



**JOINT EMERGENCY CASH TRANSFER  
FOR DOMINICANS MOST AFFECTED BY HURRICANE MARIA**  
**Stocktaking Exercise**



*Cross-section of Review Workshop participants, 3-4 May 2018*



## Table of Contents

<b>Executive Summary</b> .....	3
<b>2. Introduction</b> .....	5
2.1 Dominica Country Background.....	5
2.2 Hurricane Maria.....	5
<b>3. Government of Dominica-WFP-UNICEF Joint Emergency Cash Transfer programme</b> .....	6
<b>4. Review Workshop</b> .....	15
<b>4.1 Workshop outcomes</b> .....	16
<b>4.1.1 Best practices and main challenges by thematic area</b> .....	16
<b>4.1.2 Recommendations/Priority Investments by thematic area</b> .....	20
<b>Conclusions</b> .....	23
<b>Bibliography</b> .....	24
<b>Acronyms</b> .....	25
<b>Annex 1</b> .....	26



## Executive Summary

In Latin America and the Caribbean, the paradigm shift from traditional humanitarian response by international actors to nationally led disaster risk management has already taken place, in general terms. Within this, national institutions are looking for more efficient and effective ways to meet the needs of their people, especially those affected by more frequent and severe natural disasters due to climate change.

As social protection systems advance and consolidate their administrative capacity to deliver large-scale cash transfers for regular safety nets programmes, their potential to support emergency response increases exponentially.

In September 2017, the category 5 Hurricane Maria made landfall in Dominica causing widespread damages to housing, public infrastructure and the productive sector. Immediate in-kind assistance was provided to the most affected populations until the markets would be gradually reactivated.

By mid-October, taking stock of previous experiences in the region and building upon the findings from evidence-based studies that show the added value of using national social protection systems to respond to shocks, the Government of Dominica, WFP and UNICEF partnered to provide cash transfers to the most vulnerable households, by using the existing platforms and mechanisms of the national Public Assistance Programme. The joint Emergency Cash Transfer (ECT) programme was implemented by the Ministry of Social Services, Family and Gender Affairs from December 2017 to February 2018.

A workshop was organized in Roseau, Dominica on 3-4 May 2018, to bring together all the stakeholders involved at different levels and stages in the joint ECT programme in order to take stock of key achievements and challenges, identify best practices and lessons learned and therefore inform future emergency preparedness and response initiatives.

Approximately 40 stakeholders participated in the workshop, including representatives from national Ministries, local government, UN agencies, NGOs, Red Cross and government representatives from British Virgin Islands.

Presentations by various experts from Dominica Government (Ministry of Planning and Social Welfare Division), WFP, UNICEF and Oxford Policy Management, set the stage for the working group sessions, which provided a forum for participants to share experiences and look forward by identifying opportunities for investments that will strengthen the national system and improve the efficiency and effectiveness of future emergency response.

The priority areas of investment identified include the development of a central data management system combined with the introduction of a unique ID system, which will support the targeting efforts for both regular and crises response programmes.



The workshop participants also emphasized the need for strengthening the link between Disaster Risk Management and Social Protection, from the policy framework to more operational aspects, such as definition of targeting criteria as well as roles and responsibilities in case of expansion of the social protection programmes as a result of an emergency.

Ultimately, improvement of assessment tools, communication to affected population and introduction of safer and more financially inclusive delivery mechanisms for cash transfers have been identified as priority areas of attention.

The recommendations from this workshop could be used to inform policy-making and represent a building block in the process of strengthening Dominica's social protection system and enrich it with a shock-responsive component.



## 2. Introduction

### 2.1 Dominica Country Background

The Commonwealth of Dominica is an upper middle-income country and part of the Windward Islands in the Lesser Antilles archipelago in the Caribbean Sea. Dominica ranks 96th of 188 countries based on the UNDP Human Development Report with a Human Development Index value of 0.726. The total population is approximately 73,000 of which 70.1 percent are classified as urban. The number steadily decreases due to emigration to other Caribbean Islands, the United States, and Canada.

The agricultural sector significantly contributes to socio-economic development in Dominica. Over the past five years, the sector contributed 15 percent to the GDP on average and is a major source of employment in the country. Men dominate the agricultural sector: women account for just under 20 percent of farm workers.

Since the 1980s, measures to diversify the economy have been introduced such as encouraging a shift from traditional crops to new crops and developing export-oriented small industries. They have also encouraged the development of tourism and especially eco-tourism.

Poverty and vulnerability to poverty of the population and inequality remain concerns. The poverty rate is estimated at 28.8 percent, whereas the vulnerability rate (share of population with an income below the vulnerability line, but above the poverty line) is estimated at a further 11.5 percent. However, improvement in the living conditions among the poorest is confirmed by the decline of the indigence rate from 10 percent in 2003 to 3.1 percent in 2008/09. There are no significant differences in the prevalence of poverty between men and women. Dominica has a Gini coefficient of 0.44, with the wealthiest decile of the population accounting for 37.2 percent of total consumption expenditures, compared to 2 percent for the poorest decile.

As a Small Island Development State (SIDS) Dominica is particularly prone to natural and manmade hazards, including those related to climate and its variability. The impact of climate hazards is aggravated by the island's mountainous topography and the concentration of 90% of the population around the coast. During the past three years, natural disasters have caused severe damages to the country's economic wellbeing mostly impacting agriculture and tourism, the two major economic drivers.

### 2.2 Hurricane Maria

Hurricane Maria, one of the worst recorded storms in the last decade, made landfall in Dominica on 18 September. Hurricane Maria caused at least 31 deaths and 37 people were reported missing. The UN estimated that up to 65,000 people (more than 90% of the population) have suffered direct damage to their housing and livelihoods. The hurricane also caused severe damages to public infrastructure and the productive sector. The destruction of key infrastructure led to the disruption of basic services such as water, electricity, connectivity and



communication network, thus severely affecting the local markets and the population's capacity to meet their essential needs in the immediate aftermath of the emergency.

The Post-Disaster Needs Assessment (PDNA), conducted in mid-October under the coordination of the World Bank in conjunction with the United Nations (UN), the Eastern Caribbean Central Bank, the Caribbean Development Bank (CDB) and the European Union (EU) estimated damages and losses at around USD 1.3 billion, equivalent to 224% of the GDP. (PDNA 2017)

In the aftermath of the disaster, the Government of Dominica, with the support of national, regional and international partners from different sectors, provided immediate relief to the shock-affected population. WFP provided logistics coordination support to the Government and other partners, which was crucial in ensuring the smooth handling and dispatch of humanitarian cargo. In addition, WFP and UNICEF provided immediate relief assistance complementing government efforts as well as other partners' support, which allowed to reach approximately 33,900 people—in about 50 locations across the country—who received food, water and non-food supplies.

In mid-October, WFP, in coordination with the government of Dominica and with the support of other partners, conducted a rapid market assessment to understand the impact of the hurricane on the markets across the country and inform decision-making processes for the next phase of the emergency assistance. The assessment—based on field observation from a purposive sampling of traders and key informants—aimed at providing a non-statistically representative snapshot of the functionality and an estimation of the time needed for the reactivation of the markets. Although many wholesalers and retailers expressed their fear of being put out of business by further in-kind assistance, the assessment suggested that the estimated timeframe for the reestablishment of the supply chain was from two weeks to one month (the market was expected to be fully functional by the end of November).

Therefore, by the end of October, WFP distributed an additional 374 MT of in-kind rations, composed of rice, beans, canned sardines and vegetable oil, reaching about 29,500 people—40 percent of the total population—across 41 most vulnerable locations on the island.

### **3. Government of Dominica-WFP-UNICEF Joint Emergency Cash Transfer programme**

Since mid-October, while the markets were showing a gradual revival of their delivery capacity, WFP, UNICEF and the Government of Dominica—through the former Ministry of Social Services, Family and Gender Affairs (MSSFGA)—started planning the transition into a cash-based approach to help the most affected people by enhancing their purchasing power and contributing to the recovery of their livelihood, while boosting the local economy.



The PDNA estimated that around 24,000 people across the country were vulnerable to food insecurity. The Government of Dominica normally addresses food insecurity and nutrition concerns through a social protection programme—the Public Assistance Programme (PAP)—run by the Social Welfare Division (SWD), MSSFGA. The PAP targets indigent individuals and households unable to satisfy their essential needs (targeted population includes the indigent elderly, single parent families, unemployed due to illness or physical challenged). The PAP reaches 2,000 households nationwide (equivalent to 6,600 people), corresponding to 9% of the population.

The PAP beneficiaries receive monthly unconditional cash transfers through three delivery mechanisms: cash in envelope and checks through the Village Councils and direct transfers to beneficiary bank accounts. However, transfers to beneficiary bank accounts only represent 3.8% of the transactions. The payments had been regular over time<sup>1</sup> and were not suspended after Hurricane Maria. The transfer value of the entitlements varies depending on the beneficiary category<sup>2</sup>.

**Table 1 – Public Assistance Programme monthly transfers**

Category	Monthly transfer (EC\$)	Monthly transfer (US\$)
Single adult	150	55.5
One employed adult with one child	127.50	47
Two adults or one person with disability	300	111
Maximum allowance (households grant)	375	139
Foster families 1 child	220	81.4

With an administrative system already in place and well known by both the institutions and the population, the delivery of emergency cash transfers through the existing PAP platform was envisaged as the most appropriate solution to respond to the needs of the most vulnerable. The small size of the island combined with the institutional decentralization and the flexibility of the programme allowed for a temporary expansion of beneficiary groups, adjustment of transfer values and frequency of transfers.

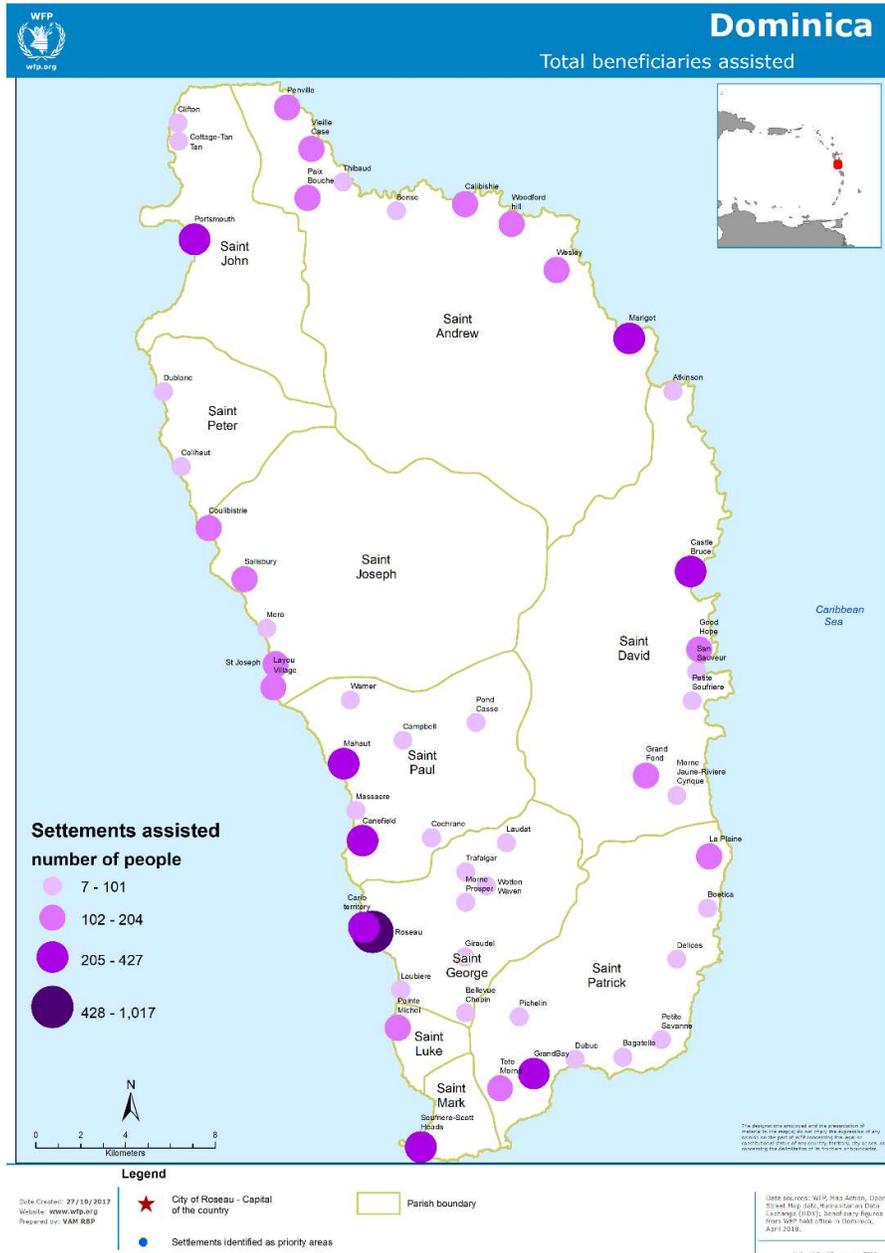
The joint Emergency Cash Transfer (ECT) programme—launched by the MSSFGA, WFP and UNICEF in early December 2017—provided unconditional cash transfers to almost 25,000 people (including 6,000 children) most affected by Hurricane Maria, to meet their essential needs including food and children items.

<sup>1</sup> Dominica, Social Protection Assessment, March 21, 2017, World Bank.

<sup>2</sup> There are also mixed categories, for instance a single parent with two children receives EC\$ 255.



Figure 1 – ECT Total beneficiaries assisted



To ensure effective monitoring of the programme’s performance, a joint plan was established and implemented to identify issues in the selection and distribution processes, guarantee accountability to affected population and get the perception of beneficiaries on the effectiveness and transparency of the process, identify potential issues related to protection and gender and monitor the outcomes of the intervention. The most relevant results from the distribution and post-distribution monitoring, as well as the main findings from beneficiary contact monitoring and key informants interviews are reported below within each implementation phase.



### Targeting strategy

The targeting approach for the ECT was based on two main components:

- 1) The temporary **vertical expansion** of the PAP, meaning that all the households enrolled in the PAP automatically qualified for the ECT. Indeed, taking into account that 95% of the population was affected by the hurricane, it was deemed highly probable that the current beneficiaries of the Public Assistance Programme (PAP)—already the indigent and most vulnerable—were affected by the hurricane and therefore eligible. This meant that those persons already enrolled in PAP would receive an additional sum or top-up on their transfer from the emergency cash transfer.  
This ensured the timeliness of the response, as the PAP beneficiaries received the first transfer in early December.
- 2) The temporary **horizontal expansion** of the PAP to target those households who were not enrolled in the PAP but were severely affected by the disaster. Targeting criteria were established through a consultative process involving Government entities (local governments, social welfare officers and emergency committees), UNICEF and WFP. The targeting criteria were comprised of demographic indicators generally associated with vulnerability together with disaster related indicators.

With no social registry in place, three sources of information had to be combined to identify and select the most vulnerable households eligible for the assistance:

- a) **PDNA** – the food security analysis conducted in the framework of the PDNA took into consideration population data and poverty rate, as well as the level of damages caused by the hurricane to the agriculture, fishing and tourism sectors. The PDNA estimated that approximately 24,000 people were either food insecure or vulnerable to food insecurity as a result of the Hurricane.
- b) **Vulnerability and Needs Assessment (VNA)** – The VNA was launched in early November as a joint initiative implemented by line Ministries (Office of the Prime Minister, Ministry of Planning and Economic Development and Ministry of Social Services, Family and Gender Affairs) with the support of WFP, UNICEF and other UN partners (such as OCHA and IOM). The VNA replaced the Damage Assessment and Needs Analysis (DANA), which had been initiated in the immediate aftermath of the hurricane but with limited results.  
The VNA questionnaire was developed by building on the DANA format to provide a snapshot of the main damages and needs of the population. The survey captured information that enabled the identification of the households in need of assistance. In fact, proxy indicators were derived considering demographic indicators and level of affectation.  
Given the time constraints, which did not allow for an extensive training of the enumerators on digital survey tools, the data collection was mainly



paper-based and the questionnaires were digitalized afterwards to enable the data analysis and the beneficiary selection process.

The VNA—conducted from November 2017 to mid-January 2018—reached 17,200 households in the country (more than 80% of the population).

- c) **Beneficiary Selection Committees (BSCs)** – The BSCs were established at village level with the support of the Local Government Department and the Social Welfare Division of the MSSFGA. The BSCs consisted of five members, which included Village Council chairpersons/clerks, community leaders and widely respected members of the community (teachers, priests, nurses, etc.). The BSCs were trained (1-day training) to perform two tasks: *i)* conduct the VNA in their respective villages and *ii)* make recommendations as to the households qualifying for the ECT based on a set of eligibility criteria (see Figure 1) discussed during the trainings and in bilateral consultations with the MSSFGA.

The list of beneficiaries was the result of a combined approach, which allowed to crosscheck the beneficiary list automatically generated by the database based on the eligibility criteria and the recommendations made by the BSCs. Discrepancies and specific cases were solved in collaboration with the MSSFGA and the BSCs to reduce the exclusion error. The final lists were approved by the MSSFGA.

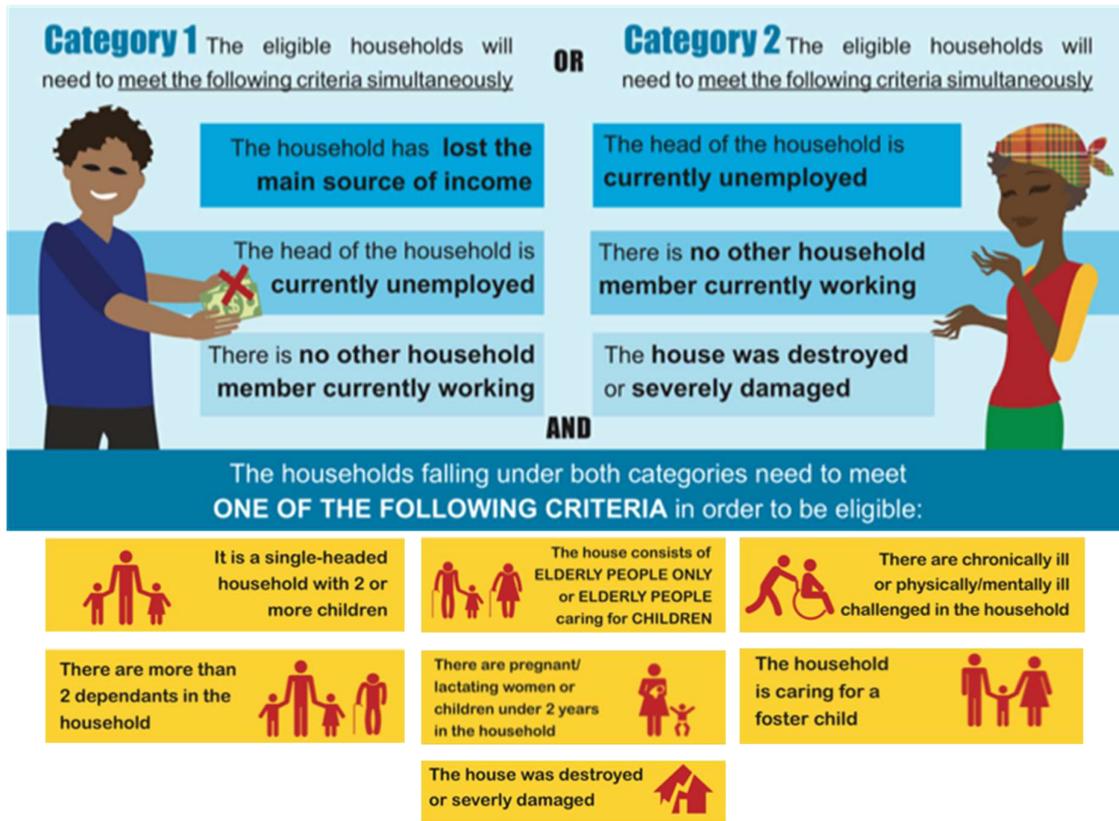
The first group of beneficiaries was selected by early January while an additional month was needed to finalize and approve the final list of the second group of beneficiaries.

#### Monitoring results

- The **community-based approach** to assessments and targeting was seen **positively by stakeholders**. Most actors highlighted the positive effects of the participatory approach especially in terms of in depth knowledge of the local context and direct access to the community members. This also fostered an increased ownership of the programme at community level.
- The data collection exercise was challenging and presented some difficulties, nevertheless **the VNA was successful in providing information on a vast portion of the population** and is considered a milestone towards improving the information management system at national and local level.
- According to the monitoring findings, the **eligibility criteria were mostly understood and accepted**. Additional efforts would be requested, in case of similar experience, to make sure of having an adequate channel of communication to inform beneficiaries. **More than 70% of the recipients agreed** that the **ECT programme assisted those who were most in need**.



Figure 1 – Eligibility criteria



Transfers

The transfer value of the emergency cash grant was established by taking into consideration the average family size, the monthly cost of the minimum food basket as well as the cost of providing children with sufficient and nutritious food, as well as clothes, hygiene, education and any other basic need. The grant was also designed so that a typical household (3 members, including 1 child) would receive a grant harmonized with the household allowance provided through the PAP (USD 140).

WFP contributed to the households grant component of the ECT, while UNICEF contributed to the child grant component, which was designed as a top-up to the household grant for the targeted households with children. The Government of Dominica, through the MSSFGA, continued providing the regular entitlements to the PAP beneficiaries. Therefore, the partnership allowed for a multi-purpose cash grant for the most vulnerable families and their children to meet their essential needs.



**Table 2 – Transfers by beneficiary category**

	<b>PAP beneficiaries</b>	<b>"non-PAP"* beneficiaries</b>
<b>PAP entitlement</b>	US\$ as per regular scheme	-
<b>ECT household grant</b>	US\$ 90/household/month	US\$ 90/household/month
<b>ECT child grant**</b>	US\$ 50/child/month (up to 3 children)	US\$ 50/child/month (up to 3 children)

\*The "non-PAP" beneficiaries are the ECT beneficiaries who are not enrolled in the PAP.

\*\*Exclusively applicable to the households eligible for the household grant with at least one child.

**Table 3 – ECT by household composition**

	<b>Monthly transfer</b>
<b>Household with no children under 17 years</b>	US\$ 90
<b>Household with 1 child under 17 years</b>	US\$ 140
<b>Household with 2 children under 17 years</b>	US\$ 190
<b>Household with 3 children under 17 years</b>	US\$ 240

Initially designed to be disbursed on a monthly basis, due to delays in the finalization of the VNA and the approval of the final beneficiary lists, the ECT payments were eventually issued with different frequencies depending on the beneficiary group.

**Table 4 – ECT Distribution Cycles**

	<b>Dec 2017</b>	<b>Jan 2018</b>	<b>Feb 2018</b>	<b>Mar 2018</b>
<b>PAP beneficiaries</b>	Monthly Transfer		Bi-monthly transfer	
<b>"non-PAP" beneficiaries (group 1)</b>		Monthly Transfer		Bi-monthly transfer
<b>"non-PAP" beneficiaries (group 2)</b>				Lump-sum

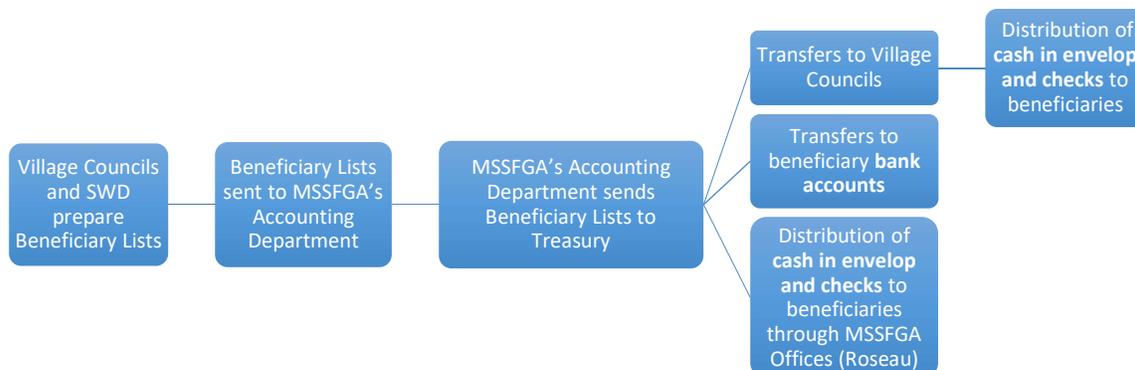
### Monitoring results

- **More than 70% of non-PAP respondents showed a preference for receiving the entitlement in the form of monthly payments**, while 20% would have preferred to receive it in one transfer.
- Delays in the beneficiary selection caused **uncertainty on the distribution schedule** as well as on the results of the selection process.
- Overall, the ECT was received very positively by beneficiaries and community leaders, who highlighted how the **money was very beneficial in helping them meet some of their essential needs**.

The grants were distributed to the beneficiaries by using the existing PAP delivery mechanisms (cash in envelop, cheques and transfers to beneficiary bank accounts), with a predominant role played by the Village Councils.



### Flowchart 1 – Cash distribution



#### Monitoring results

- The **majority of the beneficiaries were able to access the assistance without any safety problems.**
- **Beneficiaries were satisfied with the distribution process.** Notwithstanding the margins of improvement, procedures already in place seemed appropriate to ensure an effective and efficient distribution of ECT entitlements. Most of the beneficiaries felt that distributions were conducted in a transparent way.

#### Communication on the ECT programme and beneficiary feedback and complaint mechanisms

The VNA was announced via radios a few days before the beginning of data collection. In addition, the BSCs members were requested to disseminate the information on the data collection and the beneficiary selection process among their communities.

A communication campaign was also launched to adequately inform the communities about the details of the ECT programme. The campaign relied on four main channels: *i) radio broadcasting*, *ii) Posters and leaflets* on both the beneficiary selection process (including eligibility criteria) and the ECT programme (including reference to programme objective, eligibility criteria, transfer values, delivery mechanisms, distribution cycles and grievances mechanisms) [Annex 1], *iii) word of mouth*, through the Village Councils and the other members of the BSCs, and *iv) targeted SMS to selected beneficiaries.*

The BSCs were responsible for receiving any feedback and complaint from beneficiaries and community members, keeping a register of all issues brought to its attention and following up with the competent institution if the issue could not be solved locally.



The existing emergency hotlines as well as an *ad-hoc* WFP-UNICEF dedicated hotline were also available channels to raise any issue or to request information related to the ECT programme and its implementation.

#### Monitoring results

- There was some **discrepancy in the way the BSC interpreted their mandate**. At times committee members were acting collegially and taking a more active role in the redaction of the final beneficiary lists, at times they limited their role to individually collecting the data and certifying the final decision at central level. This created uncertainty on the roles, responsibilities and influence of the BSC in the selection process. This can be probably attributed to time constraints that prevent a longer training and a testing period of the new structure.
- **Although the awareness on the programme increased over time, still only 18% and 6.9% of non-PAP and PAP beneficiaries—respectively—were aware of its existence after the last distribution.**
- The primary point of contact was with local Village Councils, which confirmed a **strong preference of beneficiaries to deal face-to-face with organizations** rather than providing feedback through hotlines.

#### *Main outcomes of the ECT*

The ECT has satisfactory results in terms of food security outcome achievements even if the monitoring results highlights that competing un-addressed needs (mostly shelter) had an impact on the intervention.

The ECT has contributed to keep food consumption stable during the intervention.

On the other side, the coping strategy index has also remained stable indicating that families continue to adopt coping strategies in order to meet the household needs.

92% of beneficiaries mentioned that they had used part of their entitlement to buy food and over 70% of the beneficiaries reported that food was the main expenditure. Household repairs, debt repayment and ordinary bills were among the most frequent expenditure. For family with children education was the second highest expenditure and most families confirmed that they spent their children entitlement mostly on education related expenditure.



## 4. Review Workshop

### *Purpose*

In order to improve future emergency response and inform emergency preparedness investments, the Government of Dominica, WFP and UNICEF held a review workshop in Roseau, Dominica on May 3 and 4, 2018 with approximately 40 participants from various Ministries, local government, UN agencies, NGOs, Red Cross and government representatives from British Virgin Islands, with the aim to:

- Take stock and document lessons learned in the design and implementation of the ECT;
- Inform future preparedness actions and investments in strengthening systems;
- Ensure accountability to key stakeholders and affected population;
- Provide a platform for a multi-stakeholder dialogue on emergency cash interventions through social protection systems and inform broader regional practice.

### *Expected Outcome*

Identify priority areas for investment and key stakeholders in order to strengthen the national social protection system and improve its shock-responsiveness.

### *Methodology*

The workshop was organized around three thematic areas, which were explored through technical presentations and working group sessions:

1. System strengthening
2. Targeting and data management
3. Implementation and delivery mechanisms

Topics such as accountability to affected population, coordination and gender were taken into consideration as crosscutting aspects during all working groups and plenary discussions.



*Participants engaged in working group sessions*



## 4.1 Workshop outcomes

### 4.1.1 Best practices and main challenges by thematic area

On day 1, three working groups were organized around three thematic areas: 1) Coordination and Partnership, 2) Targeting and Data Management and 3) Implementation and Delivery mechanisms. The groups were asked to identify successful aspects and main challenges encountered during the design and the implementation of the joint ECT programme.

The results of the day 1 exercise are summarized below. The feedback related to coordination and partnership have been mainstreamed across the operational areas on targeting and data management and delivery mechanisms.

#### **A. Targeting and Data management**

##### **Best practices**

##### **Vulnerability and Needs Assessment tool and database**

In line with the monitoring results, workshop participants recognized the benefits of the development of the VNA questionnaire, which could serve as a standardized assessment tool for future emergencies. The format could also be used as a starting point to design a data collection tool for pre-crisis phases, for instance for targeting of regular social protection programmes and for the identification of vulnerable households.

The workshop participants appreciated the use of Kobo for data entry and stressed the need for shifting from paper-based to digital data collection.

The database generated from the VNA was also identified as one of the main successful products that was used by different partners for targeting of both relief and recovery projects. The VNA introduced a quantitative objective indicator approach, which was welcomed by many stakeholders.

##### **Targeting criteria**

The targeting criteria were positively perceived. Workshop participants expressed that the combination of vertical and horizontal expansion—based on the VNA results—allowed to reach the most vulnerable populations and to identify additional caseload in need of assistance that was not already covered by the social programmes, thus ensuring that no one was left behind.

##### **Community-based approach for beneficiary selection**

The establishment of the Beneficiary Selection Committees, although implied an increased workload for governments officials and despite the short period of time available to train the BSC members, was perceived as a positive approach that should be capitalized, institutionalized and used in future emergencies.



## Challenges

### Assessment fatigue

The lack of a standardized assessment tool, combined with a variety of humanitarian actors conducting uncoordinated assessments in the immediate aftermath of the hurricane, generated an assessment fatigue from both the population and the local government staff sides.

The use of paper-based questionnaires for the VNA, although envisaged as the most appropriate format taking into account unavailability of devices and time constraints that would not have allowed for a proper training of the enumerators, did not alleviate the assessment fatigue, which was only partially addressed by recruiting additional enumerators/volunteers.

An additional challenge identified was in collecting assessment data from communities when families were displaced and not at home at the time of data collection. Although this was mitigated through amped up communication to the public, it presented difficulty in reconciling households composition during assessment.

### Community consultation on targeting criteria

The workshop participants identified that the community was only partially consulted on the targeting criteria for the ECT programme. Although the proposed criteria had been discussed with the BSCs members and revised according to their suggestions to ensure the coverage of the most vulnerable groups, the time constraints and the imperative to respond quickly prevented a broader consultation at community level. The establishment of different feedback and complaints mechanisms would have allowed to follow-up and address any case of undue exclusion from the beneficiary lists.

### Lack of data management standards and protocols

The existing database of the PAP beneficiaries, which did not include details on household composition and unique identifiers, had to be updated after the emergency, hindering an immediate tailored response. Differentiated transfer values based on the family size were not feasible and transfers to PAP households with children had to be postponed and initiated after receiving the beneficiary payments reports of the household grants.

## **B. Implementation and delivery mechanisms**

### Best practices

#### Transfer modality (Cash)

The workshop participants emphasized the benefits generated by the unconditional cash grant in terms of dignifying assistance that allowed the beneficiaries to meet their immediate essential needs by autonomously deciding over the use of the cash. In fact, the monitoring results showed that the grant was critical to contribute to individuals and households' needs. Virtually all



households reported spending at least part of the entitlements on food. Often, the cash enabled the people to buy food items they would not have been able to afford otherwise. Expenditure on education was common in households caring for children as schools progressively resumed activities and supplies became available in shops. Healthcare also constituted an important voice of expense along with communication and transportation.

### [Piggybacking on existing delivery mechanisms and utilization of Village Councils](#)

In line with the results of the monitoring process, representatives from the communities recognized that pre-existing processes for the distribution of cash under the Public Assistance Programme made it relatively easy for Village Councils to manage the increased caseload. Both the Village Councils and the communities were already familiar with the mechanism and it helped foreseeing issues that could have arose and thus undertake preventive measures. The knowledge of the community also allowed the Village Council Clerks to cope with the lack of ID documents and to find alternative solutions to avoid duplications of the assistance.

### [Greater collaboration within and between divisions in the MSSFGA](#)

The use of the existing platforms and mechanisms to channel the emergency assistance, which involved the SWD and the Local Government Department as well as central and local authorities, prompted a closer collaboration within and between different divisions of the MSSFGA. The implementation of regular programmes as well as future emergency responses could benefit from this increased coordination.

## **Challenges**

### [Confidentiality of beneficiary data](#)

The workshop participants raised the issue of data protection/privacy that the Village Councils had to face during distribution. Given the delivery mechanism (mainly cash in envelope and cheques) and the paper-based beneficiary registration/payment list, for instance, when signing the receipt of cash, beneficiaries might see the names and other sensitive personal data of other beneficiaries on the lists.

### [Effective communication on transfer values](#)

One of the main issues that strongly came out of the working group was the need for a stronger communication on the grants, especially regarding amounts and distribution timing. In fact, although transfer values and distribution schedule were clearly indicated in the posters and leaflets distributed at local level, these differed from schedule and amounts that were eventually established as a result of the delays in the beneficiary selection process, thus creating uncertainty among the population.

### [Loss or lack of ID documents](#)

The loss or lack of ID documents represented a challenge during both the selection and the distribution processes. It also limited the results of the cross-checking of



databases between organizations implementing cash-based transfers (e.g. MSSFGS-WFP-UNICEF and Red Cross). Although alternative solutions were found at local level to mitigate the risk of duplication of the assistance<sup>3</sup>, the lack of identification documents was reported as a priority area of concern.



*Closing Panel from left to right, Monica Rubio, Social Policy, Regional Advisor, UNICEF, Letitia Lestrade-Wyke, Permanent Secretary, Ministry of Health and Social Services, Dominica, Regis Chapman, Senior Regional Programme Advisor, WFP.*

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<sup>3</sup> Some Village Councils requested a letter of a lawyer or a medical report; others took pictures of the beneficiaries or a finger print stamp with witness by another individual.



#### 4.1.2 Recommendations/Priority Investments by thematic area

On day 2, the working groups were reorganized around two thematic areas:

- 1) **System strengthening** – this group reflected on the actions that need to be taken at policy level to strengthen the social protection system in Dominica and make it more shock responsive.
- 2) **Implementation: targeting, data management and delivery mechanisms** – this group worked on the identification of priority area of investment from an operational perspective.

##### 1) System strengthening

What	Who	When	Considerations
<b>Develop an ID system for all (at birth)</b>	Ministry of Justice Ministry of Health and Social Services	Ongoing – next 2-3 years	A unique ID system is a central component in order to establish a central data management system.
<b>Develop a Central Data Management System</b>	Ministry of Planning Ministry of Health and Social Services, Ministry of Education and all other relevant Ministries	2-4 years	A central data management system owned by the Government will improve regular programming and will also allow for a faster, more efficient and effective emergency response.
<b>Integrate VNA and Health Data</b>	Ministry of Health and Social Services	1-2 years	An integrated database encompassing VNA and Health data will establish a MOHSS social registry that will feed into future central data management system. This will imply the digitization, standardization and back-up of the data and will enable the identification of high risk households based on the primary health care information.



<p><b>Develop a strategy on data sharing</b></p>	<p>Ministry of Planning Ministry of Social Services, Ministry of Education, Ministry of National Security and Legal Affairs and all other relevant ministries</p>	<p>1-2 years</p>	<p>A strategy on data sharing across ministries and departments needs to be developed and submitted to Cabinet for approval.</p>
<p><b>Capacity Building of Technical and Field Experts</b></p>	<p>Establishment, Personnel and Training Department  All Relevant Ministries</p>	<p>Ongoing into long term  Training 1 – 2 years</p>	<p>The professionalization of the social work career (trainings and competency standards, registration and licensing) responds to the need to identify specific skill sets of field workers (including village councils). The field workers would need to be trained on emergency preparedness and response.</p>
<p><b>Strengthen link between DRM and Social Protection</b></p>	<p>Ministry of Environment, Climate Resilience, Disaster Management and Urban Renewal All relevant Ministries</p>	<p>Short term</p>	<p>There is need to strengthen the link between the National Emergency Preparedness Office (NEPO) and the social sector ministries. Participants recommended having an agreement on a shared outcome between NEPO and social sector ministries for building a shock responsive social protection system which will include roles and responsibilities of each agency.</p> <p>Inter and intra agency/ministry protocols on emergency preparedness need to be developed to clearly establish roles and responsibilities.</p>



## 2) Implementation: targeting, data management and delivery mechanisms

What	Who	When	Considerations
<b>National Household Registry</b>	TBD	Long term / Continuous	The Registry would need to be accessible from the decentralized level (therefore local authorities should be technologically equipped) and easy to update. In addition, measures need to be taken to ensure data protection and privacy.
<b>Digitalization of data collection and strengthening of data analysis capacity</b>	Ministry of Health and Social Services, Village Councils, Ministry of Planning, Statistics Bureau	Short term / Continuous	The digitalization of data collection will ensure more accurate information and therefore better targeting. In order to augment the benefits of digitalized assessments, related issues such as data sharing and technology availability should be addressed. In addition, in-country capacities of data analysis would need to be strengthened.
<b>Development of a robust communication strategy for emergency response assistance</b>	All central and local authorities as well as partners (private and public sectors)	Short term / Continuous	The communication strategy will ensure proper communication to affected population in case of emergency, which will contribute to reducing complaints, misunderstandings and uncertainty on the assistance. The strategy should involve grassroots level actors and intermedia (radio, posters, SMS, etc.).
<b>Develop guidelines for targeting criteria and SOPs for horizontal expansion of social protection programmes in case of emergency</b>	All central and local authorities	Short-term/prior and post disaster	Based on community consultation, flexible guidelines on targeting criteria for emergency response scenarios should be developed. In addition, Standard Operating Procedures (SOPs), with clear roles and responsibilities of the different actors and administrative levels, should be developed in order to ensure a faster and smoother expansion of existing social protection programmes in case of emergency.
<b>Enable a safer environment for cash transfers</b>	Central and local government, Police, Private sector	Short-term/continuous process	Different delivery mechanisms should be taken into consideration. When feasible, e-payments should be preferred. Besides promoting financial inclusion, e-payments can solve security issues usually experienced at local level during distributions.



## Conclusions

The joint Emergency Cash Transfer (ECT) programme in Dominica demonstrated the viability of linking the national social protection system with the emergency humanitarian assistance.

In the aftermath of Hurricane Maria, the ECT was able to serve the most affected populations by meeting their essential needs, while contributing to the revival of the local economy. The implementation of the ECT programme also contributes to a longer-term impact on the Public Assistance Programme and the overall social protection system in Dominica, as it has proven the benefits of having a shock responsive system in place and has unearthed areas in need of strengthening. In fact, the ECT set the stage for further intra and inter-institutional dialogue aimed at the identification of coordinated solutions to better serve the people affected by both covariate and idiosyncratic shocks.

The development of a unique ID system as well as a central data management system have already been identified as priority areas of investment for a more integrated and shock responsive social protection system in Dominica. Strengthening of institutional capacity and systematization of processes and procedures also represent crucial emergency preparedness actions that will ensure a faster, more efficient and effective crisis response.

The dialogue on shock-responsive social protection initiated in Dominica and supported by a number of national and international partners also prompted a discussion on the existing and potential instruments to finance shock responsive social protection—a topic that has a relevance also for other countries in the Caribbean region and beyond. New opportunities can therefore be explored, taking advantage of existing financing mechanisms, such as the Caribbean Catastrophic Risk Insurance Facility (CCRIF), which can potentially be used to scale up social protection in case of emergency.

The results of the stocktaking exercise, including the recommendations agreed during the review workshop, could be used to inform future emergency preparedness investments and policy-making processes in Dominica, but will also inform broader regional learning and future practice.



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## Acronyms

BSC	Beneficiary Selection Committee
CCRIF	Caribbean Catastrophic Risk Insurance Facility
CDB	Caribbean Development Bank
CPA	Country Poverty Assessment
DANA	Damage Assessment and Needs Analysis
ECT	Emergency Cash Transfer
EU	European Union
GDP	Gross Domestic Product
IOM	International Organization for Migration
MoHSS	Ministry of Health and Social Services
MSSFGA	Ministry of Social Services, Family and Gender Affairs
NGO	Non-Governmental Organization
OCHA	UN Office for the Coordination of Humanitarian Affairs
OPM	Oxford Policy Management
PAP	Public Assistance Programme
PDNA	Post Disaster Needs Assessment
SIDS	Small Island Development State
SOPs	Standard Operating Procedures
SWD	Social Welfare Division
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VNA	Vulnerability and Needs Assessment
WB	World Bank
WFP	World Food Programme



Annex 1  
ECT Posters

# Emergency CASH Transfer

FOR DOMINICANS MOST  
AFFECTED BY HURRICANE MARIA

### WHAT IS IT?

A programme to assist the most vulnerable households and children in Dominica, affected by Hurricane Maria. **The emergency transfers are aimed at contributing to your household's basic needs.**

### YOU ARE ELIGIBLE...

**IF YOU:**

- Currently receive Public Assistance Programme (PAP Social Services)
- Have lost your main source of income and have to support other people in your household, especially elderly people, pregnant, lactating women and children.

### HOW MUCH IS IT?

Each household that meets the criteria will receive between **EC\$240** and **EC\$645 per month**, depending on the number of children in the household.

EC\$240  
per month

NO CHILDREN  
UNDER 17 YRS

EC\$375  
per month

1 CHILD

EC\$510  
per month

2 CHILDREN

EC\$645  
per month

3 OR MORE  
CHILDREN

### WHEN?

Once per month for 3 months starting in December 2017

### WHERE?

Check with the Ministry of Social Services, Family and Gender Affairs or your Village Council for dates and venues for collecting your entitlement

#### Beneficiary Feedback

277-8667; 285-0989; 614-3000  
MOSSFGA: 226-3249; 226-3019

domeomaria@gmail.com

the Beneficiary Selection Committee of your community

Implemented by:

Supported by:

Funded by:



# Emergency CASH Transfer

**FOR DOMINICANS MOST AFFECTED BY HURRICANE MARIA**

## BENEFICIARY SELECTION CRITERIA

**Category 1** The eligible households will need to meet the following criteria simultaneously

- The household has **lost the main source of income**
- The head of the household is **currently unemployed**
- There is **no other household member currently working**

**OR**

**Category 2** The eligible households will need to meet the following criteria simultaneously

- The head of the household is **currently unemployed**
- There is **no other household member currently working**
- The house was **destroyed or severely damaged**

**AND**

The households falling under both categories need to meet **ONE OF THE FOLLOWING CRITERIA** in order to be eligible:



It is a single-headed household with 2 or more children



There are more than 2 dependants in the household



The house consists of **ELDERLY PEOPLE ONLY** or **ELDERLY PEOPLE** caring for **CHILDREN**



There are pregnant/ lactating women or children under 2 years in the household



There are chronically ill or physically/mentally ill challenged in the household



The household is caring for a foster child



The house was destroyed or severely damaged

☎ 277-8657; 285-0989; 614-3000    ✉ domeomaria@gmail.com    📍 the Beneficiary Selection Committee of your community

THE PROCESS IS ONGOING. IF YOU HAVE NOT BEEN REACHED, PLEASE CHECK WITH YOUR VILLAGE COUNCIL.

