Questions and Answers - Responses to posted questions raised in the Cash Hub Webinar 20 May 2020

Summary of question subjects:

- 1. Targeting
- 2. Selection Criteria not included here.
- 3. Monitoring
- 4. CEA (including Rumour tracking)

Q	Question	Response
	(ed. for clarity)	
1	How is the national society targeting for Cash and Voucher Assistance (CVA) in these COVID19 times? Are people considering higher transmission areas of COVID19 Infection? If so how operating models	Zimbabwe Red Cross – targeting was undertaken pre-COVID19. Targeting informed by a coordinating body made up of key government departments. Targeting is primarily related to food insecurity at the district level, and then ZRCS looks at the ward level, looking at socio-economic vulnerability. Then the exact households selected for support is determined by community led selection mechanisms verified by ZRCS staff and volunteers. In future food insecurity targetting may be informed by the economic and food security impact of the COVID19 pandemic.
	shifted (e.g., tracking rates of infection among staff or beneficiaries / communities, whether with testing or other self-reporting)?	LRCS – Currently LRCS is not looking at areas of high COVID19 infection, but instead at areas (using heat maps) of high socio-economic vulnerability with low access to basic services (including limited public services) it is these areas and the vulnerable families within these areas which are targeted for Cash and Voucher Assistance (CVA). In future targeting strategy may be reviewed.
		Global ICRC – Noted that a number of programmes in different countries are taking on new vulnerable households for inclusion. Registering new populations can be a challenge, not so much the assessment but the verification of needs and verification of the person where we would normally do more face-to-face interactions and travel to the areas. ICRC is providing top-ups to existing supported communities where they have been affected by COVID-19. In some areas where we can still travel, we are undertaking face-to-face assessments, but are applying physical distancing rules, but not going into people's homes, staying 2 meters away, having hand sanitiser with us etc. Also working through the network of contacts we have, local authorities, community contacts, civil society groups. A lot of telephone-based assessments are being undertaken when we don't have access but then it can be difficult to verify if we can't travel and don't have community network contacts. Must also consider the increase in inclusion and exclusion errors, and accept that there may be errors, but as such a large number of people are affected, those are more likely to be

		inclusion than exclusion errors. In poorer communities these inclusion errors are likely to be low, as so many people are affected there are few who are not in need.
2	Specific to Zimbabwe Red Cross Programme - I was wondering could you share target beneficiaries and selection criteria?	Zimbabwe RCS and Myanmar RCS to share bilaterally.
3	 Monitoring how do teams conduct PDM (Post Distribution Monitoring) while keeping the volunteers and beneficiaries safe. Is there any innovative way of monitoring during CVA distribution considering the COVID crisis and social distancing? 	ZRCS – Our usual PDM process would involve 5% to 8% sample size. Field teams would travel on-the ground to survey beneficiaries face-to-face, and also undertake focus group discussions. This time with COVID19 we are working with mobile phone communication often through the locally based volunteers being tasked to interview the beneficiary in their community at an appropriate socially-distanced distance away and not inside their homes, and submitting the information back via. a Kobo form. With the switch to mobile money due to COVID19 we have increased our sample size to 15%.
4	Please can you describe your Community Engagement and Accountability (CEA) processes & Is there anything specifically that is undertaken on rumour tracking?	 ZRCS – has engaged a third party to run the feedback hotline. This is a local university, and fortunately for Zimbabwe we don't have more than 3 or 4 languages. Those on the hotline are multi-lingual. The hotline gathers the feedback and responds to the callers with responses. With the COVID19 changes we are also using the financial service provider to help with community engagement, to disseminate hygiene promotion messages and social distancing through their mobile phone communication. The FSP also sends information so that recipients understand other information about the programme and eligibility criteria. Additional question - is the university that runs the hotline still open? All universities remain closed. Its only the complaints and feedback group, that was facilitated to be essential even during the lockdown. This group is usually operated by 4-5 people. Through the government Ministry of Labour and Social Welfare, all essential services within which all community response projects feed into, were expected to operate during lock down (with government assessments to ensure safety guidelines are adhered to regarding safe working practices).

LRCS – Still looking at possible new options because of the restricted movement due to COVID19. Currently
with monitoring, assessment and validation processes these are through phone calls rather than face-to-
face. Hotline is available, beneficiaries are informed of all hotlines through flyers at different LRCS activities.
These could be for the LRCS hotline, but could also be for hotlines to other humanitarian agencies (WFP,
UNHCR etc.). Normally LRCS gives information on activities to beneficiaries through flyers which could
include details of the CVA programme, eligibility criteria, how families will be supported for, the value of
support, the cash transfer mechanism. LRCS has also started publishing a document called "untold stories"
and they are like case-studies of what the impact is for a households. LRCS is still looking at further options
to further develop CEA.