



CaLP Case Study
**Shop vouchers for hygiene kits in
Port-au-Prince, Haiti**

Oxfam GB



Oxfam

Nimero Kod:

0008

Oxfam GB PHP PaP, Haiti 2010

Valab pou dat:

21-23 Sept 2010

Non mèt boutik la:

Alexis Tosué

Non benefisyè a:

Judith Samtil

Koupon sa gen ladan l:

10 savon twalèt

2 pakè Kotex

5 papyè twalèt

1 kivèt

1 bokit

2 pat

Carrefour

! Koupon sa pa ka change pou lot bagay !



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In the aftermath of the 2010 Haiti earthquake, Oxfam's Public Health Promotion team used a voucher programme to provide beneficiaries with essential hygiene items through local shops. The voucher system was chosen so that beneficiaries could access hygiene items in a normal and dignified way, and in order to pilot an innovative approach to dealing with the challenges of in-kind distributions in an urban setting.

1 Humanitarian context

Haiti is the poorest country in the Western Hemisphere. 80% of the population lives below the poverty line, the economic system is weak and fragmented, and Haiti is subject to regular natural disasters. On January 12th, 2010 a major earthquake measuring 7.0 on the Richter scale struck 16km from the Haitian capital, Port au Prince. According to estimates by the Haitian Civil Protection Agency, 217,366 people died and 300,572 were injured, although consensus on these figures has never been reached. An estimated 3 million people, representing one third of the national population, were directly affected by the earthquake. Over 1.1 million people were made homeless: 537,180 sought refuge in 349 makeshift camps around Port au Prince, another 511,405 left the capital for surrounding rural areas, and many remained living in the streets close to their houses or in very small settlements throughout the city.

Initial humanitarian needs were search and rescue, medical assistance and general water supply, followed almost immediately by provision of shelter materials, sanitation and hygiene, food security, support to livelihoods, solid waste management and rubble removal, camp management and the protection of vulnerable groups. The second phase of the emergency response aimed to increase and consolidate the initial provisions and to find medium-term solutions such as transitional settlement sites, and provide support to those who could return home.

Advantages of vouchers

The voucher modality was chosen so that recipients could access hygiene products in a normal and dignified fashion, as they used to do before the earthquake. The use of local shops prevented beneficiaries from having to travel long distances.

Vouchers were also piloted as a solution to the challenges and security risks of 'classic' in-kind distribution in a context of urban poverty. Moreover, Oxfam hoped that by contracting small traders, the voucher programme would help to stimulate local business, leading to longer-term economic gains.

2 Programme overview and rationale

Oxfam has been working in Haiti since 1978, with both permanent programmes and humanitarian aid. In response to the 2010 earthquake, Oxfam International decided to focus on water and sanitation, shelter, food security, livelihoods and the provision of Non-Food items (NFIs) in the metropolitan area and some affected areas outside Port au Prince. The voucher programme was part of the second phase of the response, with preparations beginning in late June 2010 and implementation taking place in September - October.

The objective of the programme was to improve health conditions in the area of Carrefour Feuilles by facilitating access to hygiene kits for vulnerable families. Beneficiaries were selected from an existing canteen project which was providing daily hot meals to displaced families. In order to deal with the massive challenge and security risks of 'classical' in-kind distributions in an urban context, Oxfam decided to pilot a voucher programme for beneficiaries to access hygiene items through local shops.

Assessment

Oxfam had already conducted a market assessment that evaluated local shops' suitability to a cash grant programme. Aspects such as financial and management capacity, levels of expenditures and products traded, as well as availability and prices of key hygiene products of interest for public health promotion (soap, toothpaste, 20-liter buckets, basins, Kotex sanitary pads and toilet paper) were investigated.

The items to be included in the kits were selected as a result of a quick household needs survey among the beneficiaries of the canteen project. A further survey also investigated the locations where they accessed hygiene products, as well as costs, quality and type of products.

Another brief market survey showed that some local shops did sell hygiene items although in limited variety and quantity, and that beneficiaries were already buying other essential items from these small-scale shops.

Disadvantages of vouchers

Vouchers are administratively burdensome and require a lot of preparation, planning and monitoring, especially when the concept is new and staff are used to in-kind distributions. New risks such as fraud and/or resale of vouchers can also be challenging to deal with.

It also takes time to negotiate contracts with local shops and socialise the programme to beneficiaries, making this a difficult approach for a first-phase response, especially in contexts where there has been no prior preparedness to implement cash and voucher programmes.



3 Implementation

Beneficiaries

The project reached 1,000 families. One member of each family could participate in the cash for work activities. Considering the average family size, the project thus contributed to the food security of 8,000 people in Hurungwe district.

Targeting method

Eligible beneficiaries were selected by partner organisations from five areas where registration was being conducted for the canteen project. Partners were asked to identify 100 vulnerable families per area for participation in the voucher programme. Families were targeted according to the following criteria: no source of revenue, households with high dependency ratio, and households with a family member who was elderly (more than 60 years old), physically or mentally challenged, a widow or widower, pregnant, or chronically ill.

Beneficiaries

A total of 551 families were identified as eligible, but only 440 families were included in the pilot, because no suitable shop meeting the criteria was identified in the area where the remaining 111 lived.

Delivery mechanism

Oxfam used a system of 'commodity vouchers', which could be exchanged through contracted shops for a fixed quantity of specified hygiene commodities. Vouchers were chosen over cash grants because a voucher system would ensure that beneficiaries' hygiene needs were met, whereas a cash grant might have been spent on other needs.

Initially, 'cash vouchers' were considered for this project, in order to allow beneficiaries greater choice in selecting hygiene items to meet their specific needs. However, while cash vouchers might have allowed beneficiaries to access hygiene items from a wider list of products and to choose between products according to their needs, commodity vouchers were chosen in order to make the pilot more manageable, and in recognition that small shops were not prepared to deal with stocking a greater diversity of items in increased quantities.

Hygiene kit composition and value

Each voucher was redeemable for: 10 bars of soap, 2 tubes of toothpaste, 5 rolls of toilet paper, 2 boxes of sanitary pads (Kotex), 1 bucket, and 1 large basin. The value of these items was estimated at 645 HTG (Haitian Gourdes), approximately US\$ 15.

Activities

After having been registered, beneficiaries received a voucher that was redeemable at an assigned local shop. In order to give more flexibility and avoid overcrowding in the shops, beneficiaries were given 3-4 days to redeem their vouchers.

Shop owners received a list of the beneficiaries who would visit them, and used personal information to verify the identity of the person who presented the voucher, including: first and last names, beneficiary code, mother's name, identity number, a telephone number and signature. Only after verifying the beneficiary details could shop owners give them the agreed hygiene kit.

On distribution days, Oxfam conducted random visits to verify if procedures were being complied with.

Pre-selection of shops

Oxfam initially pre-selected 14 from the 54 shops involved in their existing cash grant programme. Pre-selection criteria included:

- ability to scale up their storage capacity;
- display and sale of the hygiene items that composed the hygiene kit;

- adequate economic and physical capacity to procure and store the needed quantities;
- proximity to beneficiaries;
- quality of hygiene items.

An initial meeting with the 14 pre-selected shop owners was conducted to present the project, its advantages, general contractual conditions and procedures, and to assess shop owners' willingness to participate in the project.

Pre-selected shops were then asked to propose a budget for the list of items, based on the prices in the area. Then an average price was negotiated that still ensured a profit margin for the shop owners. This process of fixing prices was conducted with all the 14 pre-selected shop owners, as agreeing prices represented one of the criteria for the final selection.

Final selection of shops

All 14 pre-selected shops were visited so that the market team could verify:

- whether they were regularly open and accessible to beneficiaries at all times;
- whether they were selling the hygiene products included in the kit at the prices stated;
- whether they were interested to add buckets and basins to their commodities, and willing to find suppliers for these commodities;
- whether they had the size, organisation, security and hygiene conditions for proper storage.

Eventually, **7 shops were selected** to participate in the project. After that, Oxfam organized first a meeting and a workshop with the selected shops' owners, in order to present and discuss topics such as:

- results of the shop survey;
- selection criteria;
- planned activities;
- distribution timeframe;
- contractual issues;
- timeline of activities;
- hygiene kit contents;
- Oxfam's Code of Conduct.



Claudette and her daughter in their shelter that they share with 4 others. Sanitation and hygiene were critical issues for people living in temporary shelters

Contract: Responsibilities of Shopkeepers

1. Comply with all conditions of the contract, deadlines, and procedures.
2. Ensure the implementation of project activities at field level in accordance with the detailed budget approved by the shops and activities planned by OGB that are included in the contract.
3. Inform OGB of any constraints or other difficulties that had arisen under the contract.
4. Ensure that each beneficiary on the registration list receives 10 bars of soap, 2 tubes of toothpaste, 5 rolls of toilet paper, 2 boxes of pads (Kotex), 1 bucket of 5 gallons, and a large basin in exchange for one (1) voucher.
5. Follow the specifics outlined in the contract regarding the quality, quantity and the exact cost of personal care products.
6. Do not deliver defective products to beneficiaries.
7. Delivery of 100% of products with the first tranche of 30% of the total payment received in advance by OGB.
8. Stock all required goods 2-3 days before the deadline for the audit proposed by OGB.
9. Ensure storage and security products for the duration of the project. OGB is not responsible for losses in terms of products or profits.
10. Respect the time allowed by OGB for distribution.
11. Do not exchange the vouchers for other goods or services.
12. Do not sell vouchers to other beneficiaries.
13. Undertake to deliver one complete kit per voucher per beneficiary.
14. Do not deliver hygiene kits to people whose name, voucher code and telephone number are not registered on the list of beneficiaries for his shop.
15. Follow the agreed verification procedures of:
 - a. Check the name of the shopkeeper identified on the voucher.
 - b. Check the recipient's name, surname and voucher code on the list of beneficiaries.
 - c. Ask the recipient's phone number.
 - d. Ask the recipient to write their ID number and sign the list.
 - e. Retain vouchers and attach them in order with the distribution list.
16. Serve all recipients equally and in a respectful manner, and do not discriminate against recipients for any reason.
17. Subscribe to the Code of Conduct for OGB.

Transfer of funds, purchase and distribution of commodities

After signing contracts, the shops received 30% of the funds to purchase the full quantities of hygiene items required by the project. The shops had a week to procure and stock the hygiene items, whose quality and quantity was verified by Oxfam three days before the voucher distribution. Monitoring and verification was conducted on a third of the shops. Vouchers were collected by the shops and then the amount of goods distributed was reconciled with the number of vouchers distributed and the signed distribution lists. Only after reconciliation were the remaining 70% of funds transferred.

Scale up

The initial plan was to scale up the intervention to 2,000 households and increase the number of shops if the project was considered successful. However, the project was discontinued due to a cholera outbreak after the completion of the pilot, as most of the human resources were diverted to respond to the cholera emergency.

4 Programme Impact

Monitoring & Evaluation

Post-distribution monitoring aimed at assessing the process and progress of the intervention, as well as determining beneficiaries' access to, satisfaction with and use of the hygiene items. It also recorded learning about the voucher modality. Monitoring tools included interviews with 45 beneficiaries (6-7 per shop) and 7 shop owners, and focus discussions with one male group, one female group and one group of accountability focal points.

Main findings from interviews with beneficiaries

- Voucher exchanges happened without any security problems.
- 100% of the respondents received complete hygiene kits.
- 100% of respondents considered that the hygiene kits helped to improve sanitary conditions.
- 100% of respondents considered that the quality of the hygiene kits was appropriate.
- 68.9% of the respondents considered that the kit items were enough to meet their needs.
- 95.6% of respondents used the items themselves and 2.2% shared them.



Oxfam staff distribute the vouchers in one of the target areas



Oxfam

Nom mèt bonifikè: _____

Nom benefisyè a: _____

Plisyon ou date validite: _____

Valab pou dat: _____

Nimero Kod: 0057

Doris Jean

Doris Jean

Beneficiaries could bring their vouchers to a specified local shop over a period of several days



Beneficiaries responding to interviews:

- 82.2% were direct voucher beneficiaries
- 17.8% were disabled or elderly
- 82.2% were household heads
- 5.7% were disabled, 5.7% were injured in the earthquake, 8.6% were chronically ill, 5.7% were orphans and 74.3% were widow/ers
- 88.8% were women
- 58.5% were part of Oxfam's canteen and grant programme

Findings from the interviews with shop owners

Positive

- Supplies were easy to find and acquire.
- The project did not undermine shops' ability to attend usual customers, since the voucher exchange happened only once, and took only 3-4 days.
- The project helped shops to increase stocks, to display and sell additional products and to increase the number of clients.

Negative

- Beneficiaries coming from other neighbourhoods had trouble locating the shops.

- Some of the shops' usual customers complained about not having been included as beneficiaries.
- It was very difficult for shop owners to acquire all the stock necessary with a down payment of only 30%. They would rather have received an advance of 70%.

Suggestions

- Inclusion of a wider range of items, including food, in future similar programmes.

5 Key lessons learned

Implementation and preparedness

- Voucher programmes are time intensive and require dedicated full-time staff (programme and finance/logistics), especially when staff, beneficiaries and/or traders are unfamiliar with the approach. As such, they are difficult to implement in immediate first-phase emergency response unless staff already have the required skills and the necessary systems and relationships are in place before the emergency.
- It is important to invest in preparedness for CTPs in disaster prone areas (particularly urban areas) to ensure a timely response when disaster strikes. This includes building the skills, capacity and confidence of teams from across different sectors. If the PHP teams had sufficiently experienced staff, the voucher programme could have been scaled up as part of the cholera response, instead of discontinued.

- Implementing agencies should invest in developing more systematic integration between sector-based teams, especially in urban settings. Collaboration between teams, in this case between the Public Health Promotion (PHP) and Emergency Food Security and Livelihoods (EFSL) teams, is critical to maximising human resources and saving time, for example by undertaking integrated assessments and evaluations. In this case, the inclusion of hygiene items into the EFSL-led market assessment was a key factor that enabled this pilot to be undertaken.
- In order to be successful and timely, voucher programmes require the involvement of logistics and finance teams from the outset of the programme and throughout the project cycle.
- The involvement of inexperienced teams in a cash or voucher initiative requires the provision of appropriate cash programming tools, training and technical support to them.

Appropriateness for beneficiaries

- Beneficiary identification and verification criteria do not have to be formal or complex. In this programme, a simple set of identification questions was sufficient to confirm beneficiaries' identity, and appropriate to the target group.
- In developing this pilot, cash grants were also considered as an option. However, the PHP team felt that vouchers were more appropriate to the programme objectives because they wanted to guarantee that beneficiaries used the assistance to meet hygiene needs and to instil hygiene practises. The hygiene kit vouchers were part of a larger programme that included training and other public health promotion activities.
- The decision to use commodity vouchers restricted the choice of beneficiaries compared to cash vouchers, which would have allowed them to choose from a list of hygiene items up to a determined cash value. However, while allowing beneficiaries more flexibility, cash vouchers depend on the ability and willingness of shops to stock a wider variety and amount of products, some of which might remain unsold at the end of the project. Commodity vouchers are less risky, and thus may be more appropriate for small traders, especially if the programme is introducing new commodities and traders are unfamiliar with how these will sell.

- Although beneficiaries reported liking the programme, further research should be undertaken to evaluate beneficiary satisfaction with a voucher or voucher fair approach compared to a 'classical' in-kind distribution.
- Out of the 551 initially selected families, only 440 could participate in the project due to the unavailability of a suitable shop in their area. In a scaled-up intervention, another approach, for example a voucher fair or a cross-sector programme that provided support to traders at the same time, could have been considered in order to make goods more accessible and provide support to a greater number of shops.

Managing relationships with traders

- Voucher programme managers need to clearly define whether traders are contractors or whether they are beneficiaries of the voucher programme.
- If the objectives of the programme include stimulating the local economy and supporting small businesses, traders should be treated as beneficiaries. In this case, more traders could have been included in the programme and the full number of beneficiaries could have been reached if this approach had been taken.
- The proportion of payment given in advance needs to be adequate for traders to acquire sufficient stock of goods in order to meet the needs of beneficiaries.

Cost effectiveness & efficiency

- The cost-benefit of this commodity voucher programme compared to an in-kind distribution of hygiene kits needs to be evaluated.

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Resources and Further reading

The following documents are all available in the CaLP online library (www.cashlearning.org/resources/library):

CaLP (2011) *Vouchers: A quick delivery guide to cash transfer programming in emergencies* (CaLP)

CaLP (2010) *Delivering Money: Cash Transfer Mechanisms in Emergencies* (Save the Children UK)

Harvey, P. and Bailey, S (2011) *Good Practice Review 11: Cash Transfer Programming in Emergencies*, (ODI/ CaLP)



A beneficiary leaving a shop with her hygiene kit



CaLP

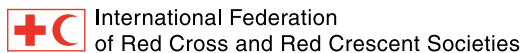
The Cash Learning Partnership (CaLP) aims to promote appropriate, timely and quality cash and voucher programming as a tool in humanitarian response and preparedness.

Originating from the will to gather the lessons learnt from the Tsunami emergency response in 2005, the CaLP is today composed by Oxfam GB, the British Red Cross, Save the Children, the Norwegian Refugee Council and Action Against Hunger / ACF International. The five steering committee organisations have come together to support capacity building, research and information-sharing on cash transfer programming as an effective tool to support populations affected by disasters in a way that maintains dignity and choice for beneficiaries while stimulating local economies and markets.

In 2010, the CaLP partnered with the International Federation of the Red Cross and Red Crescent societies (IFRC), with support from ECHO and Visa Inc.

For more information visit: www.cashlearning.org

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With support from



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