

1st July 2020 Cash Hub & CEA Hub Webinar Summary Points

Topic: Community Engagement & Accountability and Cash and Voucher Assistance

Speaker	Summary Takeaways
<p>Sophie Everest - Community Engagement & Accountability Adviser, British Red Cross Society</p>	<ul style="list-style-type: none"> • CVA can put more decision making power in the hands of communities, which can help them to overcome crisis with dignity. But this can only be done if cash distributions are coupled with 2-way communication and most trust • Cash recipients are generally more positive in feedback on the extent to which their needs are met. • Cash and CEA are our two enabling approaches that play a role in ensuring humanitarian assistance is empowering and respectful • Data shows that cash has increased during COVID-19 - undoubtedly good news as humanitarian actors recognise the role cash can play to respond to the complex secondary impacts of COVID-19 • But we are still hearing that CEA is not always high on the list of priorities - and with lockdown restrictions due to COVID-19 there are more barriers than ever to engaging with communities • Still essential to prioritise community engagement throughout the whole programme cycle (the assessment, design and the implementation and not just feedback) as this is the only way cash assistance will meet its commitments of being empowering
<p>Fredrick M. Orimba - CVA Focal Point, Department of Disaster Management, Kenya Red Cross Society</p>	<ul style="list-style-type: none"> • COVID-19 cases are rising through local transmission. Government has imposed lock downs on high risk areas, curfews, closure of markets and businesses. Many livelihoods have been heavily impacted – especially casual workers in informal settlements of major cities. Loss of income meant that cash became the most appropriate response option and the Government increased its safety net coverage and requested partners to support. • Kenya Red Cross Society co-chairs the Cash Working Group (CWG) with the government, and frequency of CWG meetings increased to coordinate the cash responses by partners to avoid duplication and gap and to ensure alignment and links to the Government safety nets. • The Kenya CWG developed a HH minimum expenditure basket (MEB) for COVID19, this borrowed on the pre-COVID-19 interim MEB, which was based on local consultation with communities and assessments of local markets. • KRCS has widely used mobile money transfer mechanisms where the required infrastructure exists. This is done through MPESA service operated by the major mobile service provider in Kenya. During assessments, the KRCS team usually administer questionnaires asking affected communities how they have been affected, their needs and mode of assistance preferences. Simple mobile phone ownership is high making mobile money transfers a more preferred mechanism and communities do give reasons why they prefer MPESA – some being the agents are available locally,

	<p>and once registered one can receive cash wherever they are and they do not have to queue, no one will know when you receive cash, one can undertake the transaction freely (with cost covered by KRCS). Those who do not have mobile phone numbers are allowed to nominate a proxy to receive cash on their behalf facilitated with signed agreement before local authorities and KRCS volunteers make follow up once cash is transferred.</p> <ul style="list-style-type: none">• Normally, KRCS holds community meetings to disseminate project design, time frame, entitlements, numbers targeted, feedback channels and review targeting criteria. Communities then form committees with representation of vulnerable groups to undertake selection. KRCS team oversee the process.• With COVID-19 we must respond quickly, and we rely on data from Government authorities and local leaders to supplement our data collection efforts and reach as many vulnerable people as possible. But KRCS team still use any access opportunity (we are essential service providers) to carry out verification of the beneficiaries selected by the local leaders and in the process identify some vulnerable households not registered by local authorities. Through interaction with local community members who voluntarily provide information on the vulnerable households with the Red Cross volunteers then verifying and capturing data from these households.• The selection criteria has been set by Government (with review by CWG) and announced on local media stations. The KRCS volunteers are part of the team sensitizing the communities on COVID-19 and through this KRCS also disseminates the selection criteria through door-to-door visits in the community (all with social distancing).• KRCS has a toll free hot line that has been widely disseminated to the communities to provide feedback or complaints. The numbers are disseminated by word of mouth during COVID-19 sensitization and through mass communication channels, face to face interactions, and posters in Kiswahili. The Ministry of Health also included the numbers in their messaging – this has resulted in an increase in the number of calls. KRCS had to expand the call centre• Social media as well as mainstream media has also been used to explain the work of KRCS in response to COVID-19.• Due to COVID-19 the post-activity monitoring (PDM) HH surveys to collect feedback are undertaken remotely through phone calls with volunteers socially distanced. A sample population of the beneficiaries is selected. The questionnaire had to be reviewed to avoid very long phone calls that might cause fatigue to beneficiaries or dropped calls due to low power on respondent's phone. The volunteers had to use two mobile phones, one for calling and another for data entry as they collect feedback. Probing and attention to voice tone was emphasized to get accurate information from the beneficiaries. Some challenges faced with remote PDM included unreachable phone numbers, denied consent on suspicion of conmen, sometimes dropped calls before completing questionnaire. The feedback collected from communities through PDM have been used to plan future cash
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	<p>transfer programs so that they better meet the needs of the community. For example, the PDM reports led to the review of the transfer value since the feedback was that the amount was too small to meet their HH needs. This prompted the discussion with the CWG to further develop the HH MEB as a guide for setting the transfer amounts.</p> <ul style="list-style-type: none"> • From the feedback KRCS also petitioned Safaricom as mobile money service provider partner to increase the network coverage in some parts of the country to trigger establishment of MPESA agents and hence bring MPESA services closer to the communities. Safaricom heeded to the call and constructed network booster masts and they have also committed to provide temporary mobile network boosters mounted on vehicles in-case KRCS is carrying out cash transfers in a given area affected by disaster for a period of time. • KRCS reviewed CEA approaches to ensure safety of the response teams and the communities targeted with reference to risk of COVID-19. Some of the previously very effective CEA approaches like use of community cinema, role plays, community review/feedback meetings that gather crowds had to be abandoned but embraced virtual approaches like use of toll free lines, radio/TV talk shows, posters/fliers and public address systems mounted on moving vehicles.
<p>Monira Parvin - CEA Manager, Bangladesh Red Crescent Society Mohammad Kamrul Hasan - PMEAL Manager & CEA Focal Point, British Red Cross, Bangladesh Delegation</p>	<ul style="list-style-type: none"> • BDRCS is 18th highest globally for most coronavirus cases and is still on upward slope of 1st peak. The shutdowns in the last 2 months have significantly impacted economy and especially the poorest have been hit hardest. • BDRCS has since 2007 been undertaking CVA. • In 2010 BDRCS endorsed CEA as a cross cutting theme impacting all of BDRCS's programming. There are 9 parts of the approach which covers the whole of the programme cycle. CEA is fully integrated in all stages of CVA and this is reflected in the SOP on cash-based intervention. • BDRCS is part of a number of platforms related to CEA and CVA. This includes the National cash working group, and the Shongjog/CWC RCCE platform, community radio networks. • For CVA transfer, BDRCS has partnerships with Bangladesh Post Office and b-kash mobile money transfer. • Adapting to COVID-19 BDRCS has already responded to 21,000 + Households. • In normal times we have community participation throughout our programmes (which include a CVA modality and otherwise), this includes participative needs identification, establishing of Community based Committees which are key for both CEA activities and building community resilience, using information boards displayed in common places of communities, we check and verify our beneficiary selection list through feedback with community members. Consultations prior to CVA activities, satisfaction surveys (part of exit surveys).

	<ul style="list-style-type: none"> • Rumour tracking is important to us, so we record them and then try to provide as much information as possible to dispel rumours. • Any surveys we always feedback to the community on the results as part of accountability. • In the COVID-19 context we are using a lot more remote working through mobile hotline, feedback emails, and face to face discussions with face-coverings and social distancing. • We want to try to bridge the physical communities and the virtual (online) communities and bring them together. We also know we have struggles to undertake CEA in the mountainous areas and this is particularly challenging for COVID-19. We are thinking we need a digital cash preparedness platform for communities because we have reduced mobility and can not visit house-by-house. So we would use this platform to introduce digital micro-financing, savings accounts, electronic vouchers, financial data literacy. • We have established physical community-based information hubs but we want to connect the audiences of this with a digital platform.
<p>Indu Nepal – Community Engagement Lead, ICRC</p>	<p>Issues that we are currently grappling with related to CE and conflict:</p> <ul style="list-style-type: none"> • Contested spaces: where rumours, propaganda etc. may be rife but we may not be in a position to counter them without breaking neutrality principles. In relation to COVID-19 authorities themselves may be sharing information that is not confirmed and it can be hard to then challenge this without seeming like we are taking a side. • Unmet expectations: we may not be in a position to meet all needs, esp. where people say want armed conflict to end or want to visit their relatives in detention where we may not have access. Or community leaders may ask for all community members to be given a small amount Cash to all community members to be “fair”, however we have to explain our humanitarian imperative on supporting the most vulnerable, which can take time. • Challenges to predictability: Being able to tell people when/how/where a visit might take place or a distribution might take place is a key piece to ensuring accountability. Security concerns make this extremely challenging, and made more so with shrinking humanitarian access in many parts of the world. Cash transfer options, such as mobile money in Somalia for example, could make this challenge easier to overcome, and monitoring and evaluation can be undertaken by phone. • Use of digital tools can have some protection concerns such as issues around meta-data, or transferring data to financial service providers. • Limited feedback channels: do no harm principles exists so feedback channels and options are limited by protection concerns because people may divulge sensitive information that could put them and communities and operations at risk should it be intercepted. Risk multiply if we are thinking about using a third-party platform. We are constantly grappling with how to balance

	<p>these concerns with our desire for accountability and transparency.</p> <ul style="list-style-type: none">• COVID and digital: COVID has really challenged our engagement (we know communities in normal time prefer face-to-face over other forms of engagement), and colleagues are looking at innovative ways, including networked communication models as well as use of innovative tools (e.g. colleagues using skype for FGDs).• With COVID-19 we can have a big risk of exclusion perhaps because we may have to rely primarily on community leaders, or those who have phones, or the means to top-up credit on phones. In some contexts, we have been able to counter these risks when we have a pre-existing understanding and analysis of who might be at higher risk of exclusion and taking pro-active steps to reach them. Older community members are particularly vulnerable to COVID 19 but also at higher risk of exclusion and ICRC colleges have had to make extra efforts during these times to connect with these people. But this works best if you have a pre-existing relationship with the most vulnerable.
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Prepared by David Dalgado based on what was said in the Webinar and the takeaways may not reflect the top takeaways of the speaker as they see them.