Evaluation of Cash Based Transfer Modalities to safeguard Syrian Refugee’s Resilience
Proposal for a joint project

17 November 2015
WFP aims to safeguard Syrian refugee's resilience by optimizing effectiveness of CBT modalities

Starting point

• WFP is providing food assistance to ~533,000 Syrian refugees in Jordan (10-20 JOD per person monthly) in camps and communities
• Assistance is delivered by e-vouchers (restricted to food items) which can be used at 88 retailers
• Emerging humanitarian aid research is suggesting unconditional cash transfers as an effective and efficient way to deliver assistance, but findings are not specific to Jordan situation
• WFP Jordan and its donors are currently evaluating if aid modality should include unconditional cash-transfers in addition to e-vouchers
• To enable fact-based decision-making for modality choice, WFP is commissioning an objective study

Objectives of the project

Improve Syrian refugees' resilience (food security & other basic needs) by identifying the optimal assistance modalities

Understand effectiveness of food-restricted e-vouchers and unconditional cash transfers in improving resilience and its conditionality

Create transparency around cost efficiency of delivery mechanisms and systems

Enable WFP and its donors to have data-backed discussions regarding suitable modality

Project results serve as decision basis for future modality (mix)

Source: Stakeholder interviews, BCG
Refugee's resilience is determined by food security and other basic needs

Children's education  Food security

Access to healthcare  Save shelter & utilities

Source: Stakeholder interviews, BCG
Need to understand how different assistance modalities impact food security and other basic needs

<table>
<thead>
<tr>
<th>Input</th>
<th>Output</th>
<th>Impact - Resilience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance via one of the three modalities</td>
<td>Spending patterns</td>
<td>Children's education</td>
</tr>
<tr>
<td>E-voucher</td>
<td>• Food items</td>
<td>Food security</td>
</tr>
<tr>
<td>Cash</td>
<td>• Non-food items</td>
<td>Access to healthcare</td>
</tr>
<tr>
<td>Choice of cash / e-voucher</td>
<td>• Rent &amp; utilities</td>
<td>Save shelter &amp; utilities</td>
</tr>
<tr>
<td></td>
<td>• Healthcare</td>
<td></td>
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<tr>
<td></td>
<td>• Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Debt repayment</td>
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<tr>
<td></td>
<td>Mediator/moderator variables</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Accessibility of PoS/ATM</td>
<td></td>
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<td></td>
<td>• Intra-household dynamics</td>
<td></td>
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<tr>
<td></td>
<td>• Protection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Migration attitude</td>
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</tbody>
</table>

Research uncovers changes in output, but also impact on refugees' overall basic needs

Source: Stakeholder interviews, BCG

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We have heard pros & cons for cash transfers vs. e-vouchers

**Pros for cash**

- Purchasing power higher for beneficiaries
  - Shorter travel to shops
  - Enables to buy cheaper from smaller sellers

- Enables flexibility to buy other critical non-food items and services
  - Doesn't need to resell food at discount prices
  - Reduces negative coping strategies

- Supports beneficiary dignity

- Syrians are cash and nutrition literate

- Broader effect on local markets, e.g. small retailers get business

- Donors support and are moving towards cash

**Cons for cash**

- Deviation of cash away from food assistance
  - Using cash for "unwanted" items (e.g. tobacco)
  - Cash may go to debt or rent payments

- Intra-family dynamics (gender) – males taking cash assistance from females who are more nutrition focused

- ATM availability problematic in some areas

- Collaborating retailers will lose some business

- Government might oppose because of informal economy and philosophical issues

- Less targeted to WFP's mandate

Source: Stakeholder interviews, BCG
Refugees' resilience as core decision criterion – two additional themes impacting WFP's decision re. assistance modality

**Decision**

**Which assistance modality is to be used?**
- E-vouchers
- Cash
- Combination of e-vouchers and cash

**Effectiveness for refugees' resilience**

**Which modality is best serving refugees to maintain their resilience?**

- Food security: FCS, Dietary diversity, consumption coping strategies
- Other basic needs: Health, education, accommodation, livelihood coping strategies
- Purchasing power & efficiency for beneficiaries: Beneficiaries’ PP (e.g., access to PoS/ATM, travel cost, avail. low cost vendors)
- Protection & gender: Intra-household dynamics, security
- Beneficiary preferences: Beneficiaries' preferences on modality (e.g., dignity)

**Efficiency**

**Is the assistance delivered as cost-efficient as possible?**

- Procurement & distribution: Cost of providing assistance
- M&E: Cost of monitoring and evaluating assistance

**Externalities**

**What impact assistance has beyond refugees?**

- Impact on partners: Implications for FS provider, retailers, implementation partners
- Impact on migration attitude: Implications on migration plans (from commun. to camps, back to Syria, to Eur.)
- Impact on local communities: Perception of fairness, hostility towards refugees
- Impact on local market: Changes on supply, demand and prices in food markets

Source: Stakeholder interviews, BCG

Primary focus: Not in main focus of this study

Secondary focus: Draft—for discussion only
Key questions this project needs to address

Effectiveness for refugees’ resilience

• What is the impact on food security outcomes between cases that receive cash transfers, households that are provided e-vouchers for use at WFP-selected shops and those that have the choice of delivery mechanism?
• What is the impact on other basic needs between cases that receive cash transfers, cases that are provided e-vouchers for use at WFP-selected shops and those that have the choice of delivery mechanism?
• How efficiently (maximizing purchasing power) can cases achieve food security in the three groups?
• What impact does the introduction of cash or a choice of cash and vouchers have on intra-household dynamics and how does this impact food security and other basic needs?
• What impact does the introduction of cash or a choice of cash and vouchers have on protection issues and how does this impact food security and other basic needs?
• Which modality is preferred by beneficiaries?

Efficiency for WFP

• What impact does the introduction of cash or a choice of cash and vouchers have on the efficiency of the delivery systems and mechanisms for WFP?
• How does the efficiency of WFP CBT delivery compare to other organizations?
• Are any other delivery mechanisms to be considered?
• How can WFP create transparency around the efficiency of modalities to external stakeholders?

Externalities

• What impact does the introduction of cash or a choice of cash and vouchers have on partners, e.g. financial institutions, retailers?
• Does modality impact refugees' migration attitudes?

Source: Stakeholder interviews, BCG
Project approach
Project plan, activities and deliverables
Proposed project plan

1. Scoping mission
   - Project proposal
2. Literature review and baselining
   - Systemize existing research findings
   - Understand refugee situation & trends
3. Hypothesis generation
   - Stakeholder & key informant interviews
   - Qualitative beneficiary research
   - Hypotheses set
4. Quantitative baseline (FSOM)
   - Align research needs, sample and questionnaire with FSOM
   - Data collection with FSOM
   - Data analysis

1. Baseline & hypotheses
2. Design and align quantitative research
   - Test design
   - Sample definition
   - Questionnaire & alignment with other research
3. Preparation quantitative research
   - Selection of agency for data collection
   - Programming of survey
   - Training of enumerators
4. Operational planning & set-up of pilot
   - Definition of requirements
   - Alignment w/ stakeholders
   - Communication material

1. Pilot set-up & PDM design
2. Post-distribution measurem.
   - Sensitization of beneficiaries
   - Roll-out of treatment gr.
   - Shop monitoring
   - Retailer interviews
   - Partner interviews etc.
3. Monitoring
   - Qual. beneficiary research
   - Quant. beneficiary res.
   - Data analysis
4. Post-distribution measurem.

1. Strategy formulation for CBT
   - incl. M&E approach
2. Detailed roll-out plan
3. Fundraising proposal

1. Robust set of hypotheses generated & baseline completed
2. Pilot & quantitative research ready to be rolled out
3. Pilot implemented
   - Research results analyzed
   - Efficiency compared
4. Strategy agreed

Activities

1.1 Scoping mission
1.2 Project proposal
1.3 Literature review and baselining
1.4 Hypothesis generation
1.5 Quantitative baseline (FSOM)
2.1 Design and align quantitative research
2.2 Preparation quantitative research
2.3 Operational planning & set-up of pilot
2.4 Efficiency comparison
3.1 Pilot going life
3.2 Monitoring
3.3 Post-distribution measurem.
4.1 Strategy formulation for CBT
4.2 Detailed roll-out plan
4.3 Fundraising proposal

Results

1. Project plan agreed
2. Robust set of hypotheses generated & baseline completed
3. Pilot & quantitative research ready to be rolled out
4. Pilot implemented
   - Research results analyzed
   - Efficiency compared

Efficiency
## Phase 1: Baseline and hypotheses

### Activities

<table>
<thead>
<tr>
<th>1.1 Literature review and baseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Systemize existing relevant research findings on effectiveness and success factors of CBT</td>
</tr>
<tr>
<td>• Understand refugee situation &amp; trends; e.g. document demographics, scale, existing assistance programs, role of WFP assistance etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1.2 Hypothesis generation</th>
</tr>
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<tbody>
<tr>
<td>• Interview stakeholders and key informants to understand the refugees' situation and modalities' pros &amp; cons (e.g., field workers, retailers, FS provid.)</td>
</tr>
<tr>
<td>• Conduct qualitative beneficiary research to understand refugees' situation, needs and preferences (~4-6 focus groups, ~10 household interviews)</td>
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<tr>
<td>• Develop robust set of hypotheses along theory of change</td>
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</table>

<table>
<thead>
<tr>
<th>1.3 Quantitative baseline (FSOM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Align research needs, sample definition and questionnaires between evaluation and FSOM</td>
</tr>
<tr>
<td>• Identify additional information to be collected and integrated into the FSOM; e.g. preference of modality, other basic needs</td>
</tr>
<tr>
<td>• Collect data on current status of food security outcomes among vulnerable and extremely vulnerable cases with the FSOM in December 2015</td>
</tr>
<tr>
<td>• Analyze data collected in communities in four governorates with respect to food security, spending patterns and coping strategies etc.</td>
</tr>
</tbody>
</table>

### Deliverables

<table>
<thead>
<tr>
<th>Overview of relevant CBT studies and effects prepared</th>
</tr>
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<tbody>
<tr>
<td>Starting situation and trends mapped</td>
</tr>
<tr>
<td>Qualitative research completed</td>
</tr>
<tr>
<td>Hypotheses on modalities' effectiveness, efficiency and external impacts detailed</td>
</tr>
<tr>
<td>FSOM survey instruments aligned</td>
</tr>
<tr>
<td>Baseline data collection completed</td>
</tr>
</tbody>
</table>
Interview stakeholders and key informants to understand the modalities' pros and cons

1. Interviews to be started with aid organizations on the ground ...

   - WFP & impl. partners
     ~6 interviews with WFP sub-offices (Head of SO, field staff) and with implementing partners' field staff
     • Current situation and assistance
     • Refugees' challenges (food security and other basic needs)
     • Optimal assistance structure for refugees
     • Current intra-household dynamics
     • Refugees' preferences for modality
     • Changes of cash to 1) beneficiaries, to 2) administering assistance

   - Other aid orgs.
     ~3-5 interviews – with UNHCR, Mercy Corps, and other organizations with cash program in Jordan / region
     • Program set-up, operations and focus
     • Refugees' challenges (food security and other basic needs)
     • Intra-household dynamics with cash
     • Refugees' preferences for modality
     • Optimal assistance structure for refugees
     • Best practices in providing cash

2. ... followed by other partners & involved

   - Retailers
     ~4 interviews with retailers by location and size: 1 chain store (urban), 1 independent (urban), 2 rural
     • Beneficiaries' challenges & preferences
     • Effect of cash transfers on retailer

   - FS provider
     1 Ahli Bank manager
     • Current challenges with program
     • Changes to operations with cash

   - Non-Syrians in comm.
     4 community elders or officials – 1 from each of the 4 governorates: stratified by size of community
     • Impact of refugees' presence
     • Pros/cons of voucher and cash transfers from community's point of view

1. Save the Children and ACTED
Specify and test hypotheses with beneficiary research after interviews

<table>
<thead>
<tr>
<th>Design</th>
<th>Key topics</th>
</tr>
</thead>
</table>
| • Separate focus groups for women and men with 5-10 participants each  
  • Separate groups for vulnerable and extremely vulnerable beneficiaries  
  • 4-6 groups in total | • Food security vs. other basic needs  
  • Decision patterns on use of assistance  
  • Purchasing power  
  • Preference for modality  
  • Coping strategies |
| • Head of the case; if case is male headed also interview woman  
  • Other adult household members if applicable  
  • ~ 5 interviews in each group (vulnerable and extremely vulnerable) | • Decision patterns on use of assistance  
  • Coping strategies  
  • Pooling assistance within households  
  • Intra-household dynamics  
  • Intentions to migrate |

Focus group discussions (beneficiary)

Household interviews

To be detailed after stakeholder interviews
The December 2015 FSOM to be leveraged as baseline for status of FS outcomes

The FSOM already covers many research themes

<table>
<thead>
<tr>
<th>Category</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food security</td>
<td>FCS, Dietary diversity, consumption coping strategies</td>
</tr>
<tr>
<td>Other basic needs</td>
<td>Health, education, accommodation, livelihood coping strategies</td>
</tr>
<tr>
<td>PP &amp; efficiency for beneficiaries</td>
<td>Beneficiaries’ PP (e.g., access to PoS/ATM, travel cost, availability of low cost vendors)</td>
</tr>
<tr>
<td>Protection &amp; gender</td>
<td>Intra-household dynamics, security</td>
</tr>
<tr>
<td>Beneficiary preferences</td>
<td>Beneficiaries’ preferences on modality (e.g., dignity)</td>
</tr>
</tbody>
</table>

Some additional information to be included – To be discussed

Impact to basic needs more comprehensively
- Children's education
- Access to healthcare
- Safe shelter and utilities

Purchasing power & efficiency for beneficiaries in mode detail
- Distance and cost of travel to redeem assistance
- Access and use of low cost vendors

Additional variables
- Amount and modality of assistance from other organizations
- Setup of household vs. cases

Different samples, but sampling criteria (esp. regions) to be aligned between studies!
### Phase 2: Pilot set-up and design of post-distribution measurement

#### Activities

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1</strong> Design and align quantitative post-distribution measurement</td>
<td></td>
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</tbody>
</table>
  - Design methodology for quantitative research  
  - Draw sample based on cases (consider size, randomization, control variables)  
  - Develop questionnaire and align content with FSOM and CFSME |
| **2.2** Preparation for quantitative research |  
  - Select agency to conduct data collection  
  - Program questionnaire in survey tool  
  - Train survey agency’s enumerators for conducting data collection |
| **2.3** Operations planning and set-up of pilot |  
  - Define requirements for assistance modalities  
  - Align operations with stakeholders (FS provider, retailers, partners)  
  - Prepare communication of modality changes for beneficiaries |

#### Deliverables

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research design and analytical framework agreed; Survey questionnaire finalized, aligned and tested</strong></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Data collection partner contracted and enumerators trained and ready for mobilization</strong></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Pilot ready to be rolled out</strong></td>
<td>✓</td>
</tr>
</tbody>
</table>
Three transfer modalities in communities assessed in control-group design

### Baseline

<table>
<thead>
<tr>
<th>Qualitative</th>
<th>Quantitative (FSOM)</th>
</tr>
</thead>
</table>
- Understand context, current situation, pros/cons
- Uncover preferences, intra-HH dynamics

### PDM 1

<table>
<thead>
<tr>
<th>Monitoring (to understand contextual changes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualitative</td>
</tr>
</tbody>
</table>
- Assess differences in spending patterns across 3 groups
- Compare modalities' effectiveness for FS & other basic needs
- Assess influence of mediator variables, e.g. distance to PoS/ATM, intra-HH dynamics, protection, migration attitude etc.

### PDM 2

<table>
<thead>
<tr>
<th>Qualitative</th>
<th>Quantitative</th>
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</thead>
</table>
- Confirm stability of results and capture possible long-term effects
- Predominantly use qualitative methods to assess mediator effects
- Supplement with quant. on food security and other basic needs

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1. Food Security Outcome Monitoring
   Abbreviations: PDM – Post Distribution Measurement

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For quantitative PDM, randomized sample to support control group design covering both vulnerability groups

**Sampling methodology**

- Syrian refugee population in communities
- 4 most populous governorates: Al Balqa, Al Mafraq, Amman, Irbid
- Vulnerability levels: Vulnerable and extremely vulnerable groups
- Randomized sampling in groups: 3 treatment groups (e-voucher, cash, choice) in each vulnerability group

**Additional segmentation variables to be collected for analysis**

- Location (rural, mid-size or big city)
- Gender of case head
- Demographics (age, education, wealth)
- Household set-up (case vs. HH)
- Size of household
- Other assistance received

### Vulnerability levels

<table>
<thead>
<tr>
<th></th>
<th>E-voucher</th>
<th>Cash</th>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable</td>
<td>250¹</td>
<td>250</td>
<td>250</td>
</tr>
<tr>
<td>Extremely vulnerable</td>
<td>250</td>
<td>250</td>
<td>250</td>
</tr>
</tbody>
</table>

¹ Number of cases potentially to be higher in the PDM1 to account for attrition (migration etc.)
Survey instruments are to be aligned with tools employed in other WFP studies

Two relevant surveys help set baseline: FSOM and CFSME

- Asses level of food security and vulnerability of beneficiaries
- 2015 study in light of reduction in the quantity and predictability of humanitarian assistance, removal of the free health care and enforcement of the employment regulations
- Latest data collection: March – May 2015

Food Security Outcome Monitoring (FSOM) (Dec. 2015 & 2016)
- Regional study, Jordan as pilot
- Measure the food assistance outcomes of both beneficiaries and non-beneficiaries to compare changes over time and assess impacts of WFP food assistance
- Quarterly updates in camps and communities
- First data collection: Dec. 2015

Standard questions will be leveraged – Examples

Food Consumption Score (FCS)
Yesterday, how many meals were eaten by your family?

Dietary diversity
Over the last 7 days, how many days did your case consume the following foods? (cereals, fruits, meat, ..)

Consumption coping strategies
In the past 30 days, has your case applied any of the below strategies to meet basic food needs?

Basic needs
If there was a medical need, were you or any of your case members able to access public hospitals/clinics in the past six months?

etc.

The December 2015 FSOM to be leveraged as baseline for status of FS outcomes
## Phase 3a: Pilot, monitoring & post-distribution measurement

### Activities

<table>
<thead>
<tr>
<th>3.1 Pilot going life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitize beneficiaries participating in the study on any changes to the delivery and shopping/cash withdrawal opportunities</td>
</tr>
<tr>
<td>Roll-out delivery in three groups to randomly selected vulnerable and extremely vulnerable beneficiaries in selected regions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.2 Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Align monitoring activities with on-going WFP and partner monitoring</td>
</tr>
<tr>
<td>Observe cash and e-voucher distributions and shopping process at the retailer</td>
</tr>
<tr>
<td>Partner interviews to assess their observations and understanding of the transfer process</td>
</tr>
<tr>
<td>Market price monitoring to understand potential changes to prices due to study</td>
</tr>
<tr>
<td>Track refugees' spending/withdrawal patterns by frequency, amount, if possible product groups etc. and capture changes in use of different modalities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.3 Post-Distribution measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey six treatment groups to assess quantitative main effects on output and impact variables</td>
</tr>
<tr>
<td>Conduct focus group discussions with cash and choice beneficiaries to assess preferences, effectiveness and conditions of success</td>
</tr>
<tr>
<td>Conduct household interviews with cash and choice beneficiaries</td>
</tr>
<tr>
<td>Retailer interviews to understand the purchase behavior</td>
</tr>
<tr>
<td>Data analysis</td>
</tr>
</tbody>
</table>

### Deliverables

- Pilot implemented
- Proper implementation of treatment groups ensured
- Insight of field staff captured
- Objective data on card utilization captured
- Effectiveness of cash vs. voucher vs. choice and conditionality assessed
Monitoring focuses on four areas, covering program implementation and long-term effects

**Type of monitoring**

**Program implementation**
- Check beneficiaries (visit & discuss) understood and employ new modality options
- Touch point with FS provider after first few weeks that IT infrastructure works properly
- Contact retailers to discover operational problems with modality change

**Market price monitoring**
- Continue on-going market price monitoring to capture possible changes
- *Covered by regular WFP & partner monitoring*

**Implementing partners’ field force**
- Get periodical insights on refugees’ practices on cash and voucher use
- Understand feedback from community and others on cash transfers

**Purchase pattern monitoring**
- Track refugees’ spending/withdrawal patterns by frequency, amount, if possible product groups etc.
- Capture changes in use of different modalities

**Method**
- Interviews, HH visits & site visits
- Site visits
- Interviews
- Electronic data
PDMs assess impact of different assistance modalities on food security and basic needs – as well as moderating effects

<table>
<thead>
<tr>
<th>Sources</th>
<th>PDM 1</th>
<th>PDM 2</th>
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</thead>
<tbody>
<tr>
<td>Survey</td>
<td>• Differences in category spendings across 3 gr.</td>
<td>• Confirm stability of results and capture possible long-term effects</td>
</tr>
<tr>
<td>of 6 treatment groups</td>
<td>• Effectiveness for FS &amp; other basic needs</td>
<td></td>
</tr>
<tr>
<td>Purchase pattern monit.</td>
<td>• Spending/withdrawal patterns by frequency, amount, if possible product groups etc.</td>
<td></td>
</tr>
<tr>
<td>of 6 treatment gr.</td>
<td>• Changes in use of different modalities</td>
<td></td>
</tr>
<tr>
<td>Focus groups</td>
<td>• Utilization of assistance and differences vs. vouchers</td>
<td></td>
</tr>
<tr>
<td>Cash &amp; Choice: 4 gr. each (sex x vuln.)</td>
<td>• Impact on purchasing power, coping strategies</td>
<td></td>
</tr>
<tr>
<td>HH interviews</td>
<td>• Intra-HH decision patterns and protection issues</td>
<td></td>
</tr>
<tr>
<td>Cash &amp; Choice: 5-8 interviews each</td>
<td>• Preference for modality</td>
<td></td>
</tr>
<tr>
<td>Retailer interviews</td>
<td>• Spending/withdrawal patterns by frequency, amount, if possible product groups etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Changes in use of different modalities</td>
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<td></td>
<td>• Decision patterns on use of assistance &amp; coping strateg.</td>
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<td></td>
<td>• Intra-household dynamics &amp; intra-HH pooling of assist.</td>
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<tr>
<td></td>
<td>• Intentions to migrate</td>
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<tr>
<td></td>
<td>• Differences in purchase behavior at retailers between treatment groups: frequency, amount, type of products</td>
<td></td>
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</table>

Different methodologies contribute to an holistic picture of the effects

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## Phase 3b: Efficiency comparison of delivery mechanisms

<table>
<thead>
<tr>
<th>Activities</th>
<th>Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.4 Compare efficiency of delivery mechanisms (e-vouchers, cash, choice)</strong> from WFP perspective</td>
<td><strong>Omega value of e-vouchers, cash and choice assessed</strong></td>
</tr>
<tr>
<td>• Assess nutritional value efficiency with Omega+ tool taking into account cost structure (e.g., procurement, distribution, M&amp;E, etc.)</td>
<td><strong>Communication plan with key messages for efficiency drafted</strong></td>
</tr>
<tr>
<td>• Compare the efficiency of WFP CBT delivery to that of other organizations</td>
<td></td>
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</tbody>
</table>

**Develop external communication approach**

• Create transparency around efficiency of WFP CBT modalities and engage external stakeholders
Efficiency comparison of delivery mechanisms based on the Omega+ tool

**Approach**

Omega+ tool calculates efficiency of a modality comparing nutrient value to full cost

\[
\Omega = \begin{array}{c}
\text{Nutrient value score (cash)} \\
\text{Full cost (cash)}
\end{array} - \begin{array}{c}
\text{Nutrient value score (voucher)} \\
\text{Full cost (voucher)}
\end{array}
\]

- **Nutrient value score** is calculated for a food basket tailored on local diet
- **Full cost** takes into account not only commodity cost but also administrative and transportation costs

**Outcomes**

Comprehensive Excel tool compares efficiency of modalities and baskets ...

... and enables choice of optimal solution for most efficient delivery

Need to reflect not only procurement and distribution cost, but also cost for M&E
Need to develop communication approach to create transparency around the efficiency of cash and vouchers

<table>
<thead>
<tr>
<th>Define target group</th>
<th>Detail message</th>
<th>Develop communication plan</th>
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<tr>
<td>Discuss and agree on WFP external stakeholders</td>
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<tr>
<td>• Donors</td>
<td>Agree on relevant information to be shared, such as</td>
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<td>• Government</td>
<td>• Importance of efficiency</td>
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<tr>
<td>• Implementing partners</td>
<td>• Approach for determining</td>
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<td>• Retailers</td>
<td>• Results achieved per modality</td>
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<tr>
<td>• Media</td>
<td>Align message with WFP mandate and strategy</td>
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<tr>
<td>Agree on priority groups and their information needs</td>
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<td>Create communication material</td>
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<td>Tailor message for each external target group</td>
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<td>Agree on where / how to disseminate the message, e.g.</td>
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<tr>
<td>• WFP web page</td>
<td>Create a timeline with milestones on when to communicate</td>
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<tr>
<td>• Stakeholder meetings</td>
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<td>• Press releases</td>
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## Phase 4: Strategy and implementation preparation

<table>
<thead>
<tr>
<th>Activities</th>
<th>Deliverables</th>
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<tbody>
<tr>
<td><strong>4.1 Strategy formulation for WFP food assistance through cash-based transfers (CBT) for Syrian refugees</strong></td>
<td>Strategy developed and agreed with relevant WFP stakeholders</td>
</tr>
<tr>
<td>- Derive implications from research for utilization of modalities</td>
<td>✓</td>
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<tr>
<td>- Develop strategic cornerstones of CBT program going forward; e.g. for which groups and in which conditions is which modality transferable,</td>
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<tr>
<td>- Detail M&amp;E approach for modalities</td>
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<tr>
<td><strong>4.2 Detailed roll-out plan</strong></td>
<td>Implementation plan defined</td>
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<tr>
<td>- Develop detailed roll-out plan with activities as well as roles &amp; responsibilities for a potential change in delivery modality</td>
<td>✓</td>
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<tr>
<td>- Define timeline and milestones</td>
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<tr>
<td><strong>4.3 Fundraising proposal</strong></td>
<td>Fundraising proposal developed and vetted with potential donors</td>
</tr>
<tr>
<td>- Translate the strategy and the roll-out plan into a funding proposal</td>
<td>✓</td>
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<tr>
<td>- Discuss the suggested strategy and approach with donors</td>
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</tbody>
</table>
Strategy framework to be based on initially defined decision criteria

Refugee needs

Jordan EMOP mission principles

Effectiveness & its conditions
- Which beneficiaries receive food assistance via which delivery mechanism to ensure food security and other basic needs?
- What are the conditions for effectiveness; e.g. location, HH dynamics etc.?

Efficiency
- What delivery systems and mechanisms are most efficient for WFP?
- How can WFP best communicate efficiency of modalities to external stakeholders?

Externalities
- What are effects on other stakeholders and partners, e.g. financial institutions, retailers?
- Does the choice of modality impact on refugee migration flows?

Operating model (e.g. partnership approach, M&E systems, etc.)
Detailed roll-out plan to ensure smooth implementation of strategy and operating model

Implementation planning

- **What**: Definitions of modules to implement potential change
- **Who**: Define roles & responsibilities of WFP team members and partners
- **When**: Define timeline and key milestones

Ensure successful implementation of modality change and ensure food security and other basic needs are met throughout change period

Strategy and implementation plan to be summarized in a fundraising proposal
Project setup
Timeline, team, and resource requirements
Proposed timeline over seven months

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<tr>
<th>Preparations</th>
<th>Nov</th>
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Source: BCG
Key interactions with Steering Committee and Sounding Board to be planned

**Steering Committee**

*Project steering and key decision body*

- Agree on hypotheses set
- Agree on design for quant. research
- Sign-off on planning for pilot
- Update SC on approach for PDM
- Review pilot kick-off and initial monitoring results
- Review efficiency comparison
- Present first results from PDM1
- Agree on implications
- Discuss next steps for last project phase
- Agree on strategy
- Agree on M&E approach
- Agree on roll-out plan
- Agree on fund-raising approach

**Sounding Board**

*Advisory role*

- Present first results from interviews and qualitative research
- Discuss preliminary set of hypotheses
- Seek input and buy-in
- Inform about pilot kick-off
- Present and discuss research design and approach to quant. research
- Present and discuss first results from PDM1
- Seek input and buy-in on implications
- Present and discuss results from PDM2
- Seek input and buy-in on implications and strategy
Proposed project organization

Steering committee

Jonathan Campbell
Mageed Yahia
Kenn Crossley

Heino Meerkatt
Jad Bitar

Project leader

Haya Abassi
Frauke Uekermann

Project team

WFP
- Program/CBT team
- M&E team
- Sub-offices

Research agency
- Prep quant research
- Data collection

BCG Consultants
- Jaakko Tåtilä
- Sara Al Omran (as of Dec. 6)

Sounding Board

Key donors
Implementing partners
Partner agencies

BCG experts

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## Close involvement of WFP teams required

### High-level overview of WFP resource needs

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Baseline &amp; hypotheses</th>
<th>Pilot set-up &amp; PDM design</th>
<th>Pilot, monitoring &amp; PDM</th>
<th>Strategy</th>
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<td>Scoping mission</td>
<td>Literature review and baselining</td>
<td>Design and align quantitative Post-distribution measurement.</td>
<td>Pilot going life</td>
<td>Strategy formulation for CBT</td>
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<td>Detailed roll-out plan</td>
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<td>Fundraising proposal</td>
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<td>Quantitative baseline (FSOM)</td>
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<td>Outside-in – to be verified</td>
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</table>

- Support with WFP available data: M&E, CBT teams
- Contact to stakeholder & key informants: CBT, Sub-offices
- Qualitative beneficiary research: M&E
- Alignment and data collection: M&E
- Interface to agency for data collection: M&E
- Definition of requirements, alignment w/ stakeholders and prep of communication material: CBT
- Sensitization of beneficiaries & roll-out start: CBT, Sub-offices
- Alignment with ongoing monitoring: M&E, Sub-offices
- Interface to agency for data collection and alignment: M&E
- Provision of data, alignment of assumptions: CBT

---

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Draft—for discussion only
## Proposed BCG capacity planning

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<th>Week</th>
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### Partner (incl. experts)

- Week 46-52: 100%
- Week 53: Not applicable
- Week 1-2: 100%
- Week 3-4: Not applicable
- Week 5-6: Not applicable
- Week 7-8: Not applicable
- Week 9-10: Not applicable
- Week 11-12: Not applicable
- Week 13-14: Not applicable
- Week 15-16: Not applicable
- Week 17-18: Not applicable
- Week 19-20: Not applicable
- Week 21: Not applicable

### Project Leader

- Week 46-52: 100%
- Week 53: Not applicable
- Week 1-2: 100%
- Week 3-4: 100%
- Week 5-6: 50%
- Week 7-8: Not applicable
- Week 9-10: Not applicable
- Week 11-12: Not applicable
- Week 13-14: Not applicable
- Week 15-16: Not applicable
- Week 17-18: Not applicable
- Week 19-20: Not applicable
- Week 21: Not applicable

### Consultant

- Week 46-52: 100%
- Week 53: 200%
- Week 1-2: 100% (tbd)
- Week 3-4: 200%
- Week 5-6: 100%
- Week 7-8: Not applicable
- Week 9-10: Not applicable
- Week 11-12: Not applicable
- Week 13-14: Not applicable
- Week 15-16: Not applicable
- Week 17-18: Not applicable
- Week 19-20: Not applicable
- Week 21: Not applicable
## Immediate next steps

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<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>When</th>
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<tbody>
<tr>
<td>Alignment call between WFP and BCG</td>
<td>Jonathan, Haya, Jad, Frauke</td>
<td>Nov. 19</td>
</tr>
<tr>
<td>Set-up and prepare stakeholder interviews with WFP staff, implementation partners and organizations providing cash transfers in Jordan</td>
<td>Jaakko, Frauke, WFP</td>
<td>Nov. 23-26</td>
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<td>Align quantitative input for FSOM</td>
<td>Jaakko, Frauke &amp; Isra, Claudia</td>
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<tr>
<td>Reach out to WFP Lebanon to discuss participation</td>
<td>Jonathan</td>
<td>asap</td>
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<td>BCG team back to Amman</td>
<td>Jaakko, Frauke</td>
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</table>
Thank you