BritishRedCross

Operational Learning from the Lebanese Red Cross Cash-for-Basic-Needs Programme

Learning Paper 1 of 4: Modality Selection Framework

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This is one of a set of four learning papers developed by the British Red Cross in collaboration with the Lebanese Red Cross following a four-year cash-programming capacity-building programme with LRC. They are a summary look at certain topics aimed at cash practitioners, which can be adapted for different contexts. The following focus areas are available:
1. Modality selection framework
2. Tendering for third-party service providers
3. Using national third-party financial service providers
4. Managing funds from Red Cross Red Crescent partners

This paper centres on the process and challenges that led to the development of the Modality Selection Framework toolkit to support National Societies in making evidence-based decisions on the best modality for the delivery of relief assistance.

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Introduction

What is the Modality Selection Framework (MSF) and why was it developed?

The objective of the MSF toolkit is to better understand people's needs and how to best meet them using evidenced based decision making to determine if cash, in-kind, services or a combination are the most appropriate method for delivery of assistance. The MSF was designed collaboratively with the Lebanese Red Cross in order to support their decision making regarding which modality or combination of modalities would be the most appropriate in a given location/scenario. The toolkit consists of a decision tree (see Figure 1) and linked data collection and analysis tools for the assessment of needs and preferences, access to markets and services, operational feasibility and organisational capacity. The analysed data is fed directly into key points in the decision tree in order to support evidence-based decision making.
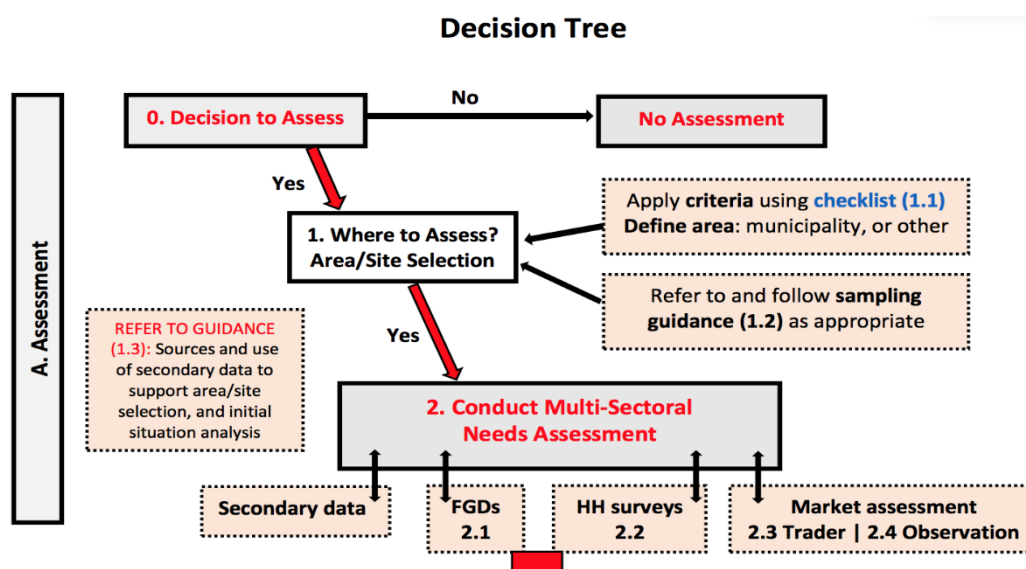

Figure 1: Extract from MSF Decision Tree.

The MSF toolkit was developed in order to contribute to addressing the following specific issues facing LRC:

Evidence-based approach

In response to the Syria crisis, LRC has been providing relief assistance in a variety of forms: cash, vouchers and in-kind food and non-food items. Use of cash as a modality and the decision to deliver assistance in the form of cash and/or in-kind has varied by LRC branch and according to the season. Improved evidence was required regarding which modality is most effective to meet needs and how decisions are made on possible combinations of cash, in-kind and services. This should inform both LRC's cash preparedness and contingency planning work, as well as its existing Syria crisis response strategy at both national and branch level, with the aim of increasing the consistency, efficiency and effectiveness of programmes and services.

Consistency of assessment

LRC teams – even within the Disaster Management Unit (DMU) – were engaging with and assessing communities using different methodologies and tools, applying different programme or sectoral lenses, without collecting sufficiently targeted and cross-referenceable data (especially for modality selection). Selecting the best modality – or combination of modalities – is dependent upon a robust assessment process which also collects data about the feasibility of the response (e.g. community proximity and access to markets, capacity of the branch, etc). The MSF provides a set of assessment tools which make sure that these questions are incorporated consistently, in order to allow for the data to be used in programme design and planning.

Misconceptions regarding cash as a modality

There has at times been a misconception that cash equals basic assistance, meaning that the use of cash as a tool across other programmes was not being widely considered. This is due in part to the fact that LRC first piloted the use of cash as part of its Relief/Basic Assistance programme in response to the Syria crisis, plus because this is primarily how cash is used by the wider humanitarian sector in Lebanon (i.e. multipurpose cash grants). One of the aims of developing the MSF was to bring programme and branch teams together to have a more holistic discussion about if and how they might decide to use cash in different scenarios. At the same time, it was also the intention to stress that cash is not the answer to everything, and particularly not in isolation. The key message was that cash is but one of three possible modalities for supporting programme delivery (potentially in combination with the other modalities) where it is assessed to be appropriate and feasible.

It is important to note that other humanitarian agencies and donors have identified a similar gap regarding assessment and modality selection. An ECHO-funded project (CaLP, Danish Refugee Council, Mercy Corps, UN OCHA and Save the Children) has been developed for testing in 2018 comprising a new framework and toolkit to better guide basic assistance needs assessment and modality selection[1]. However, this project focuses primarily on deciding whether multipurpose cash is an appropriate response, as opposed to incorporating in-kind and service provision. In this respect LRC is on the cutting edge in seeking to address this within its own programming.

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[1] https://dgroups.org/?amlqcqn4.s3vy8cak

Summary of MSF Content

The MSF is designed to support LRC to collect and analyse data in order to:
- Understand the different needs people face (i.e. from a multi-sectorial point of view);
- Understand beneficiaries' preferences regarding how they could best be assisted;
- Understand markets and services – are they functioning, accessible, available and affordable?
- Consider operational feasibility (particularly local opportunities and constraints);
- Consider organisational capacity (e.g. personnel and resource availability, capabilities and training requirements).

The MSF was developed primarily for use by LRC's Basic Assistance/Relief team as part of their on-going response to the Syria crisis, however it is now being adapted for wider use and has already been included in the LRC DMU's standard training pathway. The intention is for it to become a multi-sector assessment tool and suitable for use in rapid onset emergencies.

The toolkit consists of three main sets of data collection tools and guidance:
- Household-level needs assessment: focuses primarily (but not exclusively) on priority needs and preferences for receiving assistance, including how people currently/most commonly access cash.
- Focus Group Discussion (FGD): pertains to the situation in the area and how people access different goods and services (e.g. where they go to buy different items, how long the journey takes them and how much it costs etc).
- Market assessment and observation tools: these focus on the availability of goods and services, the prices and reliability of the supply chains.

The Modality Selection Framework is designed so that data collected from different sources can be triangulated and findings integrated directly into key points in the decision tree. This ensures that the data is used to inform decision making regarding programme design.

Example: Beneficiary preferences, plus access to and use of cash/financial services

In this example of one area that the MSF addresses, the focus is to determine which modalities beneficiaries prefer as a means for receiving assistances for a range of different basic needs and comparing this with their ability to access financial services in their location.

- Which modality or combination of modalities do beneficiaries prefer in order to meet their needs?
- Can beneficiaries receive and access cash safely and easily?

Sources of information:

Household survey: asking people how they prefer to receive assistance for different basic needs

The MSF tools were piloted in a number of municipalities across Lebanon. Table 1 below displays the results from one municipality. Contrary to other locations where data was collected, respondents to the household survey in this area were significantly less convinced that cash assistance would be the best way to support them in meeting their basic needs, instead showing a range of opinions on the preferred modality. Some consider that cash (other than cash in hand) would be difficult to access. This is understood to be primarily due to the fact that many Syrians are unable to pass through the checkpoints en route to the closest marketplace and ATM – and if they are able to do so, the taxi trip is long and costly. Additionally, the one shop in the local area has limited supplies and no competition, which may affect prices and quality, meaning that respondents expressed a preference to receive in-kind assistance at least in some cases.

Preferences for assistance								
Basic Need	Cash	In-Kind	Services	Cash + In-Kind	Cash + Services	In-kind + Services	Cash + In-Kind + Services	Total responses
Food	34	5	0	9	0	0	0	48
Medicine	31	13	2	2	0	0	0	48
Water	18	14	16	0	0	0	0	48
Shelter	25	3	20	0	0	0	0	48
Household items	30	16	2	0	0	0	0	48
Hygiene & Sanitation	26	7	14	1	0	0	0	48
Education	16	6	26	0	0	0	0	48
Health (other)	28	3	17	0	0	0	0	48
Energy	28	0	19	0	0	0	0	47
Transport	38	3	6	0	0	0	0	47
Communication	41	2	5	0	0	0	0	48

Over 85%
70-85%
50-70%
25-50%
Under 25%
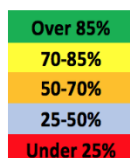
Table 1: Extract from MSF Household Survey Results, AREA X.

Comparing the results in Table 1 above to Table 2 below, the differences in beneficiary preferences by area can be seen more clearly. Table 2 shows responses from an area where the preference is almost exclusively for cash-based assistance, driven by proximity/ease of access to a variety of shops and services.

| Preferences for assistance								
Basic Need	Cash	In-Kind	Services	Cash + In-Kind	Cash + Services	In-kind + Services	Cash + In-Kind + Services	Total responses
Food	70	0	0	0	0	0	0	70
Medicine	70	0	0	0	0	0	0	70
Water	63	4	3	0	0	0	0	70
Shelter	68	0	2	0	0	0	0	70
Household items	55	15	0	0	0	0	0	70
Hygiene & Sanitation	55	15	0	0	0	0	0	70
Education	48	1	20	0	1	0	0	70
Health (other)	64	0	6	0	0	0	0	70
Energy	59	0	9	0	0	0	0	68
Transport	61	0	9	0	0	0	0	70
Communication	60	0	9	0	0	0	0	69

Table 2: Extract from MSF Household Survey Results, AREA Y.

For each key question in the MSF decision tree there is an accompanying data analysis and decision-making plan, which helps to direct how the data should be analysed and used. In this case it states that the user should:

- Disaggregate which needs the beneficiaries prefer to be met by cash, in-kind, services, or a combination.
- Cross-reference with LRC's existing programmes and services to evaluate gaps between preferences and current provisions.
- Where cash is preferred alongside in-kind and/or services, consider and further explore an appropriate modality combination.
- Where a strong preference for in-kind or services is expressed for a specific need, assess if LRC have capacity to respond or if it is required to refer to another organisation.

Household survey, FGD and market observation tool: asking people how they most often access and receive cash, including verifying whether people can access and receive cash safely and easily

As part of the household survey, respondents are asked how they currently mostly commonly access cash. Example results are shown below (Figure 2).
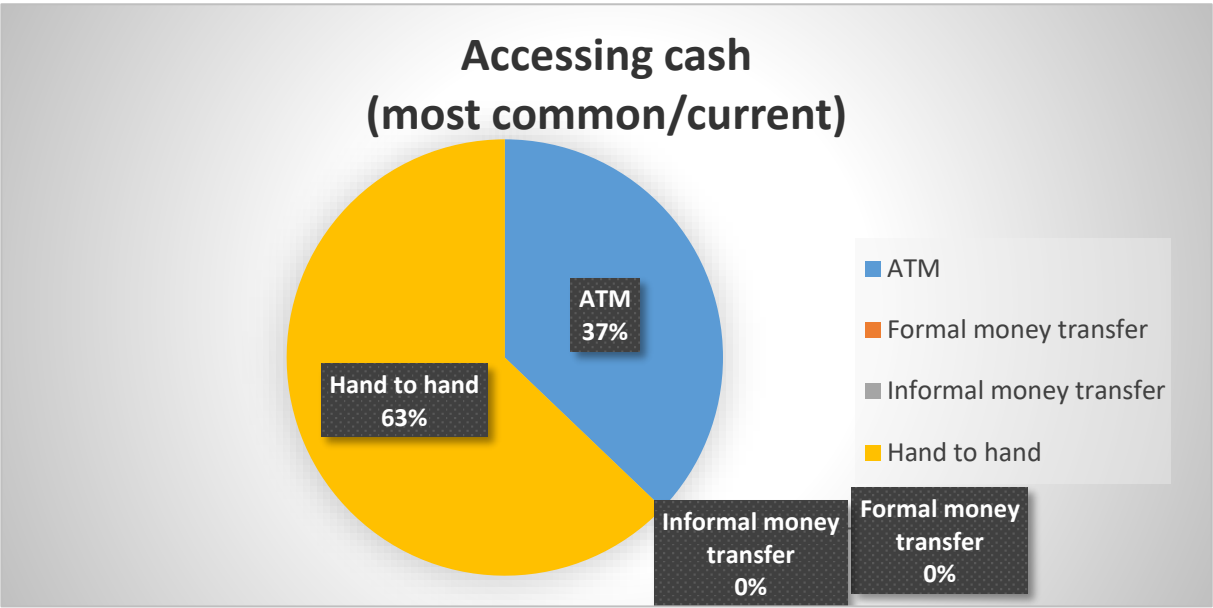
Figure 2: Extract from MSF Household Survey Results.

During the Focus Group Discussions, participants are asked about the main way they access cash. This includes details such as how they get there (if it is via a service provider), how long the journey takes, how much it costs and whether there are any barriers to access. An example is shown by Table 3 below.

Area:	Hermel | Haouch Er Rafqa			
Need	**Where do you go to buy/access?**	**How do you get there?**	**How long does the journey take?**	**How much does it cost?**
Cash (main way)	Bednayel	Taxi	More than 1 hour	LBP 2,000

Table 3: Extract from MSF FDG Response.

The data analysis and decision-making plan sets a benchmark, advising that any source of cash and/or financial service requiring a journey time over 40 minutes or journey cost of more than 20,000 LBP ($13) should be considered as having relatively restricted accessibility. This is not definitive; users should review the benchmark in light of other contextual factors. Staff are also reminded to review the results of other associated data sets before determining whether cash can be accessed safely and easily. This includes utilising the household survey data discussed above as well as the results of the market-observation process, which records the number and location of ATMs and/or Money Transfer Agents. This process can give an initial indication as to which cash delivery mechanism might be most appropriate in the context.

Key Learnings

Toolkit Scope

Keeping the initial scope clear and manageable

The development of the toolkit was initially scoped to focus on LRC's ongoing Basic Assistance programmes, making the volume of work manageable against the 2–3-month timeframe allocated for development and testing. This initial focus addressed an immediate gap, created the right environment for testing in ongoing programmes, and allowed time for understanding and buy-in to be built before planning to expand/rollout the toolkit (e.g. to later make it multi-sectorial, create a version for use in emergencies etc).

Adapting for other scenarios

Whilst the need for a version of the toolkit for use in rapid onset scenarios was predicted when the Terms of Reference were developed, the level of work required to develop this and ensure alignment with LRC's ongoing contingency and response planning was under-estimated. This work is now in progress: for example through the development of a modality selection checklist for rapid onset scenarios, as well as linking this thinking to existing contingency plans etc.

Linking to existing services

At a later stage, should LRC wish to further adapt the toolkit for use by/in collaboration with other departments beyond the DMU (in order to support the institutionalisation of cash as a tool across the National Society) this would need further substantial work. One of the current limitations of the MSF is that it doesn't fully include the factors involved in assessing the feasibility of service provision, it simply indicates where services could be considered or looked into further.

Toolkit Development

Volume of work and time for buy-in

The toolkit development required very intensive and detailed work – especially given that the existing assessment tools, processes and systems were either weak or fragmented. It took a number of months to develop the content and process, then for those external to the project to understand it and recognise the added value. For this reason, it was essential that the toolkit development process was participatory (including both HQ and branch teams) with time included for both testing and piloting.

Skills required

The time and skills required to build tools for data collection and analysis were under-estimated. As a core group the team included: a strategic thinker (for scope, planning and content), an operational designer (for the development of the decision tree and tools), plus a focal point for ICT and data analysis. A strong level of ICT knowledge is needed – not only for the initial development of the toolkit, but institutional capacity is required for later

revisions to tools and for data analysis. Where a National Society doesn't currently have this capacity, it is recommended to connect with the IFRC data management sub-working group, which has contracts in place for tool and data management systems that can help significantly with data collection and analysis.

Need for markets training

A markets training in some form is essential (especially for branch volunteers) to ensure that the market data is of an appropriate quality.

Sampling

Although guidance was sought on this, greater real-time oversight of how sampling is conducted is needed. LRC's GIS mapping system was very helpful for follow-up, to understand whether recommended sampling approaches had been followed, but this was after the fact so couldn't affect the outcome.

Data accuracy and analysis

Clean but less accurate data is more useful than specific, inaccurate data. For example: families were asked for their approximate monthly food expenditure, but responses ranged from 10–2,000,000. What that ranged showed was that people's responses were both in USD and LBP, which is specific to the Lebanese context where you operate in dual currencies; as such, this data lacked any kind of comparability. The solution in the update to the tools was to provide defined ranges for analysis. In addition, the digitalisation of Focus Group Discussion's is preferable where possible, but requires good design, planning and training.

Conclusion

Supporting National Societies to make evidence-based relief programming decisions is an intensive process that requires both skilled support and time to develop and understand.

With the growing introduction of cash programming across the Movement and the sector, NSs need to be supported to be confident in their decision making and empower them to be able to approach Movement partners and donors to dictate how to deliver assistance.

Too often there is top down pressure to deliver in a certain way. This applies to both cash and in-kind programming. A toolkit like the MSF will allow NSs to change the direction of that pressure, to ensure the most appropriate delivery mechanism to the communities they serve.