunity and fraud and corruption were not included in the contract. *Reconciliation and monitoring:* Reconciliations to detect dormant mobile wallets were not performed after each monthly transfer. Post-distribution monitoring was ongoing at the time of the audit mission to ensure actual delivery of the cash assistance and measure the impact of the response. Underlying causes: Lack of staff capacity in the implementation of CBT. Lack of compliance with corporate guidance. Data sharing for reconciliation purposes not fully agreed with FSPs.	The CO will: (i) Carry out, with support from RBD and OSZIC as necessary, assessments to facilitate determination of the most appropriate modality or combination of CBT modalities for the Liberia operational context. This will include consideration of emergencies where, if there is no preparedness and no CBT structures in place ahead of an emergency, the e-wallet modality may not be the right choice considering the required controls and checks; (ii) Perform due diligence on FSPs and revise the contracts in place to ensure they include required clauses before the award of any future contracts; (iii) In consultation with corporate CBT functions negotiate with FSPs to provide data at aggregated and individual account levels sufficient to enable implementation of a thorough reconciliation process; and (iv) Carry out all necessary CBT assessments prior to the implementation of any new CBT mechanism. Due date: 30 September 2019

Source: WFP, 2019. Internal Audit Report AR./19/09 – April 2019.

Annex 13. Examples of indications of misalignment in understanding of purpose and roles by a CP

Table 26. Extracts from Caritas Gbarnga inception report

(written to capture learning after a workshop help by WFP for CPs, government, and donor representatives).

Extracts from Caritas Gbarnga Inception report indicating discrepancies over purpose, objectives, roles etc.
Workshop occurred – Inception workshop brought together stakeholders from the Ministry of Education Nimba County Office, Caritas staffs, the business institutions related to this project, parents and WFP the host and donor. These stakeholders were informed of the purpose and scope of the project, implementation arrangements, monitoring, evaluation and reporting as well as the project management oversight structure. **Early indications of price rises –** Key issues highlighted include slight changes to increased costs of implementation for beneficiaries per family size due to the high cost of commodities on the local market. **Early indications of being advised to improve communications - recommended** that proper and comprehensive awareness and education in all the selected schools and communities is prepared. **Indication of confusion - Extract on purpose & objectives from Caritas Gbarnga Inception report –** **Project's goal:** Promotes access to education for 1,000 vulnerable adolescent girls and boys in Liberia by supporting their empowerment which drives them to reach their full potentials. **Objectives:** • Strengthened assistance to school children, promoting gender equality by promoting adolescent girls' education through cash-based transfer (CBT) • Support livelihood and strengthened food security for vulnerable poor households in target areas **1.5 Strategy:** Food insecurity negatively correlates with adaptive aptitude. It is therefore due to such vulnerability in communities for adolescent girls, which WFP is mitigating by enhancing their ability to reach their full potentials, keeping them in school to close the gender gap between girls and boys in primary schools. **"**This project has been designed to address the challenges on a day-to-day basis faced by adolescent girls; most especially high teenage pregnancy, early childbirth, early marriage and others which impede the potential of the girl child progression from achieving primary education in Liberia". "In Liberia, adolescent girls continue to face multifaceted challenges on a day-to-day basis limiting their ability to reach their full potential due to high teenage pregnancy, early childbirth and early marriage experienced by this vulnerable group, the intervention will target both girls and boys in the context of COVID 19. Furthermore, adolescent girls are exposed to greater risk of dropping out of school and not completing even primary level education. Without access to quality education adolescent girls are likely to lack knowledge, skills and resources necessary to become agent of change ultimately breaking the vicious circle of poverty young women otherwise face. Therefore, this project by WFP promotes access to education for 1,000 vulnerable adolescent girls and boys in Liberia and supporting their empowerment which drives them to reach their full potentials. The activity will help to address the gender gap between girls and boys in primary schools as well.

Source: Caritas, 2021. CARITAS GBARNGA/WF NIMBA COUNTY CBT SCHOOL FEEDING PROGRAMME - Inception Report

Annex 14. Compilation of additional micro-findings

Table 27. Compilation of additional micro-findings

Compilation of micro-findings
Micro-findings on modality and delivery mechanism decisions and in relation to beneficiary preferences and former familiarity:
• When E-Voucher beneficiaries and representatives were asked, stakeholders (whether school or PTA reps) say they prefer a value voucher (though younger persons have a tendency to say MMT), however, after listening to the community respondents (more so PTA or beneficiary student or HH rep/guardian/parent, less so school authorities and MoE) discuss the problems with the project (such as not getting the full food basket anticipated, because of price changes), the ET were then able to put forward some of the pro's and cons of alternative modalities and delivery mechanisms (such as direct food delivery, commodity vouchers and direct cash and MMT) and discuss these. When the beneficiaries were made aware of the commodity voucher option, and that it would have cushioned them against price changes, most people selected that option. Direct cash was popular with older parents and grandparents caring for children and MMT was a popular option among younger parents and students because it gave beneficiaries the freedom to choose what and where they purchased and allowed them to shop around for better prices and fresher, better-quality foodstuffs (there were significant complaints in Ganta of old and mouldy rice from participating retailers – estimated 50 percent of HHs experienced this). • In Harper, when MMT students were probed around their preferences for MMT, it became evident that they would have preferred direct cash to MMT so that they would have experienced fewer problems with mobile phone numbers and connectivity problems. However, beneficiaries (students and parent/guardians) noted that direct Cash and MMT were seen as more 'tempting' (to purchase things other than essentials like food), and MMT was preferred over direct cash particularly for reasons of discretion, (which prevented beneficiaries from having to share their ration as its was secret from family and neighbours). However, people did not like the transaction fees and beneficiaries and in Ganta did not trust MMT operators to give the full amount and had concerns related to exchange rates). • After discussions over pros and cons people became more aware that the MMT option would also not protect them from price changes, and people began to change their views more towards commodity vouchers. CPs and some parents reported that not all beneficiary households had access to a mobile phone of their own (and thus being able to register a mobile number with an ID for KYC purposes). Equally some respondents reported problems with mobile phones having issues with blocked SIM cards at times, and most recognised that at the time of the project, connectivity for MMT was a problem, but the majority of all respondents felt that Ganta was now an acceptable place for MMT. Saclepea MoE representatives still had connectivity concerns in Saclepea and felt value or commodity vouchers remained the most appropriate option there until Mobile connectivity improved. A small few (especially those in school authorities and MoE, who tended to be/were exclusively male and in older age groups) maintain a preference for feeding/wet ration programmes in school as felt a nutritious meal can be ensured to be given to each child regardless of family status or capacities. • Ganta – students prefer MMT (but possibly don't fully understand the role of transfer fees, vulnerability to MMT operator misuse, price changes and exchange rates etc.). Efficiency – WFP procurement savings and tax economies versus additional delivery costs. In Gbolobo, School authorities and parent/guardians expressed concerns about MMT (connectivity, transfer fees, low mobile phone ownership and lack of familiarity with technology for some) and did not prefer in kind distributions, due to fears/past experience of delays and seasonal logistical supply problems. Once the pros and cons of different modalities and delivery mechanisms were explained, commodity vouchers were preferred. • Parents/guardians report preferring MMT for discretion reasons over any form of voucher (e or paper) as it reduced requests for sharing the ration and over banks more specifically as it was reported to reduce chances of sharing requests and robbery.
Compilation of micro-findings on retailer selection, functioning, effectiveness and challenges:
• Beneficiaries were restricted to purchasing all in one go and all from one retailer • Local school & authorities and beneficiary preferences not asked about their preferences for trusted retailers. • Some, but not all retailers reported that WFP visited them to assess their capacities and discuss/negotiate special prices

Compilation of micro-findings

- Beneficiaries report some price rise impacts because of lack of competition. as some retailers 'dropped out, reportedly die to the level of bureaucracy in relation to the small number of HHs, very slow repayments and for reasons of frustration. This reduced the choice, options for beneficiaries and reduced competition between retailers.
- The larger retailers tended to be the ones selected as able to meet quality and capacity challenges, however WFP did make attempts to encourage medium sized retailers in more rural locations, such as Saclepea, Nimba and Pleebo, Maryland. The medium size retailers reported and were assessed as being appropriate, however, the very slow repayments by WFP did mean that these retailers were more affected and vulnerable to strains on their abilities to re-stock. Even medium sized retailers reported that had WFP given all the instalments in one go, or increased the number of HHs, they would still have been able to satisfy demand, however the medium sized retailers and more rural ones suggested they would benefit from better notification of disbursement dates in such a case.
- Retailers were advised how to use PoS units (given temporarily by WFP to those who did not already own) and appreciated the support given them by Caritas and WFP staff.
- Retailers report that beneficiaries often asked if they could take cash instead of goods. In reality the retailers did allow some purchasing outside of the goods stipulated by WFP – items such as flavouring cubes, salt, Gum, biscuits, pasta or non-food stuffs such as school related materials (exercise books etc) but this tended to be only small amounts to round up the value or in a small number of occasions, because the stipulated goods (Rice and oil) were not available at the time of the beneficiary visit. Retailers reported selling canned fish and beans, despite this being a WFP prohibited good. One retailer reported that if they did not have a good requested by a BF, they were usually able to find it in another retailer establishment locally and make a sale that way.

Compilation of Challenges for retailers

- Bureaucracy and slow WFP repayments leads to dropouts by retailers, re-stocking issues for small and medium sized enterprises (SME)
- No retailers reported problems learning to use PoS devices, however they frequently expressed problems with rollers, manually feeding papers, and the poor longevity of ink, which meant the transaction disappeared in around a week and then could not be used as evidence of the transaction.
- Retailers were frustrated that though the PoS devices gave WFP a database record of transactions, they were still expected to provide slips as verification (and on occasion encountered additional delays in receiving WFP repayments if slips were lost or if the ink was no longer readable).

The PoS devices were returned to WFP and retailers did not continue to deploy them, preferring MMT instead. Retailers were frustrated by the need for the slips, as they were aware that the PoS devices reported the data to WFP. WFP finance teams confirmed that the slips were only really needed as a back-up approach should the PoS device not have accurately recorded on that occasion (often due to connectivity issues), which suggest WFP could have shown more lenience in such cases.

- The retailers agreed that they had gained customers and involvement had boosted sales slightly. However they were unanimous that their greatest challenge was the slow repayment processing times (initially 3 to 4 months and continue to be 1 month delays). For smaller retailers in particular this presented very significant liquidity issues (pay on purchase) that on occasions resulted in their inability to re-stock in time and thus were unable to provide goods to beneficiaries or other clients. The delayed payment issue was reported to have been the main reason for initially selected retailers dropping out from the programme altogether. This not only led to fewer retailers and in one case (Saclepea) only one retailer. When retailer numbers become low, the reduction in competition between suppliers can result in beneficiaries being offered lower quality goods and service/treatment and can have long term consequences on the willingness of retailers to take part in voucher programmes for WFP or other actors in the future.

Compilation of Micro findings on MMT functioning and effectiveness and challenges at local level

- **Approved lists** of beneficiaries were reported by WFP to have been given to MMT operators in the area, however this was not corroborated by the MMT KII[166]. This precautionary measure may not be available when programming achieved at scale and in more mobile populations (MMT operators anywhere in the country could be used). Lonestar nationally reported that they had formed a very effective and efficient Whatsap group for WFP MMT operators which improved problem reporting and response times.
- **MMT preferences/Readiness, Effectiveness and functioning -**In general, beneficiaries in Ganta had a preference for mobile money but expressed concerns re transaction fees. However, Ganta beneficiaries and local authority representatives expressed continuing concerns around MMT operators keeping amounts of money or saying no

[166] It was reported that they had no way of knowing that the people served were CBT Pilot beneficiaries.

Compilation of micro-findings
payments received etc as a reason for preferring other delivery mechanisms. School representatives in Gbolobo (Maryland) and to a lesser degree parents, did not prefer MMT due to prior connectivity and mobile phone ownership and familiarity issues.[167] • Beneficiaries in all areas (including Harper where the mobile money transfer occurred) reported that there were and still remain issues around beneficiaries being able to get access to a 'trusted mobile phone' (to receive project alerts and notifications).
Compilation of challenges
• Inaccuracies in recording mobile phone numbers at registration • Failure to explain to Beneficiaries the importance of only giving mobile phone numbers of highly trusted individuals. • Beneficiaries who were given mobile phones did not receive sufficient awareness/training and remained dependent on others to receive notifications and MMT operators. This increased risk of misuse. • Regular loss/forgetting of PINS (3 attempts, then need to use the Lonestar hotline or feedback through Caritas, school or MoE to alert WFP. Can block access. Sim can also be blocked (largely occurred when the mobile phone numbers registered were not the same name as the registered BF). . Strict on re-setting of passwords and need a direct communication to modify (Lonestar) "the current system does not allow resetting of passwords which can block access and then beneficiary needs to reach out to MTN directly • Occasional network connectivity issues/breaks and some longer occasional electricity outages that caused delays in encashment. Some beneficiaries reported 'SIM problems/blockages' however all beneficiaries reported that as they lived close to town they only had a 10 minute walk so it was easy to go back another time. When SIM card problems were not rectifiable by MMT operative, beneficiaries in Harper reported these to the school authorities (teacher, registrar, admin staff or principal) which the school then passed on to Caritas. Caritas reported that they had no awareness or capacity training and so they passed these problems on to the local WFP field office staff. There was no record keeping or tracking of such problems prior to WFP receiving these complaints. Beneficiaries reported that some complaints were dealt with by WFP staff, but not others. School staff reported that when beneficiaries reported that they had not received payments as the secondary phone number 'owner' had not given them the cash, that they went to speak with the individuals and were sometimes able to resolve the issue through peer pressure as the Harper community is small and people are well known to one another. This would not be the case in larger urban areas or in displacement contexts.
Compilation of micro-findings on effectiveness, benefits and challenges
Effectiveness, Benefits & challenges to schools and authorities (MoE, PTA etc)
• MOE report (Ganta) Main benefit to moE is on impact of school retention figures and that students attend more in hungry months during rains to qualify for THR. • School principals and MoE reported improved attendance within schools (get DATA) and that as children were not hungry they were more attentive and less listless • School authorities and PTA leaders reported community benefits from some HH being better fed. received guidance at registration on Scope platform
Challenges to schools and authorities (MoE, PTA etc)
• Took time from other tasks and used school, personal communications and government resources.
Effectiveness, Benefits to Cooperating Partners (MoE & Caritas)

[167] School authorities and parent/guardians also expressed concerns re In kind, due to fears around delays and seasonal logistical supply problems. Once pros and cons of different modalities and delivery mechanisms were explained, commodity vouchers were preferred.

Compilation of micro-findings
• Received guidance at registration on Scope platform, building capacity for future programming.
Challenges to s Cooperating Partners (MoE & Caritas)
• Took on burdensome WFP role to deal with all detailed communications (beneficiary entitlements, timings of payments, how long, duration etc), and acted as WFPs feedback and complaints mechanism.
Effectiveness, Benefits to Beneficiaries (Students and their Households)
• Parents and students felt it had, increased school enrolment (more so from other schools rather than many young persons not already in school being enticed back into school) and their attendance rates and reduced absence and some school drop out. Also reported to 'give students more strength to come to school' and to 'improve studying' increase concentration and grades as students focus better when not hungry. Those registered Students in harper that actually received the money (where beneficiaries were instructed to dedicate MMT to 'the education of the student') reported benefiting through having the shoes and school uniform to be able to attend school and feel good at school, others reported that the THR cash allowed them to 'stay in school' as their fees were paid and thus they were not sent home. • Benefits from ID – e-Voucher & MMT beneficiaries received a "unique customised ID card" (KII – Lonestar) that can be used for other purposes. • Students themselves reported benefits such as: • Not having to go and look for food (more for girls/women), and boys could eat at home rather than go 'to friends houses' to access food. There may be differential risks involved by gender and age. • Easier to focus on schoolwork when not hungry • Go to school more when they know they will get food at school (wet ration/HGSF) and qualify for THR for food at home. • Food ready sooner after school, so easier to do homework and concentrate
Effectiveness of food ration/Cash transfer value
Quality and suitability
• A combination of nutritional diversity, quality of product and palatability (combination of rice type, age and infestation etc.), conforming with local food norms (amount of oil [500ml only], quality and combination of staple/rice, and lack of protein beans/meat/poultry/fish/vegetable, and taste/condiment salt/pepper/spice.
Transfer value/food quantity effectiveness and family size
• The E-voucher recipients in Nimba and Pleebo & Gbolobo (Maryland) were able to assess the amount of cash transfer value with the quantity of 'food ration' that could be purchased. HH in Harper were encouraged to spend their MMT on educational costs, and thus did not link the amount of the transfer with a ration for a household in any way. Some smaller households of 2 to 3 persons were satisfied with the quantity of cash/rice for their household. However, all households were unanimous that the THR Rice and oil quantities planned (25kg rice, 4 lire oil, 2 kg beans) and received (see box and analysis below) were insufficient for an average household of 5.[168] This was reported to be because prices rose significantly because of shortages during COVID19 Crisis.
Transfer value/food quantity effectiveness and price changes
• Prices rose significantly because of shortages during COVID19 crisis fuel and food price rises that quickly reduced the value of the transfer significantly. Households in more rural/inaccessible locations such as Saclepea (Nimba) and Gbolobo and Pleebo (Maryland), saw their ration/transfer value reduce by half in real terms.
Micro-Findings - CBT THR transfer value variance, in food terms, between locations:
• Varied between school locations dependent on prices (a factor of transport costs and inaccessibility during rainy season and global food price changes): • **Nimba County**– **In Ganta,** which is more accessible, most HHs got 25kg rice [occasionally old, mouldy, infested], 500ml oil, some reported occasionally getting some beans or salt. • **In Saclepea** – mostly got 25kg rice & 500ml oil (but not always) and never got beans or salt at any time.

[168] The THR transfer value was calculated based on the national average family of 5 persons.

Compilation of micro-findings
• **In Maryland County** – In Pleebo, households received 12.5kg of rice and 500ml oil and never got beans or salt at any time. In Gbolobo, most households received a sufficient amount to purchase a 25kg bag of rice after the first instalment, (however, anyone who had registration difficulties were late receiving did not). Further instalments occurred after significant price rises and WFP advised HH to come together to share – so each HH got 12.5kg of rice and only occasionally got 500ml oil and never got beans or salt at any time and had to pay USD 1.5 for transport (or walked and carried).
Micro findings on registration
• **There were differences of opinion amongst beneficiaries as to whether there were problems with the registration process overall** (Ganta said not, elsewhere said yes), and whether there were meetings with beneficiaries that adequately explained the programme, registration etc. (Harper authorities reported a 10-minute meeting was held with beneficiaries to explain the programme, but beneficiaries could not confirm this). In Harper, it was reported that MoE staff observed registration. Caritas reported being involved (Harper & ???) and that they had received some basic (day training for staff and volunteers) guidance from WFP. MoE and school authorities (backed by Caritas) almost always reported that there was no clear guidance for them to communicate the basics of the programme to themselves or BFs, so they did what they thought was right. However, on careful probing, there were several reports of people missing registration. • There were reports that more rural areas such as Saclepea, Pleebo, and Gbolobo, where many of the registered beneficiary HH parents/guardians were resident near farm lands at some distance from the residency of the students (living with 'guardians' near school), and often had less connectivity or technical capacities with phones, to receive messages or hear of registration announcements by word of mouth, and thus failed to attend registration and consequently missed out or had to be registered late etc. Equally these individuals frequently failed to receive or received late notifications that monies had been distributed, and were more likely to fail to redeem vouchers by the expiry date (which they were almost always unaware existed)
Micro-findings on CBT pilot relevance, effectiveness & efficiency & timing –
The CBT THR was particularly relevant for meeting food needs (but not in Harper where MMT beneficiaries were told to use for 'educational purposes') as happened to coincide rainy season and thus ended up becoming more of a 'lean season response'. The CBT showed additional relevance and efficiency as the season when market re-supply issues were greatest. As an example, several KIIs cited Maryland in 2021, when delivering food took more than 3 months, and at times had to be delivered by sea freight at additional cost. The beneficiaries were thus in particular need of assistance as food was in short supply and prices were high. On the surface, this could be interpreted as the programme responding to need in an efficient and timely fashion, and that the use of value vouchers and mobile money for the 4 schools involved in Maryland (and less so for the 2 on metalled roads in Nimba), meant that WFP was saved from the inefficiency of difficult and costly logistics of supplying in kind food. However, the retailers from whom the VV and MMT beneficiaries purchased their goods, were not spared the additional costs and will have attempted to hand these on through price increases (WFP negotiated hard to fix prices with retailers – impacts???). In addition, the timing and efficiency could also be interpreted from a less positive, alternative anticipatory action perspective, whereby, if WFP had designed the THR programme to correspond with not only the time of greatest need (lean season), but also to take advantage of the lower/more beneficial prices prior to the lean season by having early payments (and possibly all in one cycle, or up-front) that further efficiencies could have been achieved. Furthermore, had WFP acknowledged the benefits of preventing crisis sales of household and livelihood assets that can occur when payments are received, earlier rather than later, they may have conceived the overall approach more as a lean season anticipatory response, delivered through a school based platform based or any other community based platform (that may have better included other vulnerability groups such as lone elderly HHs), and identified additional knock on benefits.
Micro-findings on safeguarding, misuse and DNH issues:

Compilation of micro-findings

- Though people (authorities and BFs) reported feeling safe overall whilst taking part in the programme, some parents reported resentment from other HH not selected for the programme, as well as some slight pressure to share. When pressed, students reported that they had also felt pressed and resentment from other students not involved in the programme,
- Example of student with guardian who did not receive share of the food reported.
- Example of where a student accused a guardian of not sharing ongoing assistance when the assistance had ceased and school and Caritas had to intervene to prevent arguments.
- Beneficiaries felt safer and less likely to suffer fraudulent or unfair behaviours from retailers when MoE and Caritas representatives were present at redemption of vouchers in retailers but this cannot be said at MMT operators.
- MoE staff felt pressure and resentment around school and HH selections
- Harper representatives and authorities (PTA, School, MoE) reported no misuse over selection, but reported concerns regarding the monies on shared phones they were unanimous that the main MMT operatives were highly trusted individuals and would not be willing to misuse in such a close nit community where people know each other well and trust is valued.

Micro- findings on Feedback and complaints

- School authorities report that on average only 2 percent of reports to WFP were resolved.
- The THR in-kind programme had a hotline number, which was also open for use by CBT beneficiaries, but they were not aware of this fact. So, though the hotline number was printed on their SCOPE ID cards, the beneficiaries had not been informed that this could be used for the CBT THR, and were generally reluctant to use, preferring local representatives and Caritas (who were not assigned feedback roles in the field level agreement - FLA).
- Most students and parents felt comfortable to report most problems (not protection or misuse related) to teachers, school administration officer, or the school principal. CPs do not appear to have attempted to formalise this arrangement, to ensure documentation and tracking of complaints.
- A small number of students with guardians (Ganta) reported telling their parents if they had problems accessing their entitlements from their guardians (there was no monitoring of this).
- Intra student and intra sibling jealousies - all students selected to receive THR reported some rivalry and jealousies and on occasion bullying behaviours from fellow students and siblings. Some students selected to receive MMT in Harper had increased problems as their parents/guardians interpreted the instruction to 'spend the money on educational purposes' to be specifically for the child selected. In these cases, all the monies were spent on the selected child leading to sibling jealousies and rivalries.
- No students of parents/guardians reported that they were asked 'about whether they had had any problems or felt unsafe'.
- One case of a lost SCOPE card was reported to the ET, and on that occasion, the lost card was reported through Caritas to WFP and the missed entitlement was re-given.
- MMT operators reported to have had cash flow issues in smaller and some locations.

CP Micro-findings on capacities

Caritas Capacity – Caritas in Liberia is strictly divided into separate diocese which operate almost wholly independently. This resulted in WFP having to deal with Caritas Cape Palmas (for Maryland) and Caritas Gbarnga (for Nimba) completely separately, which increased the effort, challenges and reduced efficiency, capacity building burden & opportunities and reduced interagency support and learning opportunities.

Caritas Las Palmas (covering Maryland) were very close to both of the MMT schools in Harper (adjacent East Harper School and only around ?? km from Nathan Barnes school). They report this facilitated much better communications and helped them to identify problems sooner, however they did concede/admit that they did not capture the same degree of problems that occurred (particularly related to registration) at Nathan Barnes school, despite it only being a very short distance away (?? Km), and remained unaware of the scale of the problems there until much later. Caritas Las Palmas were more distant from both schools in Pleebo (?? Km) and the other nearby Pleebo school of Gbolobo (km???). Despite this, Caritas were reported to have maintained a good staff and volunteer presence in communities that was much appreciated by retailers, school authorities and beneficiaries alike. The Cape Palmas team showed signs of strong capacities in general, in assessment, community mobilization, registration awareness raising, feedback and monitoring and had prior CBT experience (through CBT programming with CRS – Catholic Relief Services). It appears that WFP did not acknowledge or capitalize on these skill sets. The ET did not have adequate time with Caritas

Compilation of micro-findings
Gbarnga (covering Nimba). Caritas Gbargna offices were at a distance from the programme areas they were covering (time??/distance km??, to saclepea = ??/????? From ganta and ??? km for saclepea) and showed some signs of having less resources and capacity and limited prior experience of CBT. Both Caritas partners separately identified weaknesses early-on in the process and reported their concerns frequently in person and through reporting and additional documentations.
MoE capacity – MoE reported that there was no assessment of their general or CBT related training needs at any level, and that what orientation in workshops or 'informal awareness sessions/trainings' that did occur, was not sufficient. Field level staff reported specific training needs related to such tasks as photography of beneficiaries and registration good practice in general, POS device use and common challenges, more capacity building on communications and awareness raising of beneficiaries and surrounding communities and some knowledge or forewarning of common pitfalls with CBT. Training in and provision of appropriate technology for more effective and efficient and accurate registration and data management and M&E. As a small group of MoE officers reported "*we are still using paper and pencils and having to go to cafes to write it all up and type it all in and save and send it. This costs us a lot, slows us down and we make more mistakes then we would with the right technology*".

Source: KIIs and FGDs conducted by the ET.

Annex 15. Compilation of data tables supporting findings

Table 28. Breakdown of registered beneficiaries by delivery mechanism and gender

Delivery Mechanism	Number of Registered Beneficiaries		
	Female	Male	Total
E-Voucher (Pleebo)	192 (67 percent)	93 (33 percent)	285
Mobile Money (Harper)	155 (69 percent)	70 (31 percent)	225

Source: Data provided by WFP.

Table 29. Project locations and beneficiaries in Bain Garr and Saclepa – Mah Districts

County	District	Schools	Parent HHs	Girls	Boys	Total
Nimba	Saclepea - Mah	W. R. Tolbert	80	69 (58 percent)	50 (42 percent)	119
	Bain Garr	J. W. Pearson Elem.	244	199 (71 percent)	82 (29 percent)	281
			324	**268**	**132**	**400**

Source: Data provided by WFP; ET has added percentage data to the raw data provided by WFP.

Table 30. Findings from MMT recipient students and parents of East Harper and Nathan Barnes schools

Findings from MMT students from Harper (Nathan Barnes and East Harper Schools combined):
0/10 failed to receive full entitlement
1/10 got three instalments (but final payment was 5USD short so only 40USD in total)
2/10 got two instalments of 15USD (total 30USD). Note- one phone was stolen after second payment, but no feedback action taken.
2/10 got 1 instalment of 15USD
5/10 received no money

2/10 of the students controlled the SIM card (and these were 2 of the 3 that received the payments)	
4/10 get ID card and saw the hotline number but did not know what it was for.	
2/10 had dropped out of school, but returned to school as a result of THR	
10/10 did not complain	
6 out of the 6 students whose HH received cash spent their money on school materials (4/6 on uniform, some on shoes, exercise books, school bags and almost all on school worksheet/handouts)	
SIM & Phone ownership and control	
7/9 Direct family member owned phone (grandparent, parent or student)	
2/10 phones were lost/stolen	
2/10 students controlled the SIM card (both received 2 payments, but one had phone stolen)	
relationship to carer -	
1/10 lives with both parents	
4/10 live with mother (in a FHH)	
3/10 live with a related aunt/uncle (2x Aunty in FHH, 1x lone uncle)	
1/10 live in a grandparent headed household (FHH)	
1/10 live with a sister (27 years old) in a FHH	
8/10 live in a FHH	
Findings from MMT recipient Parents of East Harper and Nathan Barnes Schools:	
4 of 11	Received at or near full entitlement (60USD or more)
5 of 11	received more than 15USD but less than 60 USD
2 of 11	received 15USD or less
10 of 11	got 13.5 USD for each 15USD instalment encashed
0 of 11	received no money
11 of 11	received at least some money
7 of 7	of those who did not get 60USD or more, how many did not complain
	one HH did not get any monies so complained to Caritas who reported to WFP and then received 62USD
	of those who reported/remembered expenditures:
9 of 9	spent some or all on school materials
3 of 9	spent some on school fees
3 of 9	specified that they specifically spent on uniform or shoes etc
2 of 9	said they gave the selected child some of the cash
	Phone arrangements
2 of 10	were given a WFP phone

Source: Primary data collected by the ET through FGDs with students and parents.

Annex 16. Summary of strengths and challenges

Programme strengths/what went well:

- A successful trial of systems and procedures was achieved (arguably the main purpose of the programme), during a crisis (COVID). In general, best practice would be to undertake trial in a nonemergency period/phase.
- Only first time for CBT for some staff, second time for WFP in Liberia where only limited cash achieved previously.
- Assessments and tools used were thorough, though preferences & protection less so.
- FSP and retailor selection successful
- Geographic targeting process was relevant, but schools were really selected for feasibility for successful trail rather than true test of context. (schools in proximity to retailers and connection)
- Coordination with national level government ministries was good, with CP was less than required (unclear roles and coordination), with FSP was good, though double transfer fee not identified nor failures of payments identified and rectified.
- Positives from providing IDs to beneficiaries
- Outcomes on education good
- Modalities and delivery mechanism combination of e-voucher and cash through MMT selected at the design stage suited beneficiary preferences (e voucher was considered less tempting than direct or MMT cash and more discreet than in kind) and geographical contexts well (in terms of access to connectivity or not for MMT). However, once price changes occurred, a commodity voucher would have been preferable to a value voucher.
- Modality and delivery mechanisms selected relevance for/suited to COVID context - in kind reduces agency staff risk, but transfers risk to CP. E voucher has one less transactional requirement than MMT (encashment followed by retailer visit).
- Beneficiaries did not find accessing food through e-vouchers or cash through MMT operators as 'simple' or without risk, however, the presence of MoE and Caritas representatives at retailers reassured and assisted BFs.

Programme Challenges/what went less well:

- Prices of fuel and food stuffs rose significantly most severely impacting more rural households and those at greatest distance from markets. The failure to take price volatility into account or respond to it adequately resulted in significant reductions in rations and considerable disaffection.
- Lack of coordination over ration amounts internally (IK THR and Cash THR were not of same real value) and externally (with other actors in same geographies such as BHA) led to considerable disaffection and threats to life and reputational damage to WFP & CP.
- Complexity of Liberian Households makes targeting and selection challenging – in general (e.g., polygamy) and particularly in areas around schools.
- Use of 1 child as a HH identifier – and failure to adequately explain and publicise led to significant misunderstandings and difficulties for CP and school authorities.
- Some students were not in school when the project was starting and therefore they missed being considered for inclusion (reported Ganta school representatives).
- Some guardians not sharing foods adequately (Ganta)
- Challenges faced – photographs not clear (training requested),
- Insufficient food and poor nutrition when beans were not included.

- Card bar codes wear out (approx. 3 people reported) and fail to make payments – recommendation - communications on card safekeeping practices or card wallets/sleeves or centralised safe keeping (especially in high flood risk areas), however MOE considered there may be administrative and safety issues.
- People being selected and then failing to get cards.
- People not being notified in time to encash/redeem before expiry (see timeliness).
- Inconsistent instalments/cycles – some get cards and no payments; others get up to 7 (some signs that larger number of cycles when parents who are school representatives or PTA leaders).
- Targeting missed vulnerable households without children in grades 4-6.
- Jealousies and resentment between siblings, students, households, schools and communities
- Retailer invoicing challenges – "Late submission of invoices for payment (poor invoicing). WFP ended up having to provide guidance and formats on invoicing. Need to be more careful with scope transactions. Some of the retailers make mistakes in their calculations, rounding up wrongly, typos etc. and so it is difficult to rely on this to issue payments; supply chain persons have to send back to retailers to confirm amounts. WFP need to take the lead and be fast and responsive when transactions are synchronised and give feedback" (WFP KII).
- "Lack of training and CBT experience in MoE and Caritas as well as WFP back then, so steep learning curves all round. Funding cuts led to office closures (Maryland) where some staff kept or lost. The constant lack of job security means people accept other offers" (WFP KII).

Glossary of key terminology

Know Your Customer (KYC) usually refers to the information that the local regulator requires **financial service providers (FSPs)** to collect about any potential new customer to discourage financial products being used for money laundering or other crimes. KYC rules apply **customer due diligence** to the task of screening and verifying prospective clients. Some countries allow FSPs greater flexibility than others as to the source of this information, and some countries allow lower levels of information for accounts that they deem to be 'low risk'. This 'risk-based' approach is recommended by the institutions setting international standards on these matters (e.g., the Financial Action Task Force (FATF)). CALP Network (30/5/24)

Acronyms

Cash-based transfers	CBT
Cash Working Group	CWG
Beneficiary	BF
Decentralized evaluation quality assurance system	DEQAS
Evaluation committee	EC
Evaluation manager	EM
Evaluation reference group	ERG
Evaluation Team	ET
Electronic Voucher	EV
Financia Service Provider	FSP
Food and Agriculture Organization	FAO
Gender equality and empowerment of women	GEWE
Household	HH
Know Your Customer	KYC
Long-term agreements	LTAs

Ministry of Agriculture	MOA
Ministry of Education	MOE
Ministry of Gender, Children and Social Protection	MOGCSP
Mobile money transfer	MMT
Non-governmental organizations	NGOs
Office of Evaluation	OEV
Quality support	QS
Regional Bureau	RB
Terms of reference	TOR
UN Department of Safety & Security	UNDSS
United Nations	UN
United Nations Children Educational Fund	UNICEF
United Nations Development Programme	UNDP
United Nations Evaluation Group	UNEG
World Food Programme	WFP

WFP Liberia Country Office

https://www.wfp.org/countries/liberia

World Food Programme

Via Cesare Giulio Viola 68/70
00148 Rome, Italy
T +39 06 65131 **wfp.org**