



**Impact of Social Cash Transfer on Multidimensional Poverty: A  
Case Study of Social Cash Transfer Program in Senjeh District, Bomi  
County in Western Liberia**

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***Disclaimer:***

This document represents part of the author's study programme while at the Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

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## List of Acronyms

ACF	Action Against Hunger
AFT	Agenda for Transformation
CEO	County Education office
CSO	Civil Society Organization
CSV	Comma Separated Value
DFID	Department for International Development
EU	European Union
FAO	Food and Agriculture Organization
FGD	Focus Group Discussions
IMF	International Monetary Fund
ISS	Institute of Social Studies
KII	Key Informant Interview
LACE	Liberia Agency for Community Empowerment
LISGIS	Liberia Institute for Statistics and Geo-Information Services
MDGS	Millennium Development Goals
MFDP	Ministry of Finance and Development Planning
MGCSP	Ministry Gender Children and Social Protection
MOHSW	Ministry of Health and Social Welfare
MOA	Ministry of Agriculture
MOE	Ministry of Education
MOF	Ministry of Finance
MOGD	Ministry of Gender and Development
MOL	Ministry of Labor
MOPW	Ministry of Public Works
MOPEA	Ministry of Planning and Economic Affairs
NASSCORP	National Social Security and Welfare Corporation
NGO	Non-Governmental Organization
NSPTC	National Social Protection Steering Committee
PCI	Project Concern International
SCT	Social Cash Transfer
SP	Social Protection
TTT	Technical Task Team
TWG	Technical Working Group
UCT	Unconditional Cash Transfer
UN	United Nations
UNDP	United Nations Development Programs
UNICEF	United Nations Children Endowment Funds

U.S	United States
USAID	United States Agency for International Development
WB	World Bank Group
WHO	World Health Organization
ISS	Institute of Social Studies



## **Abstract**

The role of money in the fight against poverty has been relegated to that of enhancer. But on the contrary, social cash transfer, the provision of social income to the poor is being hailed as a magic bullet in the fight against poverty. This led me to the re-evaluation the role of money in poverty alleviation beyond income.

This paper draws on a set of capabilities and functionings to explore the extent to which money impacts multidimensional poverty using the social cash transfer as a conduit. It compares social cash transfer beneficiaries and non-beneficiaries in Senjeh District, Liberia, using a nested quasi-experimental case study design and mixed methods data collection technique.

The results show mixed outcome between the case and control groups on two sets of dimension-human development and infrastructure. The program reverses and widens the poverty gap between the beneficiaries and the non-beneficiaries, and made the beneficiaries to leapfrog. This is due to mass poverty and the very narrow poverty gap between the two groups. Consequently, these results are unacceptable from a social policy perspective because social programs are meant to narrow poverty gaps and not to create, reverse or enhance them. However, the results on the other hand demonstrates that without money the poor are unable to convert access to improve infrastructures into desire capabilities and functionings as manifested by the control group. And that money has an immeasurable impact on multidimensional poverty as indicated by the leapfrogging of the beneficiaries above the non-beneficiaries of the program.

This paper therefore concludes that if the little money provided by SCT can create such a gap in human development between the two groups, it means that SCT can be very effective if well designed, considering the context. It also demonstrates that the more access the poor have to money the better they will be. Therefore money has impact on multidimensional poverty and is fundamental in the fight against poverty, and securing well-being for the poor.

## **Relevance to Development Studies**

No topics are more relevant to development studies than poverty and social protection. This study highlights the role money plays in the fight against poverty through social cash transfer which is a transformative social protection intervention geared towards poverty alleviation. This study will help development workers and policy makers to critically think through their choices for poverty alleviation policies and interventions.

## **Keywords**

Social cash transfer, multidimensional poverty, mass poverty, targeting.



# Chapter 1. Introduction

## 1.1 Background

The war on poverty is an age old one that can be traced far back into history, reasonably to the British Poor Law in 1495 (Glennerster 2004a:16). And in recent history to the U.S. in 1964 when President Lyndon B. Johnson declared war on poverty with a promise to break through in thirty years, Johnson (1964) cited by the (House Budget Committee 2014:3).

By 1990 the number of extremely poor people in the world had reached 1.9 billion with majority of them living in the developing world (United Nations 2015:4). This rampant poverty in the developing regions can reasonably be linked largely to western imperialism following decolonization. After independence, many post-colonial states, especially in Africa, adopted developmental states policies in the decades of the 1960s and 70s and created development banks and state owned enterprises (Weisbrot et al. 2001:4) in response to their developmental needs. They provided gainful employments with job security and social protection for their respective citizens. Up to the 1970s state own banks control 65 percent of assets in developing countries (Marios 2013:2).

Subsequently, came the 1980s with the western engineered neo-liberal globalization program spearheaded by its twins agents- the World Bank and the International Monetary Fund (IMF). They came with structural adjustment (SA) policy prescription crafted under the so-called Washington Consensus, which was rolled out across the developing world. All state owned institutions were torn down through “liberalization” and “privatization”, and damaged the economies in the developing countries (Chang, 2002:1). Before structural adjustment, Sub-Saharan Africa gross investment rose from 15 to 20 percent in the 1970s and output generated from investment was 31 percent in the 1960s, but dropped to 2.5 percent in the 1980s during SA (World Bank 1989: 2-3).

The imperialist policies undermined countries' development programs to their very foundations. Import substitution policies were replaced by export oriented industrialization and adversely incorporates local labor into global production networks that are none labor friendly and anti-social policy in developing countries (Mezzadri, 2008: 603-4). These restructuring took away decent jobs, job security, social security, safety as well as dignity away from labor by introducing flexible employment policy that yields vulnerability and chronic poverty in the developing countries. SA opens investment opportunities for western companies, devalued labor and increased profitability of western companies and makes the locals vulnerable and poor.

By the close of the 1990s, hiking poverty had become alarming and claimed global attention. This resulted into the millennium summit in 2000 (United Nations General Assembly, 2000:1). The war on poverty was intensi-

fied with renewed vigor triggered by the Millennium Development Goals (MDGs) which placed emphasis on poverty as priority number one following the launch of the millennium declaration (United Nations General Assembly, 2000:1). The MDGs emerged out of the millennium declaration with strong reflection of social protection mainly for developing countries (Barrientos and Hulme 2008:9).

What seems to be recycled social policy instruments that have been around for centuries were re-engineered and set into motion. Social transfers to the poor were stepped up by developing countries themselves and have revolutionized the age old war on poverty with visible impacts (Miller and Themba 2012: 7-9; DFID, 2011: i-viii; Baird *et al*, 2009; Hanlon et al. 2010).

Social provisions for poverty alleviation have been around as long as poverty itself, even before the English poor laws (Glennister, 2004b:64). In Biblical days there was a woman name Dorcas, who provided clothes and food for the poor and widows in her community in Joppa (WBC 2006: 895)<sup>1</sup>. Joppa is now called Jaffa located on the South Western coast of Israel (Smith's Bible Dictionary)<sup>2</sup>. Today, like in other developed countries, there are over some 90 federal programs aimed at poverty mitigation in the U.S. alone (House Budget Committee 2014:4). Much of their administrative mechanism had created a welfare and poverty trap for recipients (Samson 2009:46). Half a century after Johnson's declaration in 1964 the U.S has only managed to reduce poverty by 2.3 percent with trillions of dollars spent (House Budget Committee 2014:3).

On the contrary, Latin American countries, including Brazil had successfully established social transfer programs (Schubert and Slater 2006:571). Many African countries including Mozambique, Zambia, Malawi, Ethiopia, Ghana, Kenya, Zimbabwe, Liberia, South Africa among others have followed with favourable outcomes (Schubert and Slater 2006:571; Oxford Policy Management 2013; FAO 2013; Kirera 2012; Miller and Themba 2012; Woolard and Leibbrandt n.d).

Consequently, social cash transfer has become a major social policy intervention in Africa, where extreme poverty is at 40 percent (United Nations 2015:4). Evidence from elsewhere in the south and within Africa have led to making social cash transfer a major weapon for the war against poverty especially in sub-Saharan Africa.

Policy wise, the government of Liberia had embraced social cash transfer (SCT) as a key instrument to address the high rate of poverty in the country (Ministry of Planning 2013). Poverty escalated in Liberia following fourteen years civil war that ended in 2006. The incidence of poverty in 2007 stood at 63.8 percent with extreme poverty at 57.9 percent the same year (LISGIS

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<sup>1</sup> Acts Chapter 9 verses 36 in the World Bible Translation Center's Bible

<sup>2</sup> The Smith Bible Dictionary is an online Dictionary that can be found at <http://www.bible-history.com/smiths/1/Joppa+or+Japho/ta> Accessed 17 September 2015

2007). Malnutrition due to food insecurity was high with 39 percent of children in Liberia stunted and 19 percent underweight (LISGIS 2010). The government responded by launching the social cash transfer pilot project in Bomi County in 2009 with supports from development partners (UNICEF 2012: 4). Bomi was among counties with the highest number of food insecure households at the time (Ministry of Planning 2006: xvii).

The program is targeted and therefore inclusion is based on means testing with two broad criteria: 1) a household must be extremely poor, and 2) must be labor constraint (KII-5). It targets the bottom ten percent of the households in Bomi County and seeks to reduce hunger and starvation, increase nutrition level of household members mainly children, enhance school enrolment and attendance and improve beneficiary health status (KII- 5)<sup>3</sup>. The program had been scaled up to every district in Bomi County and to a second county since 2012 under the stewardship of The National Social Cash Transfer Secretariat of the Ministry of Gender Children and Social Protection (MGCSP) based on the impressive impact of the program (Miller and Themba 2012). The World Bank is funding the rolled through the MGCSP<sup>4</sup>.

This research assessed the impact of the social cash transfer program being implemented by the Ministry of Gender, Children and Social Protection (MGCSP) in Senjeh, one of four districts in Bomi County, Liberia. It focuses on determining the impact of money income on multidimensional poverty using social cash transfer as a conduit. The analysis in this study compares program beneficiaries and non-beneficiaries on key poverty indicators and delved into how the program impacts beneficiaries beyond providing income and draw on the findings to argue how money income impacts multidimensional poverty.

## 1.2 Relevance and justification of the research

Our capitalist world spins money. But money had long been relegated in the poverty discourse. As Sen put it, poverty is not just the shortfall in income or consumption and therefore looking at poverty as a lack of income or shortfall in income overlook the multidimensionality of poverty Sen (1985, 1997, and 1999) in (Laderchi et al, 2010:253-4). By and large, development scholars are in agreement on the limitation of money in addressing poverty. However, money metrics continues to dominate poverty analysis (Laderchi et al, 2010: 247).

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<sup>3</sup> (KII-5) Social Cash program local manager in Bomi County key informant interviewed (August 19, 2015).

<sup>4</sup> USAID is supporting an NGO called PCI to provide social cash in Bomi and to other counties to expand access; PCI started operations in Bomi and Cape Mount Counties in March of 2015. ACF is also doing same in Bomi.

On the other hand, however, while money is being pushed aside to a facilitating role, social cash transfer which provides minimum social income to the poor is being hailed as a magic bullet in the fight against poverty (Miller and Themba 2012:7-9). Interestingly, these are two parallel consensus that are not converging. The social cash phenomenon has necessitated the reassessment of the role that money plays in poverty alleviation beyond income. This study sought to analyse the Liberian social cash transfer program in Senjeh District to understand how and to what extent money impacts multidimensional poverty.

This study, however, does not seek to get into the merits and demerits of any specific measurement used in poverty analysis. By and large, they all have their shortcomings, even the most celebrated multidimensional approaches (Laderchi et al 245, Robeyns 2006: 371-4). Neither does this study seek to establish the efficacy of social cash transfer. There are tons of papers in the literature that have done that already. But rather to provide insight into the impact mechanism of money as an effective tool in addressing multidimensional poverty, drawing on impacts of social cash transfer.

### **1.3 Research objectives and questions**

#### ***Research objective***

The objectives of this research are in three folds. First, to explore the link between multidimensional poverty and money income, secondly to highlight money as an effective tool to alleviate multidimensional poverty; and finally to generate additional evidence and highlights available ones in the literature to support the advocacy for the government of Liberia to invest in social cash program to make it sustainable in the fight against poverty.

#### ***Research questions***

This research responds to the following questions:

- I. How and to what extent does social cash transfer impact multidimensional poverty?
  - i. How is the wellbeing of social cash recipients different from those of non-recipients?
  - ii. What are the inclusion and exclusion dynamics and their impacts on social cash results?
  - iii. What are other factors that enhance or impede the impact of social cash on well-being?
  - iv. What are the links between money and multidimensional poverty?

## 1.4 Methodology and limitations of the research

### *Study design*

This research design was a nested quasi-experimental case study that explored the social Cash transfer program in the Senjeh District as a case. It puts cash transfer beneficiaries in the case group and non-beneficiary who are also poor but did not meet all the selection criteria for inclusion into the program in the control group for comparison.

I selected case study design because it lends itself to the generation of data to explore and understand a problem and to establish the causal links between a problem and intervention or solution. According to Yin, case study is the best research methods if one seeks to understand the “operational links” of some phenomenon or program of interest (2014:10). Additionally, it supports the conceptual framework and theoretical basis of this study (Robeyns, 2006:358).

### *Sampling and selection of study participants*

Convenience sampling method was used for this study. Time and money limitations largely influenced the selection of this method. Communities were selected based on the concentration of targeted population not to delay data collection and to keep the cost at a minimum possible level. The SCT beneficiary database was used to identify the communities. During the data collection, households with dependents were favored in the sampling to enable me disaggregate the household to do justice to the capability approach used to this study.

For the control group, poor people that did not meet all the criteria for inclusion into the social cash program were recruited. Other inclusion criteria included gender, generation, knowledge about the program and context and the role an individual plays in the community, for key informants.

### *Data collection techniques*

Mixed method data collection technique was used. Qualitative and quantitative data as well as primary and secondary data were gathered over a six week period starting with preliminary secondary data collection.

A survey covering 291 respondents from 117 households was conducted in eight communities in four of the five clans in Senjeh District, Bomi County. Tablet computers were used for the survey data collection. Eighteen in-depth interviews, seven key informant interviews and six focus groups were conducted. All six focus groups were done only in the two urban communities. One out of the six focus groups were male, while the rest were female. It was not possible to organize focus groups in the rural communities because I made only one visit to each rural community due to logistics constraints. Some of the key informant interviews, especially those with program experts and staff and focus groups were tape recorded. Some of the focus group's recordings did not

come out well, but detailed notes were taken by research assistants. See appendix 1. For data collection techniques and list of communities.

### ***Data management and analysis***

Data gathered were managed through various means. The survey data was manage remotely via the internet. The software and system used were fulcrum and android. We had paper questionnaires for backup in case the tablet fails. Quantitative data were analysed using Microsoft Excel 2013. Descriptive statistics including frequency and mean were calculated, as suggested by Robeyns (2006:358) for application of Capability approach. Qualitative data were captured through field notes and tape recorders. Interview guides were used. The qualitative data were transcribed in Microsoft Word 2013 and analyze manually along patterns and themes.

See social demography characteristics of survey respondents in table 1.



**Table 1: Social demographic characteristics of survey respondents**

	Beneficiaries		Non-beneficiaries		Total	
	N	%	N	%	N	%
<b>Categories of respondents</b>						
Household heads	54	46.2	63	53.8	117	40%
Dependents	84	48%	90	52%	174	60%
<b>Total respondents</b>	<b>138</b>	<b>47%</b>	<b>153</b>	<b>53%</b>	<b>291</b>	<b>100%</b>
<b>Sex of all respondents</b>						
Female	89	44.3	112	55.7	201	69%
male	49	54.4	41	45.6	90	31%
<b>Total respondents</b>	<b>138</b>	<b>47%</b>	<b>153</b>	<b>53%</b>	<b>291</b>	<b>100%</b>
<b>Sex of SCT Household heads</b>						
Female	36	41.4	51	58.6	87	74%
Male	18	60.0	12	40.0	30	26%
<b>Total respondents</b>	<b>54</b>	<b>46%</b>	<b>63</b>	<b>54%</b>	<b>117</b>	<b>100%</b>
<b>Locality of Respondents</b>						
Rural	54	50.9	52	49.1	106	36%
Urban	84	45%	101	55%	185	64%
<b>Total respondents</b>	<b>138</b>	<b>47%</b>	<b>153</b>	<b>53%</b>	<b>291</b>	<b>100%</b>
<b>SCT Household head Education</b>						
Completed secondary	2	4%	3	5%	5	4%
Completed primary	4	7%	11	17%	15	13%
Some primary school	8	15%	5	8%	13	11%
Did not go to school	40	74%	44	70%	84	72%
<b>Total household</b>	<b>54</b>	<b>46%</b>	<b>63</b>	<b>54%</b>	<b>117</b>	<b>100%</b>
<b>Respondents age</b>						
Household heads mean age		61.6		54.6		58.1
All respondents mean age		35.5		30.6		32.6

*Source: Author's own base on field work (household survey)*

### **Study limitations and challenges**

This study has some limitations. The sampling methodology was convenient. Statistical estimation of net impact was not feasible and also not intended for the study. No multivariate analysis was performed.

I could not get the SCT program manual and reports from the MGCSP. Every effort made failed.

### ***Structure of the paper***

This paper is structured into six chapters. The rest of the chapters are arranged as follows. Chapter two presents the theoretical foundation that frame the paper. Chapter three focuses on the context, policy environment, program development and implementation. It discusses stakeholders' participation and coordination, and institutional nexus. Chapter four present the findings from the research and assesses impacts of the Cash Transfer program in Senjeh District and related program implementation issues. Chapter five is dedicated to debate around the impact of cash transfer, the social policy implications of key findings and the role of money income in multidimensional poverty alleviation. The paper ends with chapter six puling the arguments into a logical conclusion and made recommendations.

# Chapter 2 . Theoretical Framework

## 2.1 Introduction

The definition of poverty is fluid and its conceptualization is controversial (Bradshaw, 2005: 6). However, there is consensus on the multidimensionality of poverty (Laderchi et al, 2010:244; Fukuda-Parr, 2006:7). This chapter forms the theoretical foundation for arguments made in this paper drawing on grounded conceptualization and analytical frameworks developed by well-placed authors in the literature. It contextualizes and operationalizes key concepts employed in this research and theoretically situates this study.

## 2.2 Theoretical and conceptual frameworks

### *Conceptualizing poverty*

Theoretically, poverty can be traced to many sources. These sources have been brought together into what Jordan classifies as “two ideological divides”, cultural or behavioural and Structural causes (2004:18). For Ryan (1976), he indicted the poor for being responsible for their own poverty; Goldsmith and Blakely on the other hand described poverty as an accident and blamed it on structure; Schiller (1989) terms it as restricted opportunity, with the poor having little or no opportunities to get out of their conditions; and Jennings (1999) compared the various theories looking at the individual versus societal divides with “emphasis on the racial and political dynamics” as cited in (Bradshaw, 2005: 6). Bradshaw argues that poverty is a complex social problem with many roots, and pointed out five key theories that explains poverty. They include individual causes, cultural factors, political-economic and structural, geographic and cumulative, and cyclical causes (2005:4-15). He defines poverty as the lack of necessities including “food, shelters, medical care and safety”; and said these necessities are generally “based on share value and human dignity” (Bradshaw, 2005: 4).

Consequently, the response by governments, organizations and individuals to poverty are influenced by the conceptualization each subscribes to (Bradshaw 2005: 3), and their social policies are influenced by these conceptions, Schiller (1989:4) cited by (Bradshaw 2005: 3).

This study follows the structural theory of poverty which presents poverty as systemic and structural and as a product of the political economic system which limits people’s access to opportunities and resources (Bradshaw 2005: 10). Conceptually, poverty is diverse just as the theories. What is sure is a global consensus on the impacts of poverty on people’s wellbeing (Ehrenpreis, 2006: 2). Appendix 2 presents some of the most common poverty conceptualizations. From that table, the monetary and capability approaches are discussed in a little detail compare to the other because the former is widely used, and analysis and discussion in this paper revolve around the later.

The monetary approach links poverty to short fall in income or consumption (Laderchi et al 2010: 246). It is the most common poverty analysis approach, but is equally the most criticized among the many approaches. One of

the well-known critics of this approach is Amartya Sen who proposed the capability approach as an alternatives framework that incorporates other none money income dimensions. Sen's alternative approach emphasizes the expansion of people's capabilities as the means to escape poverty (1985, 1997, and 1999) cited in (Laderchi *et al*, 2003:253). He criticized money income as a representation of wellbeing and maintained that monetary approach focuses on the economic concept of utility maximization interpreted as "desire fulfilment" (Laderchi *et al*, 2003:253). Consequently, Sen argues that individuals face different situations and conditions in different contexts in converting money resource into desire outcomes- functionings. He said some individuals require more money than other to acquire the same functioning and the ability to convert some amount of money to improve the quality of life will vary with age, gender, health, location and conditions, Sen (1979) in (Alkire and Santos, 2013:5).

The capability approach defines poverty as "deprivation" or "failure to achieve certain minimal or basic capabilities; or capability failure". Well-being is termed freedom to lead live that people value and are able to achieve what they see as important in their lives. He elaborated on basic capabilities to mean ones "ability to certify certain crucially important functionings up to certain minimally adequate levels" Sen (1993) quoted in (Laderchi *et al*, 2003: 253).

### ***Understanding social Protection***

Social protection is an important measure to fight poverty. It provides protection for vulnerable people by building their resilience against social, economic and environmental shocks that impoverish the poor. Conway and Norton defined Social Protection as a public action taken in response to vulnerability, risk and deprivation which are deemed unacceptable within a given society" as cited in (Barrientos and Hulme 2008: 3). They advanced three key components of Social Protection that include:

- i. Social Insurance- which provides protection against contingencies such as unemployment, sickness, pension and old age. It is usually co-financed by employee and employer.
- ii. Social Assistance-provide support to those in poverty and those that are vulnerable and deprived. It is financed by government through tax. Social assistance can be provided by voluntary organizations, religious institutions and non-governmental organizations, as well as bilateral and multilateral institutions; and
- iii. Labor market regulations- which ensures basic standards at work places and extends rights to organization and voices to workers (Barrientos and Hulme 2008: 3). Labor market regulation is very crucial to ensure that workers' rights are protected, safety is assured and descent jobs are guaranteed and working conditions are less precarious. See table 2 for social protection framework.

Table 2: Social protection framework

<b>Vulnerability categories</b>	<b>Examples of Affected groups</b>	<b>Category of interventions</b>	<b>Category of programmers</b>
Chronically Poor	<ul style="list-style-type: none"> <li>○ Severely disabled</li> <li>○ Terminally ill</li> <li>○ Ethnic minorities</li> <li>○ Urban unemployed</li> <li>○ Pastoralists</li> <li>○ Subsistence small-holders</li> </ul>	Social Assistance	<ul style="list-style-type: none"> <li>○ Disability benefit</li> <li>○ Single-parent allowances</li> <li>○ Social pensions</li> <li>○ Food aid</li> <li>○ Food-for-work</li> </ul>
Economically at risk	<ul style="list-style-type: none"> <li>○ Cash crop farmers</li> <li>○ Internally Displaced Persons</li> <li>○ Orphans</li> <li>○ Informal sector workers</li> <li>○ Social insurance</li> <li>○ Widows</li> <li>○ The elderly</li> </ul>	Social insurance	<ul style="list-style-type: none"> <li>○ Formalized pensions</li> <li>○ Unemployment benefits</li> <li>○ Health insurance</li> <li>○ Maternity benefits</li> <li>○ Burial societies</li> </ul>
Socially vulnerable	<ul style="list-style-type: none"> <li>○ Ethnic minorities</li> <li>○ Abducted children</li> <li>○ People living with AIDS</li> <li>○ Victims of domestic abuse</li> <li>○ People with disabilities</li> <li>○ Street children</li> <li>○ Female-headed households</li> </ul>	Transformative action	<ul style="list-style-type: none"> <li>○ Changes to regulatory framework to protect vulnerable groups</li> <li>○ Operationalizing economic, social and cultural rights</li> <li>○ Sensitization campaigns</li> </ul>
		Social services	<ul style="list-style-type: none"> <li>○ Community based care</li> <li>○ Orphanages</li> <li>○ Refugee/IDP camps</li> <li>○ Crèches/pre-schools</li> </ul>

Source: Devereux et al. (2002) cited in (Devereux and Sabates-Wheeler 2004:13)

### ***Understanding social Cash transfer***

Social cash is the direct payment of money to the poor. It is a component of social transfer. Michael Sampson defines social cash transfer as follow:

A regular non-contributory payment of money by a government or non-governmental organizations to individuals and households with the objectives of decreasing chronic or shock-induced poverty, addressing social risk and reducing economic vulnerability. The transfer may be unconditional [or] conditional on households active-

ly fulfilling human development responsibilities (education, health nutrition, etc.) [...] (Samson 2009:43).

As a key principle, social cash transfer has to be paid directly to the beneficiaries, has to be regular and predictable to be effective as other social transfers such as food and other goods or services (DFID, 2011: 91). The underlining assumption of cash transfer is that ‘without any preconditions attached [on the use of the money] households would make prudent use of the money’ Hanlon (2004:181). According to Barrientos and Hulme, Cash transfer falls under the social assistance components of social protect (2008: 3). Cash transfer programs usually targets the vulnerable and poor in society, and is a form of social transfer.

On the other hand, social transfer in general, goes beyond cash transfer. It is the direct regular and predictable non-contributory transfer of good and services including cash to eligible households and individuals. Transfers may take the form of cash, in-kind transfer like food, voucher, free or subsidized good and services like health and education. Transfer may be provided as a universal entitlement, or targeted based on poverty or some other criteria. It may be unconditional, or conditional as defined in social cash transfer. Example includes safety nets; child grants; special pensions; disability allowances; and public works – cash for work and or food-for-work (DFID, 2011: 91).

## **2.3 Analytical framework**

This study uses capability approach in Sen (1984) cited in Devereux 1993) as an analytical framework. The capability approach assesses poverty and development on the basis of people’s wellbeing. That is, the quality of life (Robeyns, 2006: 351). To answer the research questions requires going beyond resources availability to link money resources to program results that is manifested through the well-being and functioning of the poor. According to Robeyns (2006: 351), the capability approach is not a theory that can explain poverty, but rather a framework that help to conceptualize and evaluate poverty. The capability approach is a multidimensional framework for poverty analysis and is presented as capability and functioning or what people are able to do or be (Robeyns 2011:1-4). The framework is broad and fall short of presenting a concrete measure of poverty because Sen did not provide a list of capabilities. However, Dreze & Sen (1995) suggested that any list of minimal capabilities should include health, nutrition and education, cited in (Laderchi et al, 2003:255).

This study adopted the capability approach as analytical framework. The three core capabilities proposed by Sen including nutrition, health and education (Laderchi et al, 2003:255) were adopted and expanded. Water, sanitation and hygiene, assets and gender equality were included from the literature (IFAD 2014: 8; Kovacevic and Calderon 2014:7). See table 3. for detail list of capabilities and functioning described as dimensions.

Table 3: Dimensions and indicators of multinational poverty

No.	Dimension	Sub-Dimension	Indicators
1	Nutrition	Stable food consumption Quality & diverse food Nutrition	-% of person who eat two meal per day (by children & Adult and Food kind (mixed)
2	Education	Children enrollment Adults education attainment	-% of children 4-15 years that are in school -% of Adults with completed primary education
3	Health	Access to health Quality of Health Care Health Status	-% of households in one hour walk away (5 km) to a Health facility -% of health facilities with Train health care provider & drugs -Children under five mortality
4	water, Sanitation & Hygiene	Access clean water, Toilet facility & Hygiene	Household access to improved source of water -% of Household with access to toilet facilities -% of people who bath with soap (children and adults)
5	Housing, Assets and energy	House quality Owns home Owns radio Owns TV Owns generator Owns farmland Owns Livestock Owns farming tools Households Energy sources	-% of homes constructed using (Thatch, zinc, mud, bricks & concrete) -% of household that own dwelling -% of household that owns a radio -% of household owns functioning Television set -% of household that owns power generator for electricity -% of household that owns farm land -% of households that owns live stock -% household owns farming tools -% of household per energy sources for lighting and cooking
6	Gender equity	Girls education Women empowerment	% of girl and boys enrolled in in school % of women participation in household decision making

— Source: Author's own with data from Laderchi et al, 2003:255, IFAD's Brochure (2014: 8) and Kovacenic and Calderon (2014:7)

# Chapter 3 . Policy Environment and Program Operations

## 3.1 Introduction

This chapter presents the country's context and policy environment in which the Social Cash Transfer program operates. It assesses the institutional arrangements and situates the social protection sector within the broader national development framework of Liberia. It assesses how the program evolves over time and delves into the targeting process and coordination mechanisms with key actors and other sectors.

## 3.2 Context and policy environment

Liberia is a post war country with 56.3 percent of the population poor (LISGIS 2010:n.p). Forty one percent of the population have limited access to food (Owadi et al 2010:n.p). Its population is 4 million (LISGIS 2009) and current per capital income is \$461 (World Bank website)<sup>5</sup> down from \$1,765 per capita in 1980 (Government of Liberia, 2011:2). Sixty-eight percent of the workforce is in the informal sector and 77.9 percent is in precarious employment (LISGIS, 2011:51). Liberia is natural resources rich and is home to about 40% of the remaining rain forest in West Africa and has a huge biodiversity (Owadi et al 2010). Liberia is a least developed country with a human development index of 0.412 (UNDP 2014:162).

Bomi is one of the fifteen counties of Liberia and is located in southwestern Liberia. It is highly food insecure (Owadi 2010: n.p). Poverty in Bomi stands at 52.4 percent compare to 56.3 percent nationwide (LISGIS 2010:n.p). Social Cash transfer was first piloted in Liberia in 2009 in Bomi County (Miller and Themba 2012).

Senjeh District, the study area is one of four districts in Bomi County. It is the most populous district in Bomi County with the population of 32,536 people constituting 36 percent of the county's population (LISGIS 2009). Senjeh District hosts the provincial capital of the county and contains large number of both urban and rural communities. The district hosts the county only hospital and has 6 primary health facilities (MOHSW Database)<sup>6</sup>. It has the only community college and one of two technical training school in Bomi County. It has five high schools, eight junior high and thirty four primary school. Its primary schools include public and private (Bomi CEO)<sup>7</sup>.

The district is the most viable in the county, both socially and economically. It has mainly micro enterprises including small provisions and glossaries shops. There is no major store or supermarket. There is no banks in the district. Local government is the major employer followed by micro enterprises

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<sup>5</sup> The world bank website <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD> accessed 12 September 2015

<sup>6</sup> Ministry of Health – health management information system – database downloaded August 30, 2015

<sup>7</sup> Bomi County Education Office situated in Tubmanburg, Bomi County



and NGOs. Employment opportunities are scarce in the district and county at large (In-depth Interview)<sup>8</sup>. It has the highest number of social cash transfer beneficiaries (SCT beneficiary database). See table 4 for county details.

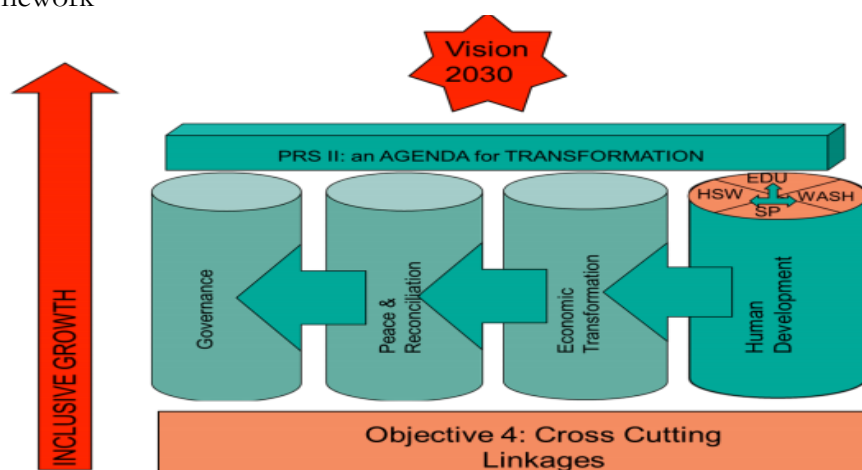
Table 4: Population and SCT beneficiary per district in Bomi County

District	District Projected population 2014	Number of Social Cash Beneficiary (Households)	Number of Social Cash Beneficiary (individuals)
Senjeh District	32,536	667	2315
Klay District	24,803	533	1622
Suehn-Mecca	19,497	377	1082
Dewoin District	14,183	323	1086
<b>County total</b>	<b>91,019</b>	<b>1900</b>	<b>6105</b>

### 3.3 Development of social cash transfer in Liberia

Liberia developed its first post war Social Protection policy and Strategy in 2013 (Government of Liberia 2013a). The document outlines the vision and strategy for social protection for five years. Its goals are to tackle poverty, vulnerability and inequality in Liberia. The document is a springboard for the development of social protection in the country leading to Liberia Vision 2030. It is also aligned with the Liberian Poverty Reduction Strategy paper named Agenda for Transformation (AfT). Social Protection, education, health, and water and sanitation constitute the human development pillar of the AfT (Government of Liberia 2013b:90). See table 1.

Figure 1: Social protection in Liberia’s broader development framework



Source: Government of Liberia (2013a: 27)

The Liberian Social Protection Policy defines social protection as:

<sup>8</sup> In-depth interview with beneficiaries and non-beneficiaries in Senjeh District in Bomi County in August 2015

The package of policies and programs implemented as part of public actions, that provide income or consumption transfers to the poor, protect the most vulnerable against livelihood risks, and improve access to economic opportunities with the aim of reducing food insecurity and deprivation, while increasing the resilience of vulnerable households and groups to shocks” (Government of Liberia 2013a: 10).

The social cash transfer program started in Liberia in 2009 as a government’s social protection program. UNICEF provided technical supports for the program development and financial resources. Additional moneys were provided by the European Union and the Japanese government. The program is aimed at mitigating poverty and improving livelihoods (Miller and Themba 2012: 13). The program is being implemented by the Ministry of Gender Children and Social Protection (MGCSP) formerly Ministry of Gender and Development. MGCSP was created by merging the Gender and Development Ministry with the Department of Social Welfare extracted from the Ministry of Health and Social Welfare. These institutional realignments were done in line with the social Protection Policy to defragment social protection service delivery.

The social cash program is being implemented under the Social Cash Transfer Secretariat based in the MGCSP. The Liberian approach to cash transfer seems unique. Though it is labelled as unconditional, but it places some duties on household heads, to send the children to school, provide regular meals for dependents, ensure that dependents get health care when needed and that children are not subjected to child labor (KII-5). Considering these requirements, I would describe the Liberian model as a ‘hybrid’ social cash transfer program.

Payment of transfer to beneficiaries is done on a bimonthly basis (KII-5). At some point in the program, there were dual payment systems, including direct cash payment and electronic money transfer using a mobile phone. The electronic payment was intended for those within mobile phone network coverage. And those outside the reach of phone networks received cash directly at designated payment sites.

The electronic payment system did not work well and was therefore abandoned. Many of the beneficiaries are illiterate, some of the phones provided to beneficiaries by the phone company were faulty and never worked, and customer services for payment were poor. Long waiting time due to unnecessary delays at mobile phone offices was reported. Some beneficiaries were robbed of their money while in route from the payment site late hours, which were far away from some of the beneficiaries’ homes (In-depth interviews). The transition from the e-payment back to cash payment took six months and beneficiaries did not receive transfer during those six months. Beneficiaries interviewed made references to the six month delay plus experience with long waiting time to collect their transfer from mobile money and poor human relations with the

previous SCT management team as unfavourable experiences with SCT Program.

Notwithstanding, mobile payment scheme should not be abandoned. Evidence from East and Southern Africa showed increase cost-efficiency and convenience for beneficiaries and implementers, and promotes private sector participation (Vincent and Cull 2011:49). With the wide mobile phone coverage in Liberia, it is necessary to explore more innovative ways of delivering SCT payment through electronic means. According to DFID, about 45 percent of all cash transfer program launched in the past decade are using some form of electronic payment system (2011:55).

Payment of cash is being done by a local commercial bank that drives staff to the payment points from the Capital City to make payment. There are times when people have been mobilized through radio announcements to go and receive their payment but pay team from the bank did not turn out. I experienced this where I have gone to observe the payment; the team did not turn out that day.

The recent Ebola outbreak in Liberia added another dimension to and accelerated the scale up of the social cash transfer program. Ebola affected households was added to the eligibility criteria. Counties highly affected during the Ebola outbreak were being prioritized, as part of the country's post Ebola emergency recovery program. Seven out of fifteen counties were now implementing social Cash program in Liberia through the MGCSP and various NGOs (MCCSP's website)<sup>9</sup>.

The amounts pay to household have increased by 100 percent following the end of the Ebola crisis. See table 5 for transfer amounts to households based on household size including original amount and post Ebola increase.

Table 5: Social Cash Transfer amount per household size

<b>Transfer amount per household</b>	<b>Original Transfer amount</b>		<b>Post Ebola Increase</b>
1. person household	L\$700	[US\$ 10.00]	US\$ 20.00
2. Person household	L\$1,050	[US\$ 15.00]	US\$ 30.00
3. Person household	LS1,400	[US\$ 20.00]	US\$ 40.00
4. Person household	L\$ 1750	[US\$ 25.00]	US\$ 50.00
Addition for child in primary school	L\$ 150	[US\$2.00]	-
Addition for each child in secondary school	L\$ 300	[US\$4. 00]	-
Average payment per household per size	L\$ 1750	[US\$25. 00]	-

<sup>9</sup> Ministry of Gender Children and Social Protection (MGCSP) <http://mogdliberia.com/> accessed August 29, 2015

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\*L\$ = Liberian Dollars, \*US\$ = United States Dollars equivalent

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*Source: Author adopted and modified from UNICEF (2012:5) with additional data from MGCSP website*

In Senjeh District two international NGOs, including Project Concern International (PCI) funded by USAID, and Action Against Hunger (ACF) another INGOs were also implementing social cash program in all four districts in Bomi County beginning March 2015 alongside MGCSP. The MGCSP was already operating in all the districts targeting 10 percent of the households in each district as the poorest population before the Ebola outbreak county (KII-5; KII-6<sup>10</sup>).

The PCI project was described as an emergency project that was being funded for one year, but with potentials for extension after the emergency phase. It is an integrated social protection program that provides mixed services in addition the social cash transfer. They were doing public work (cash for work) and agricultural program as part of the package. The Unconditional Cash Transfer (UTC) targets Ebola affected households, child headed households and pregnant women or lactating mothers. Once a household falls within any of these categories they are eligible for the UTC Program. Those who do not fit in the UTC criteria but are poor, are incorporated into one of the other programs (KII-6)<sup>11</sup>

### **3.4 Legal and Institutional framework and stakeholders coordination**

Under the Liberia Executing Law of 1972 the Ministry of Health and Social Welfare (MOHSW) had the mandate to develop and implement social welfare programs in Liberia. The Ministry of Gender and Development (MOGD) established in 2001 was given the mandate to manage issues related to women and children, complementing the MOHSW. The MOHSW's Department of social Welfare was to ensure proper care for children welfare, protection for the elderly, pensioners, and rehabilitations of disabled, promote child welfare and provide the victims of public disasters through the provision and or regulations of services (Government of Liberia 2013a: 29).

For the effective governance of social protection in Liberia the Department of Social Welfare of the MOHSW was merged with the MOGD to create the Ministry of Gender Children and Social Protection (MGCSP). The MGCSP is now the lead agency of government for Social protection in Liberia.

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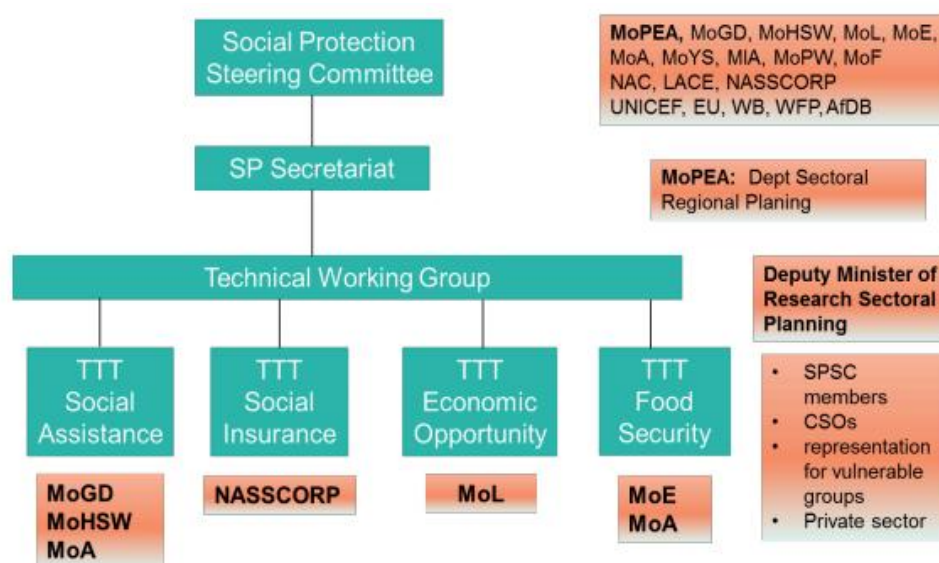
<sup>10</sup> (KII-6) PCI Social Cash Project staff in Bomi County (key informant) Interviewed (August 20, 2015)

<sup>11</sup> Key informant interview conducted with PCI UTC Program officer in Tubmanburg, Bomi (August 19, 2015)

There is a National Social Protection Steering Committee (NSPSC) which is comprised of deputy ministers and other senior officers from key government ministries, agencies and head of missions of development organizations. The NSPSC is to advise on policy and mobilize resources and ensure alignment of social policies across government ministries, agencies and with partners. It is to provide guidance for the development of sound social protection frameworks. Its roles include the provision of oversight and ensuring accountability in the implementation of social protection programs in Liberia. Ministries of Health, Education, Labor, Agriculture Youth and Sports, Internal Affairs and Ministry of Finance and Development Planning and the National Social Security and Welfare Cooperation (NASSCOP) are members. Partners that are members include UNICEF, EU, World Bank and Africa Development Bank. The Minister of Gender Children and Social Protection chairs the committee (Government of Liberia 2013: 65). The social protection Secretariat works under the NSPSC and is headed by the Deputy Minister for Sectorial Planning, (MGCSP). There is also the Social Protection Technical Work Group that serves as an instrument in implementing the recommendations of the NSPSC. And the Technical Task Teams monitor progress towards program goals and provide technical guidance and linkages to complimentary services under different ministries and agencies (Government of Liberia 2013: 66).

There are various committees, working groups and task teams for stakeholders' activities coordination. Bilateral and multilateral institutions, including UN Agencies and NGOs are part of the various Technical Task Team. These stakeholders participate in various coordination meetings at different levels of the Social Protection institutional hierarchy. See figure 2 for details.

Figure 2: National Social protection governance Structure



Source: (Government of Liberia 2013: 66)

However, despite the multiple layers of institutional arrangements with all stakeholders on board, coordination was weak. The Minister acknowledged that coordination was a problem and stressed that Liberia does not need an army of NGOs, but rather few technocrats (Video Clip)<sup>12</sup>. As mentioned, there were three different streams of SCT program being implemented in all four districts by three different organizations employing different models. While the scramble was on in Bomi, Rivercess which is the poorest County with 86.4 percent poverty level (LISGIS 2010:n.p) was yet to be reached with SCT program. While MGCSP targets the bottom 10 percent of the poor in all districts, it was not clear what the target numbers of the two NGOs were. This scramble among NGOs and the MGCSP in the study area was a manifestation of weak coordination. It resulted in some households receiving two separate transfers simultaneously from two different organizations. While some actions were taken to improve coordination in the study area following the scramble (KII-5 & 6), there were more rooms for improvement. The influx of NGOs into SCT and the social protection sector in general calls for proper coordination and leadership. The need to strengthen coordination at central and local levels is key to ensure sound implementation, result accountability, and clear exit strategy for sustainable results.

### **3.4 Targeting and eligibility**

Targeting as opposed to universalism in social policy has been debated for decades (Mkandawire 2005:1). The position each one takes is influenced by her or his ideology or socio-political, economic philosophy (Mkandawire 2005:1; Devereux 1999:61). However, prevailing social, economic realities at some point in time dictates certain social policy trajectory. For instance, during the 1960s and 70s social services like education and health were predominantly universal in many developed and developing countries, but the rise of neoliberalism saw the shift towards targeting in the 1980s (Mkandawire 2005:2-3). Notwithstanding, while targeting resonate with neoliberalism, it is sometimes the best choice when resources are in short supply.

Targeting is very crucial in determining who benefit from social programs. In a mass poverty setting like Liberia to identify the poorest of the poor to target is challenging. Mistargeting that leads to the inclusion of those that are well off (E-error) and the exclusion of the very poor (F-error) is eminent. Mistargeting undermines program success and has a far reaching negative repercussions on the poor and the community at large (Cameron and Shah 2012: 1).

The SCT program in Senjeh targets the bottom decile or the destitute. This 10 percentage is distributed to districts and lower administrative units proportional to population size, assuming that poverty is evenly distributed

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<sup>12</sup> Video clip of an interview conducted with the Minister of MGCSP available at the ministry's website at <http://mogdliberia.com/> access 28 September 2015.

across localities. The targeting process in Senjeh involves two key criteria as mentioned in the previous chapter: extreme poverty and labor constraint. A two stage assessment is done to determine eligible households. These assessments are done to determine the most deserving using pre designed tools. Variables included in the means testing tools were:

- Household's access to food;
- Household's level of material assets; and
- Household's alternative means of support.

On the other hand, household's labor constraint status is determined by the following criteria:

- That there is no adult between ages 19 to 65 in the household (child headed households), or
- There is an adult that falls in that age bracket, but is not able to work because of chronic illness or disability; or
- There is an adult between the ages of 19 and 65 but that person is caring for at least three other people, including young children, disabled or elderly people (a dependency ration equals to or greater than three to one) (UNICEF 2012:5).
- Additionally, a person between the ages 19 and 64 years that are still in secondary school are considered not fit for work (KII-5).

The pre-targeting tool is completed for every household and its members in a complete census to access households' poverty and labor statuses in every community. The second stage is to verify information gathered in the first assessment. This is done by different teams that do headcount and screen all household members. The final targeting stage is the validation meeting where the final selection decision is made. It is at this point that community's leaders are brought in to decide the deserving households based on shortlist generated from the two rounds of assessment. The community leaders are trained on the eligibility criteria before such meetings are held (KII- 1, 2, 3 and KII -5)<sup>13</sup>.

The targeting process is cumbersome, problematic and costly. Participants in two separate focus groups (FGD) conducted with older and young non-beneficiary women were very critical of the SCT targeting process. They made consistent claims of corruption and biasness in the targeting process. A 72 year old female FGD participant describes the targeting process as "kukujumuku". Which means the process was not transparent and only those in it understand it. Some accused the field workers of soliciting and taking bribes to enroll people. Though the targeting supposed to start with a census, but a good number of non-beneficiary households interviewed said they were not visiting neither enumerated. Some said they tried engaging the enumerators, but they did not listen to them. One respondent in a very angry mood said,

I am a widow and have seven children. When the social cash people came to this town they did not come to my house so I followed them and beg them to include me because I am single and

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<sup>13</sup> KII- 1, 2 and 3 refer to separate Key Informants interview with various community leaders and KII- 6 represent program staff in separate interviews

have no one to help me and my children. They asked me to give them money before they can put my name down (iNBfF1)<sup>14</sup>

There were lots of disenchantment about the targeting process. Many of the non-beneficiaries feel treated unfairly and are angry as a result. A 66 year old elder in one of the rural towns told me in an in-depth interview that the targeting process was not fair. He accused the enumerators of making love with some girls in the town and selected the girls' relatives who did not meet the selection criteria (iNBfM1)<sup>15</sup>.

The local SCT program manager neither confirm nor deny these claims. He said he is not always in the field, but some complaints have been brought and investigated in the past, but most of the complaints had no magnitudes. He mentioned that people tried to falsify their status by hiding their assets during targeting to be eligible (KII-5). I also observed the creation of artificial households where families break up the households and formed splinter households by making their aged mothers and young children into separate households to benefit from SCT program. This is something that can easily be noticed by any enumerators doing targeting from simple screening. He, however confirmed that few people had genuine cases of F-error, but they could not be enrolled after making their case due to limited resources (KII-5).

Additionally, the complaint process itself is discouraging because it is long, and the very community leaders who make the final selection decisions are the first line of people to complain to and have to follow a long chain from the Town Chief or community leader, to Clan Chief, to the District Commissioner and to the Development Superintendent before the SCT team is invited for hearing. Many non-beneficiaries interviewed had grievances, including those dropped after one or two years, but don't challenge the actions. Either because they don't know about the process or because they don't have faith in it.

On the contrary, SCT beneficiaries were full of praises for the targeting process and the Program as a whole. When asked about these corruption claims they denied being asked for bribe or favors of any kind or of having connections with SCT staff. In-depth interviews and focus group discussion with beneficiaries reach saturation quickly on praises and thanking God for social cash program and the difference the program has made for them.

Community leaders interviewed said they have problems with the targeting process and frowned on their inclusion at the end of the entire process. They claimed that they know the most needed people in their communities, but once MGCSP make the short list, most time they exclude some of the most needed people. And the community leaders are not given the chance to add, but rather only to confirm those on the list, many of whom are also poor but sometimes less impoverished compared to others that were excluded. The community leaders want greater role in the process.

Furthermore, while the community leaders seek greater role in SCT targeting, they said in addition to their role in SCT, they play key roles in community

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<sup>14</sup> (iNBfF1) a widow and mother of seven, non-beneficiary in a rural community interviewed (August 15,2015)

<sup>15</sup> (iNBfM1) a 66 years old non-beneficiary with a very large household including children, grandchildren sisters, nieces and nephew and other relatives. He was interviewed 15 August 2015



development and these activities including meetings and workshops take up their time. They often abandon their farms and other works to run after community or town issues. Henceforth, they want to be compensated for their roles in various communities' development activities not just for SCT.

### **3.5 Monitoring, information dissemination and sustainability**

There is a monitoring and evaluation (M&E) unit at the central ministry that manages the SCT database and the field staff does some form of monitoring, but no clear M&E system that supports and promotes systematic data use for learning and improvement was found. However, an evaluation was done in 2012 which formed the basis for scale up.

Additionally, information dissemination about SCT Program was not effective. There were serious misunderstanding about the program's objectives and targets. Everyone feels he or she should be included in the SCT program due the misconceptions. This is problematic and contributes significantly to the disenchantments being harboured by non-beneficiaries. Many of the program beneficiaries couldn't correctly explain what the program was about. Information dissemination and public education are urgently needed to de-escalate the feeling of discrimination and bias, non-beneficiaries are harbouring to prevent possible conflict.

SCT beneficiary households are subject to re-assessment after every two years on the program. Those who show improvements in poverty and labor statuses based on the targeting instrument are dropped (KII- 5). However, there were some beneficiaries who spent only a year on the program and were dropped. Removing people from the program only base on improvement in basic well-being and labor status as the result of the transfer without significant change in the households' economic conditions and change in the broader social economic environment in the community undermines the sustainability of the gains made in those two years. SCT needs to be paid over a longer period of time for its impacts to be sustainable (Meskoub 2015: 4).

### **3.6 Summary**

Mistargeting, weak coordination and poor information discrimination were key challenges in the program implementation. There were multiple streams of SCT being implemented in all four districts by three different organizations using different models which led to confusion. The targeting process is problematic and costly and there is widespread misunderstanding of the program even among beneficiaries. Monitoring and sustainability were not strong.

## Chapter 4 . Social cash program impact

### 4.1 Introduction

This chapter presents key findings of the study. Findings are presented in an integrated manner, taking the forms of triangulation and complementarity. It simultaneously presents quantitative and qualitative data to bringing out the findings from different sources to paint a picture of program impact in Senjeh District and how they affect beneficiaries, non- beneficiaries and the community around them.

### 4.2 Impact on food consumption and nutrition

The social cash transfer program in senjeh District was based on alarming food insecurity (Owadi et al. 2010). This made food and nutrition very important in this study. This study compared social cash recipients and non-recipients on key food and nutrition indicators, including number of meals consumed per day and food diversification. The findings show that SCT beneficiaries had more meals per day and diversified their food consumption compared to non-SCT households. For instance, in social cash recipient households 39 percent of all respondents and 48.3 percent of children between three and fifteen years, said they eat two meals per day, which are higher compared to all respondents and children in non-recipients household. See table 6 for details.

Table 6: Percentage of respondents per number of meal consume per day

<b>Food consumption indicators</b>	<b>Beneficiaries (%)</b>	<b>Non-beneficiaries (%)</b>
<b><i>Meal consumed per person per day</i></b>		
% of people who eat one meal per day	56.5	74.5
% of people who eat two meals per day	39.1	5.9
% of people who eat three meals per day	4.3	2.6
<b><i>Number meal children consume per day</i></b>		
% of children who eat one meal per day	50	70
% of children who eat two meals per day	48.3	28.6
% of children who eat three meals per day	1.7	1.4
<b><i>Mixed of food consumed per person per day</i></b>		
% of respondents who eat rice daily	90	87
% of despondence who eat meat/fish/seafood daily	75.4	74.5
% of respondent who vegetable daily	78	70
% of respondent who eat egg or diary monthly	51	50
% of beneficiaries who eat egg or diary weekly	9.4	9.8

*Source: Author's own with primary data from survey*

The qualitative study confirmed that SCT household members had regular and adequate meal compare to non-beneficiary households interviewed. Those in SCT households eat rice daily which is the staple food with sauce or vegeta-

bles and contains fish or chicken or both. One respondent in an in-depth interview said the following:

I use to buy rice by cup [one kilogram or less per day] and was never enough for my children. Now with the help of social cash I can buy a half bag of rice [25 kilogram bag] for the month. This time my children can eat and food can sleep over many days now. This was never the case. I thank God for social cash program (ibHhF-1)<sup>16</sup>.

On the contrary, many of those interviewed from non-beneficiary households consume a limited amount of food and complement rice with other food mainly cassava and farina of cassava. However, many of the non-beneficiary households I interviewed eat rice almost every day, but most times in limited quantity and with no sauce or vegetables because they lack enough money to buy fish to prepare sauce after buying rice, so they eat their rice with oil mostly during the week. Those in the rural areas have access to vegetables, and even cassava include firewood to prepare their meals with little or no cost compared to those in urban areas who buy everything. The rural non-beneficiaries eat more cassava and less rice in quantity. Those in urban places buy everything, including the cassava so they tend to eat rice almost always but most time in less quantity with no sauce or vegetables only oil mainly as indicated by respondents. See quote from an in-depth interview:

[...] I am not married, I have seven children with me here. Five of them are mine and two were my big sister's, she passed away. To get food to eat every day is difficult. I sell cold water [ice water] but now it is raining so, many people are not drinking cold water. I cook one time a day [...]. Some days if I don't have money I don't cook. Sometimes we eat dried rice [rice with oil only, no sauce or vegetables] throughout the week. It is mainly on Sundays that we eat rice with soup [sauce or vegetables] with some fish in it. [...]  
(iNVtF-1)<sup>17</sup>.

Because improving the nutritional status of beneficiaries is one of the core objectives of the social cash transfer program, the quantity and quality of food consumed is better in SCT households compared to non-beneficiary households.

### 4.3 Impact on Education

Findings for education from the household survey shows high difference in enrolment between case and control groups. More children between the ages 4-15 years in SCT households were enrolled in school compared to children in non-SCT recipient households which make up the control group. Additionally, adult educational attainment was assessed. But contrary to enrolment, adults 16 years and above that are non-SCT recipients showed higher educa-

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<sup>16</sup>(ibHhF1) - In-depth with a 33 year old beneficiary, single mother of three children – (August 17, 2015).

<sup>17</sup> (iNVtF1) in-depth interview with a 28 year old mother of five children and care taker of two nephews that are Orphans, primary school dropout. She is single but has a boyfriend that shows up once in two to three months in Via Town # 1Community, Tubmanburg (interviewed August 15, 2015).

tion attainment measured by primary school completion. Less adults that were SCT recipients completed primary school compared to non-SCT recipients. This is because the majority of the cash transfer beneficiaries are older women and men who did not go to school. See table 7 for details.

Table 7: Children school enrolment and adults' education attainment

Education indicators	Beneficiaries (%)	Non-beneficiaries (%)
% of children (4-15) years who were enrolled in school	83.3	70.4
% of adults 16 years and above who completed primary school	38.6	52.2

*Source: Author's own with primary data from survey*

Children school enrolment and attendance are requirements under the SCT program for beneficiary households. As a result, however, children that are of school going age in many of the beneficiary households were reported to be in school. Many of the non-beneficiary households interviewed also had their school age children in school, though less compared to SCT households. Reason given by non-social cash households for not sending their children to school is that they lack money to buy school materials and pay fees.

The government has in place a universal free and “compulsory” primary education policy. The 2002 education law of Liberia and the Liberian education reform Act of 2011 call for and established free and compulsory primary for Liberian citizens (Right to Education Project 2012: 1). However, this policy is being implemented in 62 percent of schools in Liberia that are public. Despite the free school policy, a good proportion of children, including those from SCT household were not enrolled in Senjeh District. Nevertheless the free education policy, minimum registration fee is levied and all students are required to wear uniforms to school every day. This plus other factors might be holding other children back from school, mainly those in non-social cash beneficiary households.

### 4.3 Impact on health

Additionally, this study looked at few health indicators to assess SCT program's impact on the health of those benefiting. Access to health care, quality and health impact were assessed in a very abridged manner. Access is concern with distance to the nearest health facility, availability of resources, including trained personnel, equipment and medicines, cost among others (Gulliford et al. 2002). However, access was assessed in this study through distance- those living in 5 kilometres, or one hour walking distance to the nearest health facilities. The measure of geographic access is a partial measure of health access and does not necessarily translate into utilization of health services but rather a proxy. Health impact was assessed through children under five mortality within the last five years. This is a strong functionings that resonates with the capability framework compared to the other two health indicators.

The results of the survey show that social cash beneficiaries had less access to health services compared to non-beneficiaries. Additionally, access is not distributed evenly. Urban areas had better access than rural communities.

On the contrary, though SCT beneficiary households had less access to health facilities compared to non-beneficiaries, but beneficiaries show better health outcome compared to non-SCT households that had greater access. Under five mortality was less in SCT households in the last five years preceding the study compared to non-SCT households. This means more children under five years die in non-SCT households compared to SCT households. See table 8 for details.

Table 8: Access and outcome of health services

Health access and outcome Indicators	Beneficiary			Non-beneficiary		
	Urban	Rural	Total	Urban	Rural	Total
% of households that are in one hour walking distance to the nearest health facility	81.3	50.0	<b>68.5</b>	92.7	59.1	<b>81.0</b>
% of households that reported under five mortality in the last five years before the study	9.4	4.5	<b>7.4</b>	17.1	18.2	<b>17.5</b>

*Source: Author's own, constructed with primary data from the survey*

Additionally, the quality of health service was assessed. Quality in health is about availability, accessibility, effectiveness, efficiency, equity and safety among others (WHO 2006: 9). However, quality in this study was assessed through the availability of basic needed resources including trained personnel and medicine. Respondents were asked whether these basic inputs were available. All those who said they had health facility 5 kilometres from where they live were asked if there were trained health workers (Nurses, Midwife and or Doctor) in the facility. All (100%) said there were trained health workers in the facilities. However, the most challenging situations identified was the frequent shortage of medicine in the facilities which speaks a lot of quality. As a result, despite government universal free primary health policy, patients seeking health services are often given prescription papers in most cases to buy their own medicine from private medicines store as indicated by respondents. See quote from a respondent in the in-depth interview below:

The last time my son got cut by rusty zinc on his forehead. I took him to the government hospital in Tubmanburg. They dressed the wound at the hospital, but told me they needed to give the boy tetanus injection, but the medicine was not in the hospital. They give me paper to go and buy the injection from the medicine store. I had to find money to buy the medicine before they give my son the injection (iBKmF-2)<sup>12</sup>

This is a common situation in the health system and leads to catastrophic spending that further impoverished the poor (Wagstaff et al. 2011:98). The Li-

beria’s public health system is full of challenges, especially when it comes to access and quality of services.

## 4.4 Water, sanitation and hygiene

### *Drinking water*

Safe drinking water is very vital for a healthy population. Access to safe water supply has improved in Liberia. Seventy-three percent of Liberian households used an improved source of water for drinking (LISGIS 2014: 9). Interestingly, this study found that 85 percent of households fetch drinking water from hand pumps in Senjeh District. However, non-SCT households in Senjeh District had better access to improved drinking water source compared to SCT households. Access to improved water sources are not evenly distributed across communities. Households in urban communities have better access, 90 percent compared to 80 percent in rural communities. Access in urban non-SCT beneficiary households was 95 percent compared to 84 percent urban beneficiary households. Rural non-SCT beneficiary households had 82 percent access compared to 77 percent in rural beneficiary households. On the whole, access to improved source of drinking water was better than the national average according to this study and better in urban areas compared to rural areas. See table 9 for details.

**Table 9:** Percentage of household with access to improved source of water

<b>Access to safe drinking water indicators</b>	<b>Beneficiary</b>	<b>Non-beneficiary</b>	<b>Total</b>
% of households whose members fetch water from hand pump	81	95	<b>89</b>
% of households whose member fetch drinking water from Well with culvert/lining	0	3	<b>2</b>
% of households whose members buy jerry can or sack of water	14	2	<b>7</b>

*Source: Author’s own, constructed with primary survey data*

### *Sanitation and personal hygiene*

Access to sanitation facilities in Liberia is very poor. Only 14 percent of households use improved toilet facility that are not shared with other households (LISGIS 2014:9). The situation is similar in Senjeh District where more people used the bushes for defecation. However, more SCT household members used the bushes for defecation than non-beneficiaries. Those who had access to toilet facilities, the facilities are mostly outside of their home premises and are shared with others. More non-SCT had access to toilet facilities than beneficiaries. Those in urban areas had more access to toilet facilities than those in rural parts. Majority of the household members in rural areas use the bushes for defecation compare to fewer urban dwellers. See table 10 for details.

Table 10: Percentage of household with access to toilet facilities by type

Sanitation indicators	Beneficiaries			Non-Beneficiaries		
	Rural	Urban	Total	Rural	Urban	Total
% of households that have flush toilet	0	6	4	0	7	5
% of household with latrine that has concrete slab and roof	0	28	17	5	31	22
% of household with latrine that has concrete slab and roof outside premises	0	47	28	5	43	30
% of household that used the bush for defecation	91	6	41	82	10	35
% of household with pit latrine that has no slab	9	3	11	9	7	8

*Source: Author's own constructed with primary survey data*

On personal hygiene, 95.7 percent of respondents in social cash households said they take bathe with soap daily and 82.6 percent said they brush their mouth with toothbrush daily compare to 94.1 percent in non-beneficiary household who said they take bath with soap daily and 85 percent said they brush their mouth with toothbrush daily.

## 4.5 Housing, assets and energy

### *Ownership and quality of homes*

Having a warm and save space to sleep is very import for the poor. Sleeping places that are not protected and warm exposes occupants to illnesses. Liberia is a malaria endemic country where the disease is the highest cause of illness and death, especially among children. (WHO website)<sup>16</sup>. In 2010 malaria accounted for 37 percent of clinical consultations in Bomi County (WHO website)<sup>18</sup>.

In this study, 66 percent of respondents live in houses they own. Sixty-nine (69) percent of cash transfer households own the houses they live in compared to 46 percent of non-beneficiary households. Looking at the urban rural divide, more rural SCT beneficiary households own the houses they live

<sup>18</sup> WHO Africa Region based on number reported by country. Accessed 16 September 2015 [http://www.aho.afro.who.int/profiles\\_information/index.php/File:Reported\\_malaria\\_cases\\_by\\_county.PNG](http://www.aho.afro.who.int/profiles_information/index.php/File:Reported_malaria_cases_by_county.PNG)

in compared to beneficiary households in urban localities. This pattern is similar to non-beneficiary household.

Additionally, the quality of the houses was assessed through observation during the survey. Structures were assessed for primary materials used for construction. The results show that non-SCT beneficiaries live in better quality houses compare to SCT beneficiaries. The majority of the beneficiaries live in houses constructed with thatch and mud, including a huge proportion of those in urban areas compared to non-beneficiary households. See table 11 for details on quality of homes.

Table 11: Proportion of household by primary construction materials

<b>Household categories</b>	<b>Thatch, sticks &amp; mud</b>	<b>Zinc, stakes &amp; mud</b>	<b>Zinc Dirt&amp; bricks</b>	<b>Zinc &amp; Concrete</b>
% of all homes	26.5	41.9	27.4	4.3
% of rural households	27.3	59.1	9.1	4.5
% of urban homes	26.0	31.5	38.4	4.1
% of all beneficiary homes	35.2	38.9	22.2	3.7
% of rural beneficiary homes	27.3	63.6	4.5	4.5
% of urban beneficiary homes	40.6	21.9	34.4	3.1
% of all non-beneficiary homes	19.0	44.4	31.7	4.8
% of rural non-beneficiary homes	27.3	54.5	13.6	4.5
% of urban non-beneficiary homes	14.6	39.0	41.5	4.9

*Source: Author's own, constructed with primary data from the survey*

Consistently, the qualitative study shows that home construction is one common undertaking and desire for most of the STC beneficiaries in Senjeh District. Homes construction and improvement were very common among SCT beneficiaries. Those who already own a house have either improved it or are in the process of doing so. Improvement is done either by changing the roof from thatch to zinc or changing the walls form stakes and mud to bricks. The construction and improvement of homes were so widespread among beneficiaries that even non-recipients that were interviewed wished to join the program to build a house or improve on what they already have. The wave of construction appeared to have been promoted by the SCT management team in the District. During an interview with the local manager, he said he encouraged beneficiaries to do tangible things with the money to help themselves, like building a house or doing business.

While it is good to promote construction, such promotion has the propensity to undermine the program's objectives. Household heads would want to save money for construction and as a result may spent less on dependents' well-being.



### ***Asset ownership***

More SCT households own physical assets included in the survey compared to non-beneficiary households. It is interesting to note that SCT beneficiary households own television and mini power generators among other assets. Although the number that own such assets was very small in absolute terms, but strengthens the argument that targeting was problematic. See table 12 for details on asset ownership.

Table 12: Household asset ownership by localities

<b>Asset ownership indicators</b>	<b>Beneficiaries</b>			<b>Non-beneficiaries</b>		
	<b>Rural</b>	<b>Urban</b>	<b>Total</b>	<b>Rural</b>	<b>Urban</b>	<b>Total</b>
% of household that own Radio	23	34	<b>30</b>	27	12	<b>17</b>
% of household that own TV	0	6	<b>4</b>	5	0	<b>2</b>
% of household that own generator	0	9	<b>6</b>	9	0	<b>3</b>
% of household that own Farmland	36	3	<b>17</b>	27	10	<b>16</b>
% of household that own Livestock	14	0	<b>6</b>	5	0	<b>2</b>
% of household that own farming tools	18	6	<b>11</b>	14	5	<b>8</b>

*Source: Author's own.*

### ***Energy for cooking and lighting***

According to the 2013 Liberian DHS survey only 10 percent of households, including those in the capital city had access to electricity. For cooking, 98 percent of the of households use solid fuel (charcoal and firewood) for cooking (LISGIS 2014:9). Charcoal is largely used in urban areas and firewood is used in semi-urban and the rural areas. However, in many provincial capitals firewood is used alongside charcoal for cooking. This is the case in the urban parts of the study area.

Households in the rural areas use firewood for cooking, whether poor or non-poor, beneficiary or non-beneficiary households. Firewood is of no cost in rural areas as people walk in the bushes and pick up dry tree branches and use them for cooking. They stored up firewood during the dry season and use the when the rain comes. The situation is little different in urban places, especially in the study area. People use a mixed of charcoal and firewood. The poor people in the provincial capital most of which are Simi urban like the study area use firewood and those well off use charcoal.

For lighting of homes 89 percent of all households, use dry cell battery powered fluorescent touch or lamp for lighting during the night. SCT households' were 87 percent compared to 90 percent of non-SCT households who use fluorescent touch or lamp for lighting. Only two homes had electricity from personal fossil fuel powered mini generators. Four households used palm

oil lamp for lighting. Those were all females headed households, three in rural areas and one in urban community. They were all non-beneficiary households.

## **4.6 Gender equity**

Gender equity was assessed through female participation in household decision making and girl education. The analysis shows that in beneficiary households 27 percent of female including girls said they have a say in the household decision making compared to 12 percent in the non-beneficiary households. When controlled for age, 7 percent of girls age 17 and below, in SCT households and 2.7 percent in non-SCT households said they had say in household decision making.

With regards to girl education, household heads were asked whether there was a girl child or children in the household between four and fifteen years. If the response was yes, they were asked whether the girl(s) were in school. According to the findings, 91.1 percent of SCT beneficiary households with girls 4-15 years reported that their girl(s) were in school compared closely to 89.8 percent in non-SCT households.

Economic empowerment was exhibited through micro enterprise development among some beneficiaries. Some SCT beneficiaries have successfully developed microenterprises from their transfer and is helping them immensely. Most of these business people sell food items while others sell some basic general merchandise including shower slippers and soap. One of the beneficiaries said she sends palm oil to the gold mine for sale. She said she started with five gallons, but was now sending up to 50 gallons of palm oil, which is an indication of growth.

## **4.7 Summary**

Finally, the findings show that non-SCT beneficiaries were well off on adult educational attainment, water, sanitation, access to health facilities, quality of housing structure and lighting compared to beneficiaries who on the contrary, were better off on dimension mostly link to the SCT program objective. Which include food consumption and diversification, child's school enrollment, health outcomes, gender equity, and home and asset ownership.

# Chapter 5 . Analysis of impacts, and implications

## 5.1 Introduction

This chapter analyses the findings of the study and discusses the relationship between money income and multidimensional poverty. It brings evidences from the study and in the literature to bear on the monetary income and multi-dimensional poverty debate. It shows how social cash, a bare minimum social income impacts other dimensions of poverty.

## 5.2 Social Cash and multidimensional poverty

According to the UNDP, people with higher human development- good health and education are more resilient to shocks than those with who are malnourished and without education. It also stressed that asset ownership enables people to protect their core capabilities (UNDP 2014:17). The link between nutrition, health and education on one hand and well-being on the other is well established in the literature, especially as they relate to children's health and development, and their future functionings as adults. Though poverty does not affect children alone, it also affects the well-being, productivity and functionings of adults (Alderman et al. 1997:1, Sridhar 2008: 1-2, Muller and Krawinkel 2005: 279). However, it affects children and adults differently, with more damaging and irreparable repercussions for children (Summer 2010: 1065). Children that are poor are deprived of nutrition, health care, education, clean water and sanitation among others, UNICEF (2007) cited in (Summer 2010: 1065).

When people consume adequate and quality food, they derive good nutrition and health and enable children and adults to participate in productive life activities. Children with good nutrition and health statuses attend school regularly, do not miss days, neither do they drop out of school easily. They learn effectively because their cognitive memories are adequately developed (Sridhar 2008: 1-2). Good nutritional status equally has impacts on adults. For example, empirical evidence from a study of farmers shows significant effect of caloric intake on farmers' productivity (Strauss 1986: 301).

Similarly, human capital scholars, including Theodore Schulz (1963) Gary Becker (1964, 1993) and Edward Denison (1985) have layout the role education plays in individual, social and economic development (Unterhalter 2009: 207). They see education as an investment that yields economic returns. On the other hand, the human development and capability scholars see education as empowerment and labelled it capability (Unterhalter 2009: 207). Education is one capability like nutrition that has a very strong bearing on health, a vital functioning. Studies have shown that one more year of education increases life expectancy by 0.18 years, and maternal education is strongly associated with infant and child health in both developed and developing countries. And a year of education raises income by 10 percent (Culter and Lleras-Muney 2006: 9).

This brings me to the analysis of the study findings as indicated in chapter four. The results show mixed outcomes between the case (SCT beneficiaries) and control (non-beneficiaries) groups. On one hand the SCT beneficiaries were better off on the human development dimensions that are largely linked to the SCT program, including food consumption and diversification for both children and adults, child's school enrolment, health outcome, gender equity, asset ownership and home construction and improvement compared to non-beneficiaries. These findings are highly consistent with an evaluation of the program done in 2012 by Boston University (Miller and Themba 2012: 7-8). On the other hand, non-SCT beneficiaries were well off on infrastructural dimensions that are not linked to the program. They include adult education attainment, access to improved source of drinking water, sanitation facilities, health care and quality of housing and lighting.

However, the findings on the human development dimensions, which the SCT program largely supports is problematic from a social policy standpoint. They resemble grave targeting errors or elite capture. This is because the beneficiaries who are supposed to be the poorest have leapfrogged to become better off than the non-beneficiaries. The program has actually reversed and widen if not create the poverty gap between the beneficiaries and non-beneficiaries in Senjeh District. While it is good that the beneficiaries' capabilities have improved and represents programmatic success, holding everything else constant, it does not augur well for such a social programs which were meant to reduce poverty and narrow the gap between the extremely poor and the less poor or the poor and the non-poor (Ellis 2008: 8).

Although this study has identified weaknesses in targeting, issues of household's manipulations and signs of corruption that may have somehow impacted the findings, but the results are largely the reflections of mass poverty and the narrow poverty gap between the two groups in the study area. Mass poverty has influenced the results in two ways; through mistargeting and leapfrogging. This may sound confusing because mistargeting also leads to leapfrogging in the situation of elite capture.

Mass poverty impact targeting in two ways. Firstly, because the poverty gap that divides the lower deciles are so narrow, which is the case for many Sub-Saharan African countries, the poorest are difficult to identify in the crowded pool of poor people (Ellis 2008 :5). In such case, mean testing becomes problematic and results into high E and F errors (Hodges et al. 2014: 17). Mistargeting is inevitable in an environment where more than half of the population are poor with very little or opportunities to stable income (Hodges et al. 2014: 17). Following two separate studies, including their comparative analysis of Congo Brazzaville and Cote D'Ivoire, Hodges et al. identified targeting as a major challenge in mass poverty and suggested that proxy mean testing cannot be effective in such environment (Hodges et al. 2014: 17, Hodges et al. 2012: 18). Secondly, regarding targeting, social transfer are supposed to be less attractive to the non-poor. But because so many people are poor, any

amount of additional resource no matter how small it is will still attract everyone. This makes targeting even more difficult for program managers.

Secondly, with regards to leapfrogging, which largely explains these results, any little amount of money provided to one group of people in a mass poverty with narrow poverty gap between the poor strata, will cause the beneficiaries to leapfrog because they all have very little or nothing initially (Ellis 2008: 9). This is the case in Senjeh District, where poverty level is above 50 percent with very little or no labor demand. This, however, suggests that, yes, mistargeting may have played a role in these results, but very little compared to the narrow poverty gap and mass poverty.

On the infrastructure dimension and the good results of the non-beneficiaries on those dimensions, it appears like they were well off compared to the social cash beneficiaries whose results were very poor on these dimensions. The relative quality of the houses majority of non-beneficiaries live in, which may have also contributed to their exclusion from SCT in the first place, their access to clean water and improved sanitation facilities and educational attainment are all indications of well-being. It appears like the houses the non-beneficiaries live in influenced their access to other infrastructures including improved water and sanitation facilities which put them above the beneficiaries on those dimensions. However, the results equally show that they own less houses and physical assets compared to SCT beneficiaries. This indicates that the majority of the non-beneficiaries were either renters who pay monthly rental fees in those houses. As the report indicates, 64 percent of the non-beneficiary households live in houses that are not their own.

Those included in the control group were equally poor except that they did not meet all the SCT targeting criteria. The major demarcation that sets them apart from beneficiaries were that they had labor force. But in such a weak economy with very few employment opportunities what difference can labor force make? It is not labor availability, but labor demand and employment that matters to reduce poverty (Elis 2008: 9).

Furthermore, the fact that non-beneficiary households were not able to convert their access to clean water, better sanitation, quality homes, access to health facilities and adult education attainment which are determinants of health into good health outcome, measured by under-five mortality further confirms that they were themselves very poor. This suggests that access to good infrastructures is necessary but not sufficient to reduce poverty without money. This finding is important as it explains why there are poverty even in developed countries where people have access to state of the art infrastructures. For instance, in 2008 about 17 million households were food insecure in the U.S. (Nord et al. 2009: iii). Meaning, they couldn't afford enough food for active, healthy life (Seligman et al. 2009: 304).

Therefore, the difference between the case and control groups on the human development dimension which led beneficiaries to leapfrog was largely

due to the fact that the two groups were equally or almost equally poor as explained by the narrow economic gap between the two due the wide spread poverty (Ellis 2008: 9). On the infrastructure dimensions, the non-beneficiaries were better off, but put them in no comparative advantage over the beneficiaries. Because many of them were renters and have to pay monthly rental fees from their meagre income. This reduces their purchasing powers on other essentials like food, health and education.

Additionally, to further demonstrate that the majority of the beneficiaries were deserving poor, and that the results were not skewed by elite capture, 35 percent of the beneficiaries live in thatch and mud houses including 41 percent of urban beneficiaries. Another 39 percent live in zinc and mud houses. Beneficiaries tend to build themselves low cost mud houses, even in urban places because paying rent every month without stable income worsen the poor conditions.

Notwithstanding the challenges with targeting, household manipulations and the social policy dilemma of leapfrogging as the results exhibit, does not in any diminish the efficacy of Social cash transfer and money income poverty reduction. Drawing on triangulation of the data which is the strength of mixed methods employed in this study, substantial impacts can confidently be attributed to program implementation. The fact that the beneficiaries leapfrog over the non-beneficiaries also demonstrates the power of money in changing the living conditions of the poor. However, Beneficiaries leapfrogging cannot easily be avoided in a mass poverty between 50-60 percent with very narrow gaps between the poor and destitute (Ellis 2008: 9). Testimonies gathered from qualitative data point to strong program impact. For instance, beneficiaries who did not have regular and adequate meal before the SCT program were now eating regular, adequate and diverse meals. The SCT program provided additional money that enables beneficiaries improve the quantity and quality of their food consumption and that impacted health, school enrolment and productivity of SCT households (Levy 2006: 52).

Children school enrolment in SCT households was busted by the availability of money through SCT. Poor parents were able to acquire school materials, pay fees and provide regular meal that enable their children to go to school regularly, stay in school and learned. It provided money to buy medicines when a household member was sick. Collier (1998) said that people living in poverty have less opportunity, less financial and human capitals (Saracostti n.d.: 519). By giving money to the poor, SCT expands their freedom to make choices, and opportunities to build their own human, social and financial capital and improve their chances of defecting poverty. This is core to the capability approach which defines development as the expansion of capabilities and freedom, Sen (1985, 1997 and 1999) cited in (Laderchi et al. 2010: 253).

Despite their limited access to health facilities, beneficiaries achieved better health functioning as indicated by low under-five mortality in beneficiary households. It is clear that food consumption and improved nutritional play a

major role in the attainment of such good health outcome. It is proven that children with poor nutritional status don't grow amply with age, are susceptible to diseases and are at risk of impaired mental development and early death (Nord et al 2008:4, Seligman et al. 2009: 304, LISGIS 2014: 157). For the fact that beneficiaries were well off on all the dimensions SCT program supports, compared to non-beneficiaries strongly indicate program impact on the beneficiaries.

### **5.3 Money income and multidimensional poverty**

Money [...] is a lubricant that greases the joints of everything [...]. Money lubricates these things- education, health and nutrition. So without money you find it difficult to do these things. People want to go the school, they need money. People want to be well fed, they need money. If people want to engage in agriculture to produce food, they still need money. So you see, it is the fulcrum of everything. That is why, and you know, the cash transfer programs around the world had succeeded. That is how it is alleviating poverty gradually (KII-5).

Because our world is not a paradise, we all need a set of capabilities to thrive. A baby that is born needs to acquire basic capabilities starting with the mother's breast milk to survive to see her fifth birthday. The child needs to take couple of vaccine dosages for her body to develop the needed capabilities to fight illness and enhance her chances of getting to age five and beyond. This child must see a health practitioner to get the vaccines, and the vaccines come from billion dollar factories somewhere far away involving complicated logistical arrangements to reach end users. The mother has to travel for hours if not day; for some, this may take a couple of days on foot or requires paying transportation every time the child is taken to see the health practitioners. Parents have to abandon every other productive activity to achieve this. They need food on their journey. Many times they reach the hospital and the needed medicines or vaccine are not there. Like the case of senjeh district, they have to buy from private medicine stores (iBKmF-2). All these have huge cost implications.

I would therefore focus on Sen's three core capabilities, including nutrition, health and, education to discuss income and multidimensional poverty. I would take nutrition as prime among the three. This is because one needs food, and need it every day to achieve good nutrition status. Furthermore, to acquire education and skills and to maintain a healthy body, one needs food. This makes nutrition very key among the three. The other two are hinged to food and nutrition.

The poor spend most of their time and energy finding food. A study of 13 countries drawn from Africa, Asia and Latin America shows that the poor spent 56 to 78 percent of their income on food alone (Banerjee and Durlf 2007:3). This is because food provides energy and strength to survive, to learn and acquire capabilities and even work. Children need food to be nourished, healthy to stay in school, and to learn (Rosso 1999:6). On the contrary, malnutrition due largely to poor diet and poverty is the most important risk factor for illness and death in developing countries (Muller and Krawinkel 2005: 279).

Though there is adequate food for everyone to eat and be nourished in the world today<sup>19</sup>, but yet still 795 million people, mainly in developing countries are hungry (FAO et al. 2015: 8) while preventable diseases linked to hunger kill over 12 million children yearly (Lappae et al. 1998: 2). But with money the poor and hungry can, get food in abundance.

Sen in his entitlement approach, however acknowledged, that people starve because they lack income not necessarily the inavailability of food. He said that fall in wages, rise in food prices and loss of employment undermines people's potential to acquire enough food (1988) cited by (Devereux 1993: 68). All these point to money, because with money the poor can acquire food without being told to do so. While the capability approach rejects money as the measure of well-being it agrees that it has a role of enhancement of well-being (Laderchi et al 2010:254).

Turning to health, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"<sup>20</sup>. Health can be looked at from two perspectives, the deficit perspective which emphasized illness or disease conditions and care services, and the assets based perspectives which focus on health promotion through its social determinants and assets, with emphasis on prevention (Morgan and Ziglio 2007, 18-19). The deficit perspective center around the health facilities and access to health care with the requisite resources to take care of people when they get sick. While the assets perspective to health takes us back to access to food and nutrition, education, water and sanitation, hygiene, improved housing, income and the broader socio-political and economic context in which health is produced (Morgan and Ziglio 2007, 18-19).

No matter from which perspective you look at health, there are implications for the poor to access health. Health functioning is linked to a broad base capabilities and other functionings as already indicated which is largely underpinned by access to money. Ill health creates and perpetuates poverty by reducing households earning potentials and draining available savings, assets and causes indebtedness due to catastrophic spending (Over et al. 1992: 187). For an individual or households to achieve health, be it from a deficit or asset based perspective requires money, even in a free health care system. I have seen poor people left lying outside a national referral hospital emergency room to die due to lack of money. People died because their relatives could not afford to pay for medical services or buy medicines because they lack money. Poor households need money to either prevent illnesses or treat diseases when they occur.

Additionally, education is a major capability that has the potential to lift one out of poverty. Increase in a person's level of education is directly proportional to increase in health and added years of life expectancy and increase in income which leads to good life (Culter and Lleras-Muney 2006: 9). To acquire education or training one needs to go school or enters some training program. Where education is free, there are other requirements like in the case of Libe-

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<sup>19</sup> World Food Program at [www.wfp.org/Hunger/faqs#bkHUNGER](http://www.wfp.org/Hunger/faqs#bkHUNGER) accessed 30 October 2015

<sup>20</sup> WHO official definition of health at <http://www.who.int/about/definition/en/print.html> accessed 30 October 2015.



ria- registration, uniforms, copy books and others. Therefore, to get education and skill training requires money.

The lack of money income is a deprivation and undermines the poor's ability to acquire needed capabilities in order to achieve crucial functions. One needs food and need it every day to be able to develop and deploy other capabilities. It takes going to school to acquire education and skills, it takes eating healthy food, having access to clean water and sanitation, improved housing and income to pay for health services and medicines when sick to be healthy. It takes money to acquire these necessities and to live well.

Capabilities are acquired and not necessarily inherent and therefore they all come at a cost. In the absence of money the poor cannot acquire the needed capabilities to get themselves out of poverty. They cannot pull yourself out of the pit of poverty by their "bootstraps if they have no boots" (Hanlon et al. 2010:4). Yet, people continue to hang onto the notion that people are poor because they are stupid (Hanlon 2004:187). The questions are: Are they so stupid to know that their children need food? Are they so stupid to know that they need to be told to eat enough to be healthy and strong? Are they so stupid to know that a dying relative need medical care? Do they need to be told that to stay in a makeshift structure is hazardous to their health? Or are they stupid because they have little or no money?

A mother that is hungry will not properly breast feed her child because the breast will not produce sufficient milk. The child gets malnourished as the result. Instead of providing food for the mother aid agencies spent millions telling mothers how to breast feed their children. What mothers need is money to buy food. With adequate food the breast will begin to leak milk that she will want the child to suck even more frequently. Gertler (2000) found the incidence of disease among children zero to two years declined by 12 percent, and 11 percent for children 3 to 5 years in SCT households compared non-SCT house in Mexico (Levy 2006: 52). This is what money does to poverty.

In our capitalist world where everything is commodified, money is fundamental in the creation and maintenance of well-being and not just a facilitator. For example, there is a booming human organ trade where people buy and sell organs (The Guardian, May 27, 2012 online edition)<sup>21</sup>. Poor people are constrained to sell their body parts while still alive. Not because they are stupid, but because they need money to survive and had no other assets to sell but their organs! This is commodification! This is capitalism! This tells us that the poor need the money to acquire crucial capabilities to achieve basic functionings.

Sen argues his point against resources saying that people's well-being should be evaluated on their capability to live a life they value and how they are performing in terms of their capability, and we should begin by determining which functionings matters for good life and how much, in a democratic way but not their resource wealth (IEP Online)<sup>22</sup>. However, Sen had pinpointed

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<sup>21</sup> The Guardian New Paper May 27, 2012 online edition available at <http://www.theguardian.com/world/2012/may/27/kidney-trade-illegal-operations-who> accessed October 2, 2015

<sup>22</sup> IEP- Internet Encyclopedia of Philosophy at <http://www.iep.utm.edu/sen-cap/#H2> Accessed (October 4, 2015)

nutrition, health and education and said they must be included in any list of capabilities without taking a vote. I however agree with him that these are very cardinal. But the questions that remain unanswered are: how do the poor achieve these functions in order to enjoy them? How do people acquire the basic capabilities that produce these functionings? How do they achieve good nutrition level? How do the poor achieve healthy lives? How do their children get education? Is it not with money that these capabilities are acquired?

## Chapter 6 . Conclusion and recommendations

This study had sought to highlight the role money plays in alleviating multidimensional poverty using social cash transfer as a conduit. It conceptualizes poverty as structural and systemic, and draws on the capability approach as conceptual and analytical frameworks. To respond to the study questions, this research compared social cash transfer beneficiaries to non-beneficiaries to assess program impact and demonstrate how money impacts key poverty dimensions beyond income poverty. This chapter sum up key findings, analysis, arguments, and their policy implications. Finally, it provides answers to the research questions and present recommendations.

### 6.1 SCT impacts on multidimensional poverty

#### *6.1.1 Difference in wellbeing of case and control*

Comparison of beneficiaries and non-beneficiaries well-being shows mixed results between the two groups. Beneficiaries' well-being were better off on one set of dimensions and non-beneficiaries better off on another set of dimensions. Considering the objectives of the program, which focus on improvement in beneficiaries' nutrition, health and education, it is logical and objective to say beneficiary well-being was better off compared to non-beneficiaries. However, the program has reversed and widen the poverty gap between the recipients and non-recipients. This is an unintended result created by mass poverty and the very narrow poverty gap between the two groups in the district.

Social programs that are geared towards poverty reduction are intended to narrow the poverty gap between the rich and the poor or the moderately poor and the extremely poor, but not to reverse, widen or enhance it (Ellis 2008: 8). This situation was inevitable considering the mass poverty and the already very narrow poverty gap between the case and the control groups which were both drawn from the bottom 10 percent decile. The control group was made up of households that were also poor. As mentioned in the earlier chapter, the major difference between the two was that non-beneficiary households were not labor constraints compared to beneficiaries.

However, the labor force did not put non-beneficiaries in any comparative advantage because there were little or no labor demand or employment opportunities in the study area to facilitate labor productivity. Therefor despite their access to labor force, they were as poor as the beneficiaries. As a result the little money given to the SCT beneficiaries made them to leapfrog far above the non-beneficiaries. According to Ellis, it is not possible to apply the bottom 10 percent rule of thumb without propelling the beneficiary above the non-beneficiaries where poverty is between 50 to 60 percent (2008: 9). However,

SCT can be very effective if well designed, considering the social economic context.

Additionally, the comparison further shows that access to infrastructures is necessary but not sufficient to reduce poverty without money. This explains why millions of people in wealthy nations still go hungry and poor even with access to state of the art infrastructures (Shaefer and Edin 2014: 29). This comes out of the result exhibited by the non-beneficiaries where they were well off on water and sanitation, access to health facilities, quality of home structure and adult education attainment but were not able to convert these health determinants into better health outcome. This also demonstrates how fundamental money is to human development and poverty alleviation.

Finally, considering the objective of this study, which is to assess the impact of money on poverty, triangulation of the data strongly demonstrates that the little money provided by the program made impacts on the beneficiaries. Though the program reverse and widen the poverty gap between beneficiaries and non-beneficiaries, however, beneficiaries capabilities were strengthened and crucial functionings improved on select human development dimensions compare to non-beneficiaries. Therefore SCT can have a magnificent impact on multidimensional poverty if the program is well planned, well targeted with social implications properly thought through. This requires understanding the social and economic contexts.

### ***6.1.2 Inclusion and exclusion dynamics and their impact***

The program's inclusion and exclusion criteria were clear. But with 52 percent of the population in the study area poor (LISGIS 2010: n.p.) targeting the bottom 10 percent of the poor in such mass poverty with very narrow gap dividing the impoverished from the rest of the poor accurately is impossible (Hodges et al. 2014: 8). Mean testing as used for targeting usually performs poorly in such mass poverty (DFID 2011: 53, Ellis 2008: 9).

While no one targeting strategy is perfect (Devereux 1999: 63), the targeting strategy and process employed were themselves problematic and made complex by the mass poverty situation. This has led to mistrust and bitterness among the locals mainly those who feel eligible but were not selected. People felt cheated as they see their neighbours, some of whom are equally poor as they are benefiting while they were left out. Many fail to recognize some of the slight differences between their own households and those of their neighbours that were selected. Some of these differences, like number of children or aged or sick persons in the household put these households in a better position to be selected. However, while there are some genuine corruption claims that call for concern, many of the corruption claims were based on these kind of miss understanding.

Mistargeting has the potential to cause conflict, undermine social solidarity, community participation and make a community susceptible to crime (Cameron and Shah 2012:21). Therefore, this high perception of bias being harboured by non-beneficiaries may play out like mistargeting and weaken social networks and relations through which people access information, gifts,

credits and others social supports and make the poor even more vulnerable. This is dangerous for a post war and fragile state like Liberia. Based on the targeting difficulties in such mass poverty and the inevitability of targeting errors, Hodges et al. said universal transfer seems appropriate, but with limited fiscal space in many Sub-Saharan Africa countries, universal SCT may not be sustainable and therefore make sense to focus on the extremely poor, but, have to live with the high risk of targeting errors (2014: 18).

However, I would therefore recommend that the targeting strategy be revised to give the community greater responsibility by adopting a bottom-up approach in which targeting starts with the community. That is, the community should identify the extremely poor among them while the program does validation. This will reduce targeting errors, strengthen community participation, exonerates program of corruption charges, reduce targeting cost and avert possible conflict. Additionally, the issues of conflict and the negative social impact of the program need to be further investigated considering the level of bitterness among non-beneficiaries who felt left out unfairly.

### ***6.1.3 Other factors that influenced SCT impacts***

Poor social services, weak economic environment, poor coordination and public misconception of the program are among other factors that influence the impact of SCT on individuals and the communities' well-being. Because more than half of the population are poor everybody wants to benefit from the program and would do everything possible to benefit. This poses challenges for program managers and led to the exclusion of some of the vulnerable people for whom the program was actually intended.

Poor social services including health and education were disincentive for the enhancement of program impacts. These social service institutions are plagued with poor quality issues. The supply side is not matching up with the demand for social services being created by the program. Such match up with quality services will lead to even greater impact on human capital development and long term poverty reduction. Social transfer is more effective when it is complimentary to other social services and programs (DFID 2011: 56).

Additionally, with little or no employment opportunities for locals, households that are labor rich are also as poor as those labor constraints. This contributed to the results where the beneficiaries were better off than the non-beneficiaries. Because they lack access to income the little that the beneficiaries receive from SCT put them far above the non-beneficiaries which makes it appear like the beneficiaries were already well off or were non-poor (Ellis 2008: 9). Therefore the MGCSP needs to introduce other complimentary programs that will cater for the poor, including those that are not labor constraints.

Weak coordination had led to conflict in service delivery among local managers and resulted in some households benefiting from two different cash transfer programs simultaneously. Coordination at the national level is not at its best despite all the coordination mechanisms. The conflict in the study area was caused largely by weak central coordination. As a result poor people in other places have no access to SCT while others get two transfers. The MGCSP needs to strengthen coordination among NGOs and itself to ensure resources reach other poor counties. There should be a clear guidelines for NGOs to follow in the implementation of social assistance programs. At the local level, especially in Bomi, MGCSP should assign specific districts to each

NGO to operate in and be held accountable for results in those localities. This will prevent overlaps and confusion, and make room for comparison of implementation models across districts and organizations. This will make attribution of results in a specific locality to a particular organization possible.

Furthermore, sustainability needs critical consideration. Considering the poor state of the economy with little or no employment opportunities, beneficiaries will need to be kept on the program a bit longer beyond two years in order to sustain the gains being made. Abruptly dropping people off the program erode progress made and put many of the past beneficiaries back into destitution. Therefore a systematic graduation with other transitional programs are needed to prepared beneficiaries to leave the program without shock. This call for program diversification to include other social protection programs like public work programs, skills development for the poor that are not labor constraint and micro credit. This will reduce the manipulations and strains on the SCT program and provide a transitional channel for those in the program whose labor status have changed.

Additionally, the government should increase social spending to strengthen the quality of free primary health care and primary education, and put money in the SCT program to make it sustainable. SCT is only effective if payment is sustained (Meskoub 2015: 4) and when it is complimentary to other social interventions (DFID 2011: 56).

#### ***6.1.4 Impact of money on multidimensional poverty***

The assessment of the impact of money income on multidimensional poverty is at the central of this study. The findings clearly demonstrate that money can impact multidimensional poverty. The extend of impact is more pronounced on the human development dimensions, including food and nutrition, education, health, gender equality, economic empowerment and housing. With the exception of the construction of low cost houses using largely local materials, there was no other impact on infrastructure. However, with such a very minimum amount which is just 10 percent of minimum wage in Liberia, the result on infrastructure was not expected. This means that the poor can achieve much more with access to money (Berner and Philips 2005; 19) and when access is regular and sustained (Meskoub 2015: 4).

This minimum amount gave the poor the freedom to expand their capabilities and pursue productive life course. With this seed money from SCT, the poor have the freedom to make choices and make strategic investments which dividends support long term human capital development. Accumulation of physical assets is also strategic because it builds the poor resilience against shark in term of economic and social turbulence and make the poor less vulnerable (UNDP 2014: 17). Additionally, investment in home construction and improvement has a trigger down effects on health. WHO identifies home injuries, poor air quality and pest invasion as some health issues associated with poor housing quality (2010:30). Those who are business oriented have invested

in micro enterprises which are geared towards sustainable livelihoods as some of the enterprise were showing signs of been growth oriented. For instance a move from selling five gallons of palm oil to ten 50 gallons is an indication of growth. These together support social capital development which has long term effects on the quality of life and poverty reduction (Collier 1998:24). With sustained financial income the poor can end intergenerational poverty by breaking through the poverty trap. As Berner and Philips put it, “The poor are experts in making much of scarce resource” (Berner and Philips 2005; 19).

Finally, considering how meagre the social cash transfer amount is and matching it against the transformative results attained on nutrition, health, education, gender equity, home construction and improvements and micro enterprise development confirms that money has an immeasurable impact on multidimensional poverty. This level of impacts on the poor’s well-being further justifies that the more access the poor have to money, the well-off they will be. This is because the capabilities the poor need to achieve crucial functionings are acquired and not inherent, and it takes money to acquire those capabilities to achieve desired functionings. This brings me to the conclusion that money is fundamental in the fight against poverty and not just an enhancer as the capabilities scholars suggest. As Hanlon et al. put it, the problem of the poor is the lack of money (2010:2).

## References

- Alkire, S. and M.E. Santos (2013) 'Measuring Acute Poverty' in the Developing World: Robustness and Scope of the Multidimensional Poverty Index', Oxford Poverty and Human Development Initiative Working Paper No. 59. [www.ophi.org.uk](http://www.ophi.org.uk) Assessed 20 March 2015.
- Baird, S., C. McIntosh and B. Ozler (2009) 'Designing Cost-Effective Cash Transfer Programs to Boost Schooling among Young Women in Sub-Saharan Africa', Policy Research Working Paper 5090. Washington DC: The World Bank.
- Banerjee (2009) 'The Economic Lives of the Poor'. Authors' Manuscript. National Institute of Health Public Access. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2638067/pdf/nihms-84071.pdf> Access 2 October 2015.
- Barrientos, A. and D. Hulem (2008) 'Social Protection for the Poor and Poorest: An Introduction' in A. Barrientos and D. Hulem (eds) *Socio Protection for the Poor and Poorest: Concepts, Policies and Politics*, pp. 3-24. New York: Palgrave Macmillan.
- Berner, E. and B. Philips (2005) 'Left to Their Own Device? Community Self-help between Alternative Development and Neo-liberalism', *Community Development Journal* Vol 40, 17-29.
- Bradshaw, T.K. (2006) 'Theories of Poverty and Anti-Poverty Programs in Community Development', Columbia and Oregon: Rural Poverty Research Center Working Paper No. 06-05. <<http://www.rprconline.org/>> Accessed 16 February 2015.
- Cameron, L. and M. Shah (2012) 'Can Mistargeting Destroy Social Capital and Stimulate Crime? Evidence from a Cash Transfer Program in Indonesia'. IZA Discussion Paper No. 6736. <[http://manishashah.bol.ucla.edu/papers/BLT\\_EDCC\\_Shah.pdf](http://manishashah.bol.ucla.edu/papers/BLT_EDCC_Shah.pdf)> Accessed 12 September 2015
- Chambers, R. (2007) 'Who Counts? The Quiet Revolution of Participation and Numbers', IDS Working Paper 296, Institute of Development Studies. <<https://www.ids.ac.uk/files/Wp296.pdf>> Accessed 12 September 2015.
- Culter, M. D and A. Lleras-Muney (2006) 'Education and Health: Evaluating Theories and Evidence', NBER Working Paper 12352, Cambridge: National Bureau of Economic Research.



- Collier, P. (1998) 'Social Capital and Poverty', Social Capital Initiative Working Paper No. 4, Washington DC: The World Bank.
- DeNavas-Walt, C. and B. D. Proctor (2014) 'Current Population Report: Income and Poverty in the United States: 2013', Washington DC: U.S. Census Bureau.
- Devereux, S. (1993) 'The Entitlement Approach' in S. Devereux (ed.) *Theory of Famine*, pp. 66-69. New York: Harvester Wheatsheaf.
- Devereux, S. (1999) 'Targeting Transfer: Innovative Solutions to Familiar Problems'. *IDS Bulletin* Vol. 30 No. 2.
- Devereux, S. and R. Sabates-Wheeler (2004) 'Transformative Social Protection' IDS Working Paper 232. Brighton: Institute of Development Studies.
- DFID (2011) 'DFID Cash Transfers Evidence', UK Department for International Development <<http://webarchive.nationalarchives.gov.uk/+http://www.dfid.gov.uk/Documents/publications1/cash-transfers-evidencepaper.pdf>> Accessed 6 April 2015.
- Ehrenpreis, D. (2006) 'What is Poverty? Concepts and Measures' in D. Ehrenpreis (ed.) *Poverty in Focus*, pp. 1-2. Brasilia: International Poverty Center, United Nations Development Program.
- Ellis, F. (2008) 'We are all Poor Here: Economic Difference, Social Divisiveness, and Targeting Cash Transfers in Sub-Saharan Africa', Paper Prepared for the Conference on Social Protection for the Poorest in Africa: Learning from Experience, Uganda (8-10 September 2008).
- FAO (2013) 'Qualitative Research and Analyses of the Economic Impacts of Cash Transfer Programmes in Sub-Saharan Africa: Ghana Country Case Study Report', Rome: Food and Agricultural Organization of the United Nations.
- FAO, IFAD and WFP (2015) 'The State of Food Insecurity in the World 2015, Meeting the 2015 International Hunger Targets: Taking Stock of Uneven Progress', Rome: Food and Agricultural Organization of the United Nations.
- Fukuda-Parr, S. (2006) 'The Human Poverty Index: A Multidimensional Measure' in *Poverty in Focus*, pp. 7-9. Brasilia: International Poverty Center, United Nations Development Program.
- Government of Liberia (2013a) 'National Social Protection Policy and Strategy',

Monrovia: Ministry of Planning and economic Affairs.

- Government of Liberia (2013b) 'Agenda for Transformation: Steps Towards Liberia Rising 2030', Monrovia. Ministry of Planning and Economics Affairs.
- Glennerster, H. (2004a) 'The Context of Rowntree's Contribution' in H. Glennerster, J. Hill, D. Piachaud, and J. Webb (eds) *One Hundred Years of Poverty and Policy*, York: Joseph Rowntree Foundation.
- Glennerster, H. (2004b) 'Poverty Policy from 1900 to the 1970' in H. Glennerster, J. Hill, D. Piachaud, and J. Webb (eds) *One Hundred Years of Poverty and Policy*, York: Joseph Rowntree Foundation.
- Hanlon, J. (2004) 'It Is Possible to Just Give Money to the Poor' in J.P. Pronk (ed.) *Catalyzing Development? A Debate on Aid*. Oxford: Blackwell Publishing Ltd.
- Hanlon, J., A. Barrientos and D. Hulme (2010) 'Just Give Money to the Poor: The Development Revolution from the Global South', Sterling VA: Kumarian Press.
- Hodges, A., G. Notten, C. O'Brien and L. Tilberti (2014) 'Are Cash Transfer a Realistic Policy Tool for Poverty Reduction in Sub-Saharan Africa? Evidence from Congo-Brazzaville and Cote d'Ivoire', Oxford Policy Management Working Paper ISBN 978-1-90277-20-6  
<http://www.opml.co.uk/sites/default/files/> Accessed 22 October 2015.
- Hodges, A., C. O'Brien and L. Ganga (2012) 'Strengthening Social Protection for Families and Children in the Republic of Congo', Social and Economic Working Paper. New York: United Nations Children's Fund.
- House Budget Committee Majority Staff (2014) 'the War on Poverty: 50 Years Later', The House Budget Committee Report.  
<[http://budget.house.gov/uploadedfiles/war\\_on\\_poverty.pdf](http://budget.house.gov/uploadedfiles/war_on_poverty.pdf)>  
Accessed 7 September 2015.
- IFAD (2014) 'The Multidimensional Poverty Assessment Tool: An Innovative New Tool for Assessing, Understanding and Addressing Rural Poverty', International Fund for Agricultural Development (Brochure).  
[http://www.ifad.org/mpat/resources/mpat\\_brochure.pdf](http://www.ifad.org/mpat/resources/mpat_brochure.pdf) Accessed 18 June 2015.
- Jordan, G. (2004) 'The Causes of Poverty-Cultural Vs Structural: Can There Be a Synthesis?' <http://www.asu.edu/mpa/Jordan.pdf> Accessed 11 September 2015 Accessed 4 October 2015.
- Kovacevic, M. and M. C. Calderon (2014) 'UNDP's Multidimensional Poverty Index: 2014 Specifications', United Nations Development Program.

- Laderchi, C.R., R. Saith and F. Stewart (2010) 'Does It Matter That We Do Not Agree on the Definition of Poverty? A Comparison of Four Approaches', *Oxford Development Studies*, 31:3, pp-243-274.
- Lappae, F. M., F. Collins, P. Rosset and L. Esparza (1998) '*World Hunger 12 Myths*', New York: Earthscan.
- Levy, S. (2006) 'Progress against Poverty: Sustaining Mexico's Progresa-Oportunidades Program', Washington DC: The Brookings Institution Press.
- LISGIS (2009) 'Liberia Population and Household Census' Monrovia: Liberia Institute of Statistics and Geo-Information Services.
- LISGIS (2011) 'Report on the Liberia Labour Force Survey 2010'. Monrovia: Liberia Institute of Statistics and Geo-Information Services.
- LISGIS (2014) 'Liberia Demography and Health Survey 2013'. Monrovia: Liberia Institute of Statistics and Geo-Information Services.
- Meskoub, M. (2015) 'Cash Transfer as a Social Policy Instrument or a Tool for Adjustment Policy: From Indirect Subsidies (to Energy and Utilities) to Cash Subsidies in Iran', ISS Working Paper No. 610, The Hague: International Institute of Social Studies.
- Mezzadri, A. (2008) 'The Rise of Neo-Liberal Globalization and the New Old Social Regulation of Labour: A Case of Delhi Garment Sector'. *The Journal of Labour Economics*, Vol. 51, No. 4.
- Miller, C. and Z. Themba (2012) 'External Evaluation of the Bomi Social Cash Transfer Pilot Final Report: Understanding the Liberian Cash Transfer' Monrovia: Center for Global Health and Development.
- Ministry of Planning (2006) 'Republic of Liberia: Comprehensive Food Security and Nutrition Survey'. Monrovia: Government of Liberia.
- Ministry of Planning (2013) 'Liberia Social Protection Strategy and Policy', Monrovia: Government of Liberia.
- Mkandawire, T. (2005) 'Targeting and Universalism in Poverty Reduction', Social Policy and Development Program Paper Number 23, Geneva: United Nations Research Institute for Social Development.
- Morgan, A. and E. Ziglio (2007) 'Revitalising the Evidence Base for Public Health: An Assets Model' *Global Health Promotion*, Vol. 14, No. 2: pp. 17-22.

- Moser, C.O.N. (1998) 'The Asset Vulnerability Framework: Reassessing Urban Poverty Reduction Strategies'. *World Development*, Vol. 26, No.1, pp.1-9.
- Muller, O. and M. Krawinkel (2005) 'Malnutrition and Health in Developing Countries', *Canadian Medical Association Journal*, Volume 173 (3): pp. 279-286.
- Nord, M., M. Andrews and S. Carlson (2009) 'Household Food Security in the United States, 2008', US Department of Agriculture.  
<[http://www.ers.usda.gov/media/184956/err83\\_1.pdf](http://www.ers.usda.gov/media/184956/err83_1.pdf)> Accessed 28 October 2015.
- Oxford Policy Management (2013) 'Qualitative Research and Analysis of the Economic Impact of Cash Transfer Program in Sub-Saharan Africa: Zimbabwe Country Case Study Report', Rome: Food and Agriculture Organization.
- Owadi, B., A. Kendle and T. Koiwu (2010) 'The State of Food and Nutrition Insecurity in Liberia: Comprehensive Food Security and Nutrition Survey' Monrovia: Ministry of Agricultural and World Food Program.
- Right to Education Project (2012) 'Right to Education in Liberia: A Brief Analysis', Right to Education Project. <[http://www.right-to-education.org/sites/right-to-education.org/files/Resource-attachments/RTE\\_Country\\_Factsheet\\_Liberia\\_2012.pdf](http://www.right-to-education.org/sites/right-to-education.org/files/Resource-attachments/RTE_Country_Factsheet_Liberia_2012.pdf)> Accessed 15 September 2015.
- Robeyns, I. (2006) 'The Capability Approach in Practice', *The Journal of Political Philosophy*, Volume 14, Number 3. pp. 351–376.
- Robeyns, I.A.M. (2011) 'The Capability Approach', Author's manuscript for Routledge. <<http://hdl.handle.net/1765/37282>> Accessed 9 October 2015.
- Rosso, J. M. D (2006) 'School Feeding Programs: Improving Effective and Increasing the Benefit to Education: A guide for Program Managers'. The Partnership for Child Development <[http://portal.unesco.org/education/en/files/37434/1029402593School\\_feeding-prgrams.pdf/School-feeding-programs.pdf](http://portal.unesco.org/education/en/files/37434/1029402593School_feeding-prgrams.pdf/School-feeding-programs.pdf)> Assessed 4 October 2015.
- Samson, M. (2009) 'Social Cash and Pro-Poor Growth', OEDC.  
<<http://www.oecd.org/dac/povertyreduction/43280571.pdf>> Accessed 13 September 2015.
- Saracostti, M. (n.d.) 'Social Capital as a Strategy to Overcome Poverty in Latin America: An Overview', *International Social Work*, 50(4) pp. 515-527.
- Schubert, B and R. Slater (2006) 'Social Cash Transfers in Low-Income African Countries: Conditional or Unconditional?' *Development Policy Review*, 24, pp. 571-578.

- Seligman, K., B.A. Laraia and M.B. Kushel (2009) 'Food Insecurity Is Associated with Chronic Disease among Low-Income NHANES Participants', *The Journal of Nutrition*, 140: pp 304-310.
- Shaefer, L.H. and K. Edin (2014) 'The Rise of Extreme Poverty in the United States' Pathways Summery 2014. <[http://web.stanford.edu/group/scspi/media/pdf/pathways/summer 2014/Pathways/ Summer 2014 ShaeferEdin.pdf](http://web.stanford.edu/group/scspi/media/pdf/pathways/summer%202014/Pathways/Summer%202014/ShaeferEdin.pdf)> Accessed 1 September 2015.
- Sridhar, D. (2008) 'Paper Commissioned for the EFA Global Monitoring Report 2009, Overcoming Inequality: Why Governance Matters', UNESCO 2009 Global Monitoring Report Background Paper, UNESCO <<http://unesdoc.unesco.org/images/0017/001780/178022e.pdf>> Accessed 22 October 2015.
- Strauss, J. (1986) 'Does Better Nutrition Raise Farm Productivity?' *Journal of Political Economy*, Vol. 94, No. 2. pp. 297-320.
- Summer, A. (2010) 'Child Poverty, Well-being and Agency: What Does a '3-D Well-being' Approach Contribute?' *Journal of International Development*, J. Int. pp.1064-1075.
- Temu, E.A., C. Maswell, G. Munyekenye, A.F.V. Howard, S. Munga, S.W. Avicor, R. Poupardin, J.J. Jones, R. Allan, I. Kleinschmidt and H. Ranson (2012) 'Pyrethroid Resistance in *Anopheles Gambiae*, in Bomi County, Liberia, Compromises Malaria Vector Control', *Plos One*, Volume 7(9), pp. 1-6.
- UNDP (2014) 'Human Development Report 2014, Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience', United Nations Development Program, <<http://hdr.undp.org/sites/default/files/hdr14-report-en-1.pdf>> Accessed 23 May 2015.
- UNICEF (2012) 'Transformative Transfer: Evidence from Liberia's Social Cash Transfer Program', Monrovia: United Nations Children Funds-Liberia.
- United Nations General Assembly, (2000) 'United Nations Millennium Declarations, Resolution Adopted by the General Assembly, A/RES/55/2', <[http://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/RES/55/2](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/55/2)> Accessed 9 September 2015.
- Unterhalter, E. (2009) 'Education', in S. Deneulin and L. Shahani (eds) *An Introduction to Human Development and Capability Approach: Freedom and Agency*, pp. 207-217. UK and USA: Earthscan.

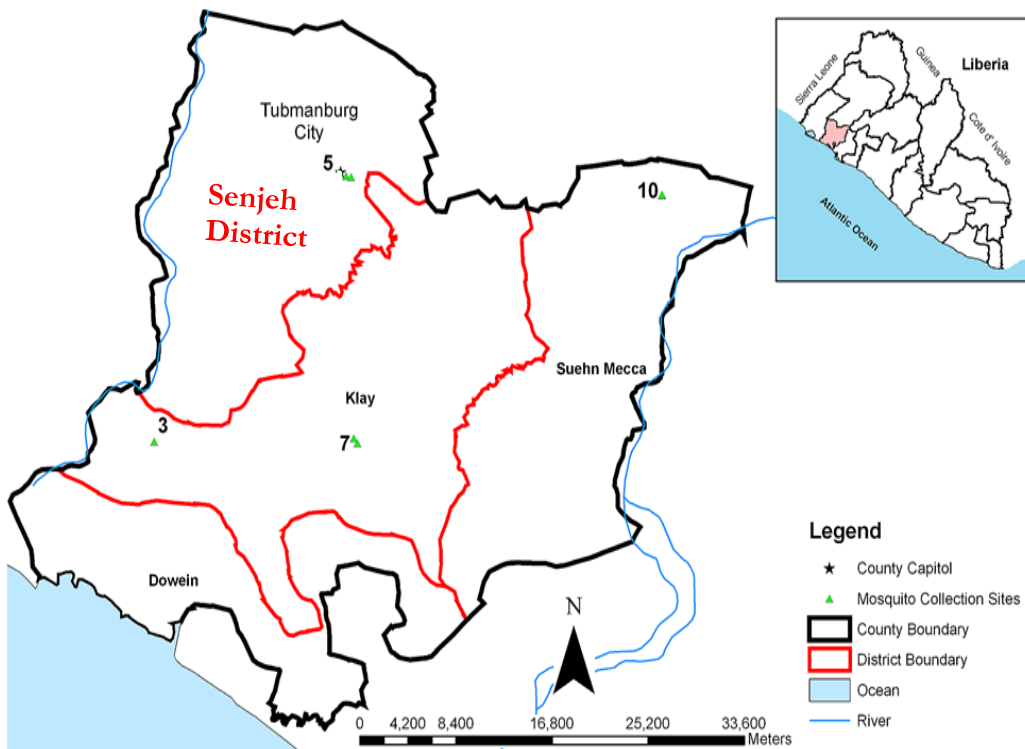
- Vincent, K. and T. Cull (2011) 'Cell Phones, Electronic Delivery System and Social Cash Transfers: Recent Evidence and Experiences from Africa', *International Social Security Review*, Vol. 64, 2.
- Vincent, K. and T. Cull (2009) 'Impact of Social Cash Transfer: Case Study from Across Southern Africa', Paper presented at II Conference of IESE on Dynamics of Poverty and Accumulation Pattern in Mozambique, Maputo (22 and 23 April 2009). <[http://www.iese.ac.mz/lib/publication/II\\_conf/GrupoII/Social\\_transfers\\_VINCENT.pdf](http://www.iese.ac.mz/lib/publication/II_conf/GrupoII/Social_transfers_VINCENT.pdf)> Accessed 28 2015.
- Wagstaff, A., M. Bilger, Z. Sajaia and M. Lokshin (2011) 'Health Equity and Financial Protection', Washington DC: The World Bank. <[www.theworldbank.org](http://www.theworldbank.org)> Accessed 7 October 2015.
- Weisbrot, M., D. Baker, E. Kraev and J. Chen (2001) 'The Scorecard on Globalization 1980-2000: Twenty Years of Diminished Progress', Briefing Paper, Washington DC: Center for Economic Policy and Research <[http://www.cepr.net/documents/publications/globalization\\_2001\\_07\\_11.pdf](http://www.cepr.net/documents/publications/globalization_2001_07_11.pdf)> Accessed 8 September 2015.
- WHO (2006) 'Quality of Care: A Process of Making Strategic Choices in Health Systems' Geneva: World Health Organization.
- WHO (2010) 'International Workshop on Housing, Health and Climate Change: Developing Guidance for Health Protection in the Built Environment-Mitigation and Adaptation Responses', Meeting Report, Geneva: World Health Organization.
- World Bank (1989) 'Sub-Saharan Africa from Crisis to Sustainable Growth: A Long-term Perspective Study'. Washington DC: The World Bank.
- WBC (2006) *Holy Bible: Easy to Read Version*, Japan: World Bible Translation Center Inc.
- Yin, R.K. (2014) *Case Study Research: Design and Methods*, (5<sup>th</sup> Edn). London: SAGE Publication td.

1: Map of Liberian showing Bomi, the study county



Source: Liberia Election Passport at [www.electionspassport.com](http://www.electionspassport.com)

2: Map of Bomi County showing Senjeh District, the study area



Sources: Temu et al. (2012:2)



## Appendices

### Appendix 1: Data collection techniques and localities

No.	Name of Community or locality	Type of Community	Clean	Kind of Data collection used in Community or Location				
				Survey	In-depth Interviews	Key Informant	Focus group	Documents Review
1.	Coffeesuah	Rural	Lower Togay	X	-	-	-	-
2.	Coffeesuah #2	Rural	Lower Togay	X	X	-	-	-
3.	Kamada	Rural	Lower Togay	X	X	-	-	-
4.	Barmore	Rural	Upper Togay	X	X	-	-	-
5.	Beafinie	Rural	Manoah	X	X	X	-	-
6.	Beajah	Rural	Manoah	X	X	X	-	-
7.	Harmon Hill	Urban	Tubmanburg	X	X	X	X	-
8.	Via Town # 1	Urban	Tubmanburg	X	X		X	-
9.	MGCSP Bomi county Office	-	Tubmanburg	-	-	X	-	X
10.	PCI Bomi field office	-	Tubmanburg	-	-	X	-	-
11.	MGCSP Central office	-	Monrovia	-	-	-	-	X
<b>Toto sample</b>				<b>291</b>	<b>18</b>	<b>7</b>	<b>6</b>	<b>-</b>

*Source: Author's own based on field works and secondary data from social cash database*

## Appendix 2: Common conceptions of poverty

Conception of poverty	Definition	Focus
Money	Basic needs or subsistence. Income as proxy of wellbeing and based on economic theory of utility maximization. Started with the work of Booth and Rowntree in the 1887 and 1902 respectively.	<b>Resources:</b> Income or expenditure/consumption Booth (1887); Rowntree (1902) in (Laderchi <i>et al</i> , 2003)
Capability	Capability and functioning: ability to perform socially accepted functions (life, health, strength, education and skills, political participation, employment opportunities and property security /ownership). Poverty is the absence of certain capabilities to <b>do</b> and <b>be</b> . And development is the expansion of those capabilities	<b>Outcome:</b> Health (dying at < 40), Education (Adult literacy), Income (malnutrition as proxy), Sen (1985, 1997, and 1999), In (Laderchi <i>et al</i> , 2003)
Entitlement	A commodity bundle that a person can command in a society using the totality of rights and opportunities that he or she faces. Entitlement is either one owned or endowments, or acquire through exchange of one own endowments for other commodities or services	<b>Resources:</b> Access to resources not just availability of resources (Sen, 1984) (Devereux, 1993)
Social Exclusion	The exclusion of groups or individual from social and political sphere; from rights, livelihoods and the source of wellbeing to which all have access. Inability to enjoy social rights, economic activities (eg. Unemployment, precarious jobs, housing and community services),	<b>Process:</b> Rights, resources and relationships, and institutions that enable or constraint interactions. Focus on group of people or community (Silver 2007)
Participation	The poor know their own needs better than any expert. They should define poverty and determine their own needs participate in community development. There are issues of cost and quality trade- off Prone to elite capture.	<b>Process &amp; Outcome:</b> Voices of the poor, self-help and community's ownership (Chambers 2007)
Vulnerability	“Vulnerability is insecurity and sensitivity in the well-being of individuals, households and communities in the face of a changing environment, and their responsiveness and resilience to risks they face during such negative changes.” (Moser 1998)	<b>Risk &amp; Shocks:</b> labor, human capital, housing/ infrastructure, household relation & social capita (Moser, 1998)

Source: Author adopted and modified from Berner's lecture notes (2014)<sup>23</sup>

### Appendix 3: FDG participants social demographic characteristics

Variables	Beneficiaries		Non-Beneficiaries		Total	
	Num-ber	Percent-age	Number	Percent-age	Number	Percent-age
<b>Community</b>						
Via Town # 1.	5	22.7	17	77.3	22	51.2
Harmon Hill	7	33.3	14	66.7	21	48.8
<b>Total</b>	<b>12</b>	<b>27.9</b>	<b>31</b>	<b>72.1</b>	<b>43</b>	<b>100</b>
<b>Sex</b>						
Female	12	31.6	26	68.4	38	88.4
Male	0	0.0	5	100.0	5	11.6
<b>Total</b>	<b>12</b>	<b>27.9</b>	<b>31</b>	<b>72.1</b>	<b>43</b>	<b>100.0</b>
<b>Mean age</b>	-	<b>50.1</b>		<b>40.5</b>	-	<b>43.2</b>
<b>Education level</b>						
No education	11	25.6	17	39.5	28	65.1
Completed primary	1	2.3	10	23.3	11	25.6
Completed Secondary	0	0.0	4	9.3	4	9.3
<b>Total</b>	<b>12</b>	<b>27.9</b>	<b>31</b>	<b>72.1</b>	<b>43</b>	<b>100.0</b>
<b>Occupation</b>						
None	3	25.0	12	38.7	15	34.9
Business	4	33.3	4	12.9	8	18.6
Farmer	3	25.0	10	32.3	13	30.2
Gardener	2	16.7	2	6.5	4	9.3

<sup>23</sup> Adopted and modified from Dr. Erhard Berner's power point slide titled 'defining poverty' (2014)

Unskilled laborer	0	0.0	1	3.2	1	2.3
Student	0	0.0	2	6.5	2	4.7
<b>Total</b>	<b>12</b>	<b>27.9</b>	<b>31</b>	<b>72.1</b>	<b>43</b>	<b>100.0</b>

*Author's own based on field work*

#### Appendix 4: Respondents' code for In-depth interview, FGD and KII,

No.	Code	Code used for	Codes composition and description				
1	HNFf-11	FGD –individual respondents	H=community	N=non-beneficiary	F=focus group	f= Sex (Female)	1=FGD # 1=respondent #
2	ibBmF-1	In-depth Interview- individuals beneficiary respondents	i=In-depth interview	b= beneficiary	Bm =Community	F= respondent's Sex (female)	1=Respondents' #
3	iNBfM-2	In-depth Interview- individuals non-beneficiary respondents	i= In-depth interview	N= non-beneficiary	Bf=Communit y	M= Sex (male)	2=Respondent #
4	KII-1	Key informant Interview- individual respondents	Key Informant Interview				1=Respondents' #

*Author's own based on field work*

#### Appendix 5: Key Informants' profile

No.	Name	Code	Age	Sex	Education (Grade Completed)	Occupation
1	Town Chief	KII-1	47	Male	None	farmer
2	District Women Leader	KII-3	50	Female	None	None
3	Town Chief	KII-2	44	Male	Primary school	farmer

4	Town Secretary	KII-4	38	Male	Jr. High School	Farmer
5	Community leader	KII-7	47	Male	High School	None
6	Regional Program manager	KII-5	43	Male	University	Social worker
7	Project Officer	KII-6	36	Female	University	Social worker

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*Author's own based on field work*

## Appendix 6: In-depth Interview respondents' profiles

No.	Respondent code	Age	Sex	Social Cash Transfer		Education (Grade Completed)	Occupation
				Beneficiary	Non-beneficiary		
1	ibBmN-1	66	Male	X	-	None	Unskilled labourer
2	ibBmF-1	45	Female	X	-	None	None
3	ibHhM-1	26	Male	X	-	High school graduate	Unskilled labourer
4	ibKmF-1	46	Female	X	-	None	Unskilled labourer
5	iBKmF-2	38	Female	X	-	None	Unskilled labourer
6	ibC2F-1	65	Female	X	-	None	Farmer
7	ibHhF-1	33	Female	X	-	None	Gardener
8	iNBfM-1	66	Male	-	X	None	Farmer
9	iNBfF-1	56	Female	-	X	None	None
10	iNBfM-2	65	Male	-	X	None	None
11	iNBfF-2	44	Female	-	X	None	None
12	iNBmF-1	43	Female	-	X	None	None
13	iNVtF-1	28	Female	-	X	4 <sup>th</sup> grade	None
14	iNHhF-1	67	Female	-	X	None	None
15	iNHhF-2	21	Female	-	X	10 <sup>th</sup> grade	None
16	iNHhf-3	19	Female	-	X	9 <sup>th</sup> grade	None
17	iNHhM-2	66	Male	-	X	None	Farmer

*Author's own based on field work*

## Appendix 7: Survey instruments

International Institute of Social Studies of Erasmus University Rotterdam  
The Hague, The Netherlands

### *Survey of Multidimensional Poverty and SCT Program in Senjeh District Bomi*

*[This questionnaire is intended to be used for the head of each household]*

Hello, my name is \_\_\_\_\_ I want to hear your valuable opinion on the working and impact of social cash transfer program on multidimensional poverty. I would love ask you few questions about poverty and social cash transfer.

The purpose of this study is to understand how social cash transfer impact multidimensional poverty and to establish the causal link between the two. This study is in fulfilment of partial requirement for master degree in Development Studies but findings will inform program improvement and contribute to future policies and review of the social cash transfer program.

The information you give me will be treated with complete confidentiality, and will not associate your name with anything you say. Your name will not be attached to the write out. You reserve the right not to answer any specific question and to withdraw from process at any time.

Do I have your consent to participate in this study? 1-Yes  ; 2-No

#### A. Basic background data

1. Questionnaire Number \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Date complete: (mm,dd) \_\_\_\_/\_\_\_\_/ 2015

District: \_\_\_\_\_ Town/City: \_\_\_\_\_ Community: \_\_\_\_\_

4. Name of research assistant: \_\_\_\_\_

5. Locality classification: 1. Urban locality ; 2. Rural locality

6. Are you a beneficiary of social cash transfer program? 1-Yes , 2-No

7. If yes, for how many years have you been receiving social cash transfer? \_\_\_\_\_ ( *if no, jump to question # 8*).

8. Do you benefit from other programs order than cash transfer? 1-Yes ; 2-No  ( *if no, jump to question # 10*).

9. If yes, what do you received from that program? 1-cash ; 2-food kind ; 3-Seeds ;  
4-farming tools ; 5-other (please specify): \_\_\_\_\_

10. If yes, program name \_\_\_\_\_ and organization's name: \_\_\_\_\_

#### B. Social demographic characteristics

11. What is the name of the respondent (household head)? \_\_\_\_\_

12. What is the sex of Household head? 1-Male , 2-Female

13. What is the age of Household head: \_\_\_\_\_

14. What is the size of house (Number of person in the household)? \_\_\_\_\_
15. There are how many children under 15 years in the household? \_\_\_\_\_
16. What is the number of adults 15 years and above in the household? \_\_\_\_\_
17. What is the number of female (including children) in the household? \_\_\_\_\_
18. What is the number of male (including children) in the household? \_\_\_\_\_
19. There are how many able body adult (15-60 years) who are able to work in your household?\_

20. Respondent's level of education:

- 1-Did not go to school  4-Complete secondary school ,
- 2-Some primary school  5-Have apprenticeship /vocational training ,
- 3-Complete primary school 6-Post secondary education

### Nutrition

21. How many meals do you eat per day?

- 1-Once a day
- 2-twice a day
- 3-three times a day

22. During the last 12 months how often did you eat the following foods? (these options below are treated as separate questions in the database)

#### Rice /Cereals/Bread

- bles/G<sub>1</sub> 1-Daily ;
- 2-Once a week ,
- 3-Once in two weeks
- 4-Monthly ;
- 5- Yearly

#### B. Potatoes/Cassava/eddoes

- 1-Daily ;
- 2-Once a week ,
- 3-Once in two weeks
- 4-Monthly
- 5- Yearly

#### C. Vegeta-

- 1-Daily ;
- 2-Once a week ,
- 3-Once in two weeks
- 4-Monthly
- 5- Yearly

#### D. Fruits

- 1-Daily
- 2-Once a week ,
- 3-Once in two weeks
- 4-Monthly
- 5- Yearly

#### E. Dairy & or Eggs

- 1-Daily
- 2-Once a week ,
- 3-Once in two weeks
- 4-Monthly
- 5- Yearly

#### F. Meat, Fish or Seafood

- 1-Daily ;
- 2-Once a week ,
- 3-Once in two weeks
- 4-Monthly
- 5- Yearly

#### H.

- 1-Daily ;
- 2-Once a week ,
- 3-Once in two weeks
- 4-Monthly
- 5- Yearly

### Education

28. Are children between the ages 4 and 14 years in the household currently in school?

- 1-Yes ; 2-No ;

29. Is or are there girls children between 4 and 14 years in the household currently in school?

- 1-Yes ; 2-No ;

30. Are there adults in the household with complete primary education? 1-Yes ; 2-No ;

31. # of adults 15-60 in household that completed primary school: \_\_\_\_\_



### Health care

32. Is there health facility in one hour or less walking distance from here? 1-Yes ; 2-No

33. If yes, are there trained health care providers (MD, PA, Nurse or Midwife) working in that health facility? 1-Yes ; 2-No ; 3-I don't know

34. Did any child five years or younger died in this household in the past five years?  
1-Yes ; 2-No

### Water, sanitation and hygiene

35. What is the source of your household drinking water supply?

- |   |   |
|---|---|
| 1-Tap water in home <input type="checkbox"/>                      | 5-Well with culverts and tap on premises <input type="checkbox"/>   |
| 2-Tap water outside of home in community <input type="checkbox"/> | 6-Well with culverts' and tap in community <input type="checkbox"/> |
| 3-Hand pump on premises <input type="checkbox"/>                  | 7-Open well <input type="checkbox"/>                                |
| 4-Hand pump in community <input type="checkbox"/>                 | 8-Buy water by jerry can /sack <input type="checkbox"/>             |

36. What toilet facility does your household use?

- 1-flush toilet in home
- 2-Pit latrine with concrete slab and roof on premises
- 3-latrine with concrete slab and roof on premises
- 4-Pit latrine without slab and roof
- 5- Use the bush

37. What do you use to brush your teeth?

- 1-tooth brush
- 2-stick
- 3- Charcoal

38. How often do you take bath with soap?

- 1-Everyday
- 2-Two to three times a week
- 3-Once a month
- 4-Don't take bath with soap

### Housing, Asset and energy

39. What are the primary materials used to construct your homes? Observe

- 1-Zinc and concrete bricks
- 2-Zinc and dirt bricks
- 3-Zinc, stake and mud
- 4-Tatch, stake and mud

40. What is the source of lighting for your home? 1- Kerosene lamp ; 2-palm Oil lamp ;  
3-Firewood

41. Are you the owner of the house you reside in? 1-Yes ; 2-No

42. Do you own a functional radio? 1-Yes ; 2-No

43. Do you own a functional TV? 1-Yes ; 2-No

44. Do you own a functional power generator? 1-Yes ; 2-No

45. Do you own a farmland? 1-Yes ; 2-No
46. Do you own any livestock (goat, sheep and cow)? 1-Yes ; 2-No
47. Do you have farming tools? (For rural areas) 1-Yes ; 2-No
48. Is there anything else you want to tell me concerning our subject matter?

**Stop if the respondent is a one person household head/member!!! If there are more than one person in the house continue to next section for each members of this household.**

## Sub questionnaire for dependents

*Use this sub-questionnaire to interview the other members of the same household. Interview up to four (4) other household members separately including the spouse of the household head if married and children 4 years and above where available. Seek consent from both the parent and guidance of the child and the child her/himself. Each interview should be conducted confidentially.*

Questionnaire Number: \_\_\_\_\_ [Same number as household head]

1. What is the name of the respondent (household head)?

---

2. What is the sex of respondents? 1-Male , 2-Female

3. What is the respondent's relationship to Household head?

1-Spouse ,

2-Child ,

3-Niece ;

4-Nephew ;

5-Fuster child ;

6- Mother ;

7-Father ,

8-In-law

9-Other (please specify): \_\_\_\_\_

4. What is the age of respondent in year? (use best estimate if unknown) \_\_\_\_\_

5. If a child between the ages of 5 to 14 years, is she or he in school? 1-Yes ; 2-No

6. If respond is an adult 15 years and above, what is her or his level of education?

1-Never went to school ; 2-Some primary school , 3-Complete primary school ,

4-Completed high school

7. How many meals do you eat per day? 1-One meal ; 2-Two meals ; 3- Three means

8. During the last 12 months how often did you eat the following foods?

### A. Rice /Cereals/Bread

1-Daily ;

2-Once a week ,

3-Once in two weeks

4-Monthly ;

5- Yearly

### B. Potatoes/Cassava/eddoes

1-Daily ;

2-Once a week ,

3-Once in two weeks

4-Monthly

5- Yearly

### C. Vegetables/Greens

1-Daily ;

2-Once a week ,

3-Once in two weeks

4-Monthly

5- Yearly

**D. Fruits**

- 1-Daily
- 2-Once a week ,
- 3-Once in two weeks
- 4-Monthly
- 5- Yearly

**E. Dairy & or Eggs**

- 1-Daily  ;
- 2-Once a week ,
- 3-Once in two weeks
- 4-Monthly
- 5- Yearly

**F. Meat/Fish/seafood**

- 1-Daily  ;
- 2-Once a week ,
- 3-Once in two weeks
- 4-Monthly
- 5- Yearly

**G. Meat/Fish/seafood**

- 1-Daily
- 2-Once a week ,
- 3-Once in two weeks
- 4-Monthly
- 5- Yearly

**H. Nuts**

- 1-Daily  ;
- 2-Once a week ,
- 3-Once in two weeks
- 4-Monthly
- 5- Yearly

7. How often do you take bath with soap?

- 1-Everyday
- 2-Twoto three times a week
- 3-Once a month
- 4-Don't take bath with soap

8. Do you have a say in making household decision or those that affect you?

- 1-Yes ,
- 2-No

9. If spouse, who makes spending decision in the household?

- 1-husband
- 2-wife
- 3-Jointly

10. Do you have any questions or comments?

**Thank you for your participation.**

## Appendix 8: In-depth Interview guide for SCT beneficiaries

### Qualitative Data Collection Instrument / In-depth Interview Guide for Beneficiaries

#### Interview Guide for SCT Beneficiaries

Hello. My name is (Name of interviewer) I am doing this interview as part of my research to understand poverty from a multidimensional perspective and how it can be impacted by social cash transfer of whom you are a recipient. This research is being done for academic purpose –masters ‘degree thesis, but finding will be shared with the government to improve the cash transfer program. Whatever you say will not be reported with your name attached but will rather form part of a pool of data to be summarized. So feel free to say all you know and how you feel about the program and results. You reserve the right not to participate or not to respond to a particular question and can choose to opt out of the interview at any point in the interview.

1. Are you willing to freely participate in this study? Yes ; No
2. If you don't mind, I would love to tape record our conversation. Be assured I am not going to share it with anyone except those that concern with this study.
3. Name of interviewer \_\_\_\_\_ Date of interview \_\_\_\_\_
4. Name of interviewee \_\_\_\_\_
5. Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### **Background and Targeting (inclusion and exclusion)**

6. What do you know about the Social cash transfer program?
7. How did you become a part of or beneficiary of the cash transfer program?
8. Why were you selected to benefit?
9. Are you poor, and why do you say you are poor?
10. What does it mean to you to be poor?

#### **Nutrition**

11. How is the food situation with your household?
12. What kind of food do you eat daily and how often do you eat during the day?
13. How do you compare your access to and consumption of food before you join the social cash program and after you join?
14. Did the social cash program make any difference to your access to and consumption of food? If yes, how?

#### **Education**

15. Did you go school? If yes, how far did you go (your grade level)?
16. If you have children are they in school? Do they go to school every school day?
17. Did social cash transfer have any impact on the school attendance and learning of your child? If yes, in what ways do social cash transfer affect your child or children schooling and education?
18. Are you paying school fees?

19. What would happen to your children's schooling if there was no social cash?

**Health**

20. How would you describe your health condition and those of your household members?

21. How do you compare your health condition before you got on the social cash transfer program and after you got on the program?

22. Do you think social cash transfer has any impact on health condition of your family? In what way does social cash transfer impact your health condition?

**Asset and living condition**

21. Who is the owner of the house you live in and what is its condition?

18. What assets do you own?

19. How do you compare your assets ownership now and to the time before joining the social cash program?

**Gender**

20. The social cash transfer is being paid to women where there is a woman in the household. What do you think about this? How does it affect gender relations in the household? Do you see this as women empowerment?

21. How does cash transfer affect the roles of woman and man in making decision in your household?

22. What role do children play in making decision that directly affect them?

## Appendix 9: In-depth interview guide for non- SCT beneficiaries

### Qualitative Data Collection Instrument /In-depth Interview Guide for Non-beneficiaries

#### Interview Guide for non-SCT Beneficiaries

Hello. My name is (Name of interviewer). I am doing this interview as part of my research to understand poverty from a multidimensional perspective and how it can be impacted by social cash transfer of which you are a recipient. This research is being done for academic purpose –masters ‘degree thesis, but finding will be shared with the government to improve the cash transfer program. Whatever you say will not be reported with your name attached but will rather form part of a pool of data to be summarized. So feel free to say all you know and how you feel about the program. You reserve the right not to participate or not to respond to any particular question and can choose to opt out of the interview at any point in the interview.

Are you willing to freely participate in this study? Yes ; No

If you don't mind, I would love to tape record our conversation. Be assured I am not going to share it with anyone except those that concern with this study.

Name of interviewer \_\_\_\_\_ Date of interview \_\_\_\_\_

Name of interviewee \_\_\_\_\_

#### **Background and Targeting (inclusion and exclusion)**

1. Have you heard about the Social cash transfer program? What do you know about it?
2. Do you consider yourself poor, if yes, why do you say you are poor?
3. What does it mean to you to be poor?
4. If you said you are poor why do you think you were not selected to benefit?

#### **Nutrition**

5. How is the food situation with your household?
6. What kind of food do you eat and how often do you eat daily during the last 12 months?
7. How do you describe your access to and consumption of food?
8. How do you secure access to food? Do you have any assistance for food or do you have any income (cash or kind)? What are your other sources of food?

#### **Education**

9. Did you go school? If yes, how far did you go (your grade level)?
10. If you have children are they in school? Do they go to school every school day?
11. Are there any impediments to your child(ren) regularly attendance of school? If yes, what are those impediments and how do they affect your child(ren) schooling?
12. What can be done to keep your child(ren) in school and smoothen their learning?

#### **Health**

11. How would you describe your health condition? Are you physically and mentally healthy? Are you physically fit to work?
12. How did you cater for your health in the past 12 months? If you got sick how did you seek care?

13. Did you received any help for your health care from anyone or organization? If yes who or what organization was that?

**Asset and living condition**

14. Who is the owner of the house you live in and what is its condition?

15. What assets (including physical and livestock) do you own?

**Gender**

16. If any, what role does **your spouse** play in making decision in the household about spending and used of assets?

19. If any, what role does child(ren) play in making decisions that affect them directly?

**General question**

17. Do you have any hope of getting out of your currently condition? How do you think that going to happens?

## Appendix 10: Focus group discussion guide

### Focus Group Discussion Guide

#### Consent

*Thank you for coming. My name is \_\_\_\_\_ and my colleagues assisting me are \_\_\_\_\_. I am interested in hearing your valuable opinion on the working and impact of social cash transfer program on multi-dimensional poverty. I wish to explore the selection and exclusion of poor house, the perceptions of the beneficiary and non-beneficiaries.*

*The purpose of this study is to understand how social cash transfer impact multidimensional poverty and to establish the causal link between the two. This study is in fulfilment of partial requirement for master degree in Development Studies but findings will inform program improvement and contribute to future policies and review of the social cash transfer program.*

*The information you give us is completely confidential, and we will not associate your name with anything you say in this focus group in the report. I would like to tape record the discussion so that we can make sure to capture the thoughts, opinions, and ideas we hear from the group. I will dispose of the tape as soon as they are transcribed. You reserve the right not to answer any specific question and to withdraw from process at any time. I promise to keep all information confidential and will caution participants to respect each other's confidentiality.*

*If you have any questions now or after this discussion you can feel free to ask me or contact me later whenever you want.*

*Do I have your consent to participate in this study? Thanks for agreeing to participate.*

A. Name of participants, age, gender, and career, social cash recipient or non-recipient (sign in sheet).

#### Introduction:

#### B. Basic information about focus groups

I want to learn from you so please say exactly what you know and how you feel. It is ok to give positive or negative response once they represent you honest opinions. I am not interested building consensus but rather gathering factual information, so it is ok to disagree with the others views by saying you own view about any of the question I will be asking you.

#### C. Ground Rules

Can you please suggest some basic ground rules that will guide our discussion?

- i. Everyone should participate.
- ii. Information provided in the focus group must be kept confidential
- iii. Stay with the group and please don't have side conversations
- iv. Kindly turn off cell phones or put it on silence if possible
- v. Feel free and have fun

#### Tape Recorder will be turn on at this point

D. Does anyone of you have any questions before we get started?

E. Please introduce yourself briefly by saying you name, where you from and what you do for living.

#### F. Questions:

1. Let's start the discussion by talking about social cash transfer program briefly. What do you know about social cash transfer program?




2. What do you think about the social cash transfer program? Do you think it is making any difference or not? Why do you think so?
3. If you think it is making any difference, what difference do you think it is making on recipients (what specific difference on adults, women and children)?
4. Do you think the social cash program have any impact on education, health, nutrition, basic assets and living conditions? Please say something about how social cash impact these aspect of life and Children wellbeing.
5. If it is not making a difference what do you think that is so?
6. How was the selection done and who were those involve in the selection? Did the community and local leaders have any say in who were selected?
7. What do you thing about the transparency and fairness of the selection process?
8. How is the payment done? And how do you like the payment process? (for beneficiaries group only)
10. Do you sometime give gift to (buy cold water for) those doing the payment or those working with Social cash program? (for beneficiaries group only)
11. What are some of the good things about the Bomi social cash transfer?
12. What are some of the things that aren't so good about the program?
13. Is there any other important thing you think we did mention that you want to talk about before we close?
14. That concludes our focus group. Thank you so much for coming and sharing your thoughts and opinions with us.

Figure 3: Specimen of SCT beneficiary card

GOVERNMENT OF LIBERIA  
SOCIAL CASH TRANSFER PROGRAMME  
BOMI COUNTY FIELD OFFICE  
BENEFICIARY ID CARD

District: Senjeh  
Clan: Tubmanburg Ci

<b>Head of Beneficiary Household</b>  ID #: LCT-03-06-000-1561 Name: [Redacted] Zone: II Village: Harmon Hills District: Senjeh County: Bomi	<b>Household Structure</b> No of HH Members: ..... 4 No fit for work ..... 1 No enrolled in Primary school: 3 No enrolled in Sec School: ..... 0	<b>Volume of Transfer</b> For size of HH \$4,200.00 Primary School bonus \$0.00 Secondary School bonus \$0.00 <u>Total per month \$4,200.00</u>	<b>Representative of Beneficiary Household</b>     Name
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Payment commence (month/year) 01-Mar-14

Sources: Author own, snap shot of card taken during field work

Figure 4: SCT beneficiary with micro enterprise



Source: Author's own taken during field work

**Figure 5: Home constructed from SCT**

Author's own  
during field



Source:  
taken  
work



*Source: The Guardian News Paper May 27, 2012 Online Edition<sup>24</sup>*

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<sup>24</sup> The Guardian News Paper available at <http://www.theguardian.com/world/2012/may/27/kidney-trade-illegal-operations-who> , Accessed 25 September 2015