

Questions and Answers - Responses to posted questions raised in the WASH themed Cash Hub Webinar held on the 07 October 2020 and those posted in the registration prior to the event.

Summary of question subjects:

Nepal Red Cross – CVA for: Hygiene Items & Construction of community drinking water supply scheme

- 1) We would like to know if these are E-vouchers or paper vouchers? asking in the context of COVID-19?
- 2) For the hygiene items - how do you ensure quality items by the suppliers?
- 3) Do you have a Memorandum of Understanding (MOU) with the committee prior to the process start?
- 4) I would like to know how do you establish the amount or limit to fund the community works and what is the community contribution?
- 5) Did you establish participatory and real- time monitoring system for latrine/water point installation? if yes, can you explain please
- 6) How did you do the risk analysis of CVA during the project?
- 7) What about the operation and maintenance of the water system. Who is paying for it?
- 8) Based on your experiences with community procurement, what are the pros&cons in comparison with traditional drinking water supply construction projects [which may have been undertaken through agency using a contractor]?
- 9) Do participants receiving vouchers get a choice of hygiene items? Any experience providing cash for hygiene items? If yes, any lessons learnt on prioritisation of hygiene items (or not) from PDM?

Cash for Latrines (Community Resilience Programme, CRP) in Rakhine State, Myanmar.

- 10) What are the measures put in place to ensure that the cash received by beneficiaries goes really to the construction of latrines or buying WASH kits to meet the objectives of the projects?
- 11) How long did the whole process take from assessment to the completion of the latrine construction?
- 12) Which mechanism has been used for the cash transfer?
- 13) How many tranches was given to the HHs and what inform next disbursement? What is the defaulters' rate?
- 14) How do you control quality of construction works in the recovery program?
- 15) Do you think you could have used microfinance instead of this methodology?
- 16) Are all the beneficiary households following the same model for the superstructure? Which are the adaptations included in your program for vulnerable groups such as people living with disabilities and the financial aspects linked to them?
- 17) What were the main challenges with community engagement, especially around design, factoring in the panic/misconceptions around COVID (where relevant)?

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- 18) Is there any regulations/limits regarding latrine subsidies and if yes how do deal with this?
- 19) Do you have data from monitoring on the proper use and maintenance of the latrines by the Households after construction (e.g. + 3, 6, 12 months)

Lebanon Red Cross – CVA for WASH

- 20) What lessons have been learned from post distribution monitoring of cash for hygiene items for Syrian refugees - e.g. was the cash used for purpose intended, were they able to access the vendors, and find the items needed
- 21) In terms of Cash for Wash Outcomes do you include any hygiene promotion?
- 22) How does the restriction on red rose for hygiene items work?
- 23) For the Beirut Port Explosion – where the beneficiaries of assistance both Lebanese and Syrian too?
- 24) Regarding the hygiene items voucher scheme used in the Syrian Refugee crisis, how long did it take to design the pilot project, implement it and finally roll it out for all?
- 25) In terms of cash for WASH outcomes did you also carry out any hygiene promotional activities as well? Any health data associated with this population?
- 26) How do you control quality of construction works in the recovery programme?
- 27) So much Hygiene promotion is required to persuade people to follow good Sanitation and Hygiene practices and even then it is not 100% effective. One of the risks of cash is that it is re-prioritised. Is the risk of recipients reprioritising cash payments made for food, water, shelter rather than sanitation and hygiene as evidenced by the need for much greater hygiene promotion in the sector?
- 28) This is a great opportunity to explore a link between cash modality and the wash technical sector! Does this twg cash and wash group link to the Cash Peer Working group too?
- 29) What are the steps IFRC is taking to support NSs to be CASH ready
- 30) How can I access the slides for this presentation?
- 31) I am interested how to collaborate at the stage to select beneficiaries with Local government. this came from the principal that RC is a role of auxiliary of government.

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Q	Question (ed. for clarity)	Response
	Nepal Red Cross – CVA for: - Hygiene Items - Construction of community drinking water supply scheme	Amar Mani Poudel , Deputy Director, WASH Division, Community Development Department, Nepal RCS (NRC)
1	We would like to know if these are E-vouchers or paper vouchers? asking in the context of COVID-19?	Nepal Red Cross Society has mostly used paper vouchers. It needs to further assess the feasibility of E-vouchers in the Nepal context.
2	For the hygiene items - how do you ensure quality items by the suppliers?	Before we go for the market and vendor surveys we prepare the specification of the items in advance, based on the national specifications from the WASH cluster, and then we assess if the material is available in the local market or not. If not, then we have to discuss with the local community and government about how to proceed. Quantity is based on sphere standards. We also monitor the quality of materials from the vendors throughout the programme.
3	Do you have a Memorandum of Understanding (MOU) with the committee prior to the process start?	Yes – both the local government and the community are very important stakeholders in the programme, we help to form the water user committee and other groups such as womens group for example, and we will sign MoUs with these important stakeholders in relation to the programme so it is clear what role and what responsibility each will have.
4	I would like to know how do you establish the amount or limit to fund the community works and what is the community contribution?	Based on the government rules the contribution limit is at least 20% from the community and a maximum of 80% from the Red Cross. We will in the development interventions aim to get a contribution from the community of 30 to 40% from the community, we will categorise whether the community can contribute labour such as digging the holes etc.
5	Did you establish participatory and real-time monitoring system for	Yes we have joint monitoring mechanisms with local government and the RC branch office and the water user association itself. We also have the PDM systems, and we have real observation monitoring processes.

	latrine/water point installation? if yes, can you explain please	
6	How did you do the risk analysis of CVA during the project?	<p>For the risk analysis, NRCS district chapter and CVA team are responsible they link at the standard risks associated with the use of CVA. Quality of materials are finalised based on the specification of items. It is determined by CVA team after market assessment. Beneficiary selection are conducted by district Red Cross team with agreed criteria. Complaint mechanism is established in the community to verify beneficiaries and to allow appeals. Local government and Red Cross volunteers help in this work. After distribution of vouchers to beneficiaries, district teams monitor regularly who has taken the materials from vendors. NRCS volunteers motivate beneficiaries go in groups to take materials and link it to use of materials through hygiene orientation program.</p> <p>David Dalgado, Cash Hub, British Red Cross The Cash in Emergencies Toolkit M3_1_4 under response analysis gives guidance on how to undertake a CVA risk assessment.</p>
7	What about the operation and maintenance of the water system. Who is paying for it?	<p>For operation and Maintenance, Water User committee collects 2.5-5% cash contribution of the total project fund. NRCS through the project and local government top up in that fund. That collected fund is put in fixed bank account in name of the water user committee. The interest on the amount will be used for regular O&M. If major repair needs, then fixed amount can be used or they request for local government support. To run the O&M fund, water user committee prepares the O&M policy.</p>

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<p>8</p>	<p>Based on your experiences with community procurement, what are the pros&cons in comparison with traditional drinking water supply construction projects [which may have been undertaken through agency using a contractor]?</p>	<p>In this system, there will not be a contractor. Community are users and contractor themselves. Skill masons will further develop in the community through the Red Cross supported programme.</p> <p>Pros :</p> <ul style="list-style-type: none"> - Users feels more responsible - Increased skill in procurement process and understanding the specification of materials - More cooperative working culture increased - Check and balance each other in expenditure and work division - Remaining materials (such as pipe) can be used as spare in future - Sense of ownership and sustainability increased <p>Cons :</p> <ul style="list-style-type: none"> - Sometime community may feel burden if they have not skilled person for tendering and accounting - If community is not cohesive and coordinated, it may difficult to use CVA approach - Red Cross needs to help in accounting and tender documents preparation - Sometime committee may have attitude to save budget compromising quality, which needs to be monitored.
<p>9</p>	<p>Do participants receiving vouchers get a choice of hygiene items? Any experience providing cash for hygiene items? If yes, any lessons learnt on prioritisation of hygiene items (or not) from PDM?</p>	<p>Actually in our case, generally there was limited choice. There are standard items comprised in kit those items that are general necessary for households.</p> <p>Households have preference of menstruation pad. Some want single use and some prefer re-usable. Therefore, we generally mix both. However, it seems in community in PDM time, they do not prefer single use pad. We have to consider the community preference before fixing the items.</p> <p>David Dalgado, Cash Hub, British Red Cross</p> <p>NS can also consider providing cash assistance with no restrictions at all – i.e. it doesn't have to be a voucher – for people to choose what essential items they need which should be accompanied with hygiene promotion activities to support peoples own choices being well informed.”</p> <p>For more information on using vouchers please see Cash in Emergencies (CiE) Toolkit Voucher Box and also the response analysis section which gives general guidance when considering modality and</p>

		<p>mechanism. A number of National Societies have been using vouchers for a range of objectives with variable levels of restrictions based on the programme design or type of voucher. Many allow greater choice and this is often a key reason a National Society may choose to use vouchers rather than in-kind assistance.</p> <p>NS can also consider providing cash assistance with no restrictions at all – i.e. it does not have to be a voucher – for people to choose what essential items they need which should be accompanied with hygiene promotion activities to support peoples own choices being well informed.</p>
	<p>Cash for Latrines (Community Resilience Programme, CRP) in Rakhine State, Myanmar.</p>	<p>Aye Aye Nyein, Director of Rakhine Operation Management Unit, Myanmar RCS and Gurudatta Shirodkar, Livelihoods Delegate, IFRC, Myanmar CO</p>
10	<p>What are the measures put in place to ensure that the cash received by beneficiaries goes really to the construction of latrines or buying WASH kits to meet the objectives of the projects?</p>	<p>Our system and approach ensures this. We negotiate with the community and undertake selection of households, then with the community committee we show and train on the construction of the latrine. Then the household organises the digging of the pits themselves, and then after that we provide the first instalment. Then after the next level of construction the 2nd tranche is provided. There are both Red Cross volunteers, community volunteers and the community committee following and monitoring this.</p> <p>The community committee is very important in identifying who in the household should receive the cash on behalf of the household, sometimes this is the more educated daughter or son, and this also helps to ensure the objectives of the programme are achieved. The village administrators also help in follow-ups.</p>
11	<p>How long did the whole process take from assessment to the completion of the latrine construction?</p>	<p>It depends on the context and community dynamics, this project was designed for 3 years as a multi-sectoral program. Started in 2017 with developing community action plans, CAPs and other interventions. We started pilot on Cash for Latrines in 4th quarter of 2018 and had scaled up in 2019. In</p>

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		the situation, whereby only cash for latrines was to be delivered, it should normally take 3 – 6 months depending on community situation and climatic conditions.
12	Which mechanism has been used for the cash transfer?	Cash was delivered through cash in envelopes mechanism.
13	How many tranches was given to the HHs and what inform next disbursement? What is the defaulters’ rate?	2 tranches. The first instalment was of MMK 40,000 and the second one was of MMK 30,000. The transfer of second instalment was only after completing the concrete ring pits of latrines. As the project has many monitoring and technical support systems, including participatory monitoring. So far 100% cash for latrines are completed.
14	How do you control quality of construction works in the recovery program?	Quality of latrines construction is ensured through different processes that are put in place. These include; beneficiary trainings, construction of demonstration latrines, engagement of skill workers, contribution of beneficiaries that support ownership and build quality latrines, regular technical supervision by MRCS, RCVs and engagement of committees and community volunteer. There is also element of technical supervision at each stage of construction.
15	Do you think you could have used microfinance instead of this methodology?	The previous experience of providing only in-kind materials (pan, pipe and 2 bags of cement) had issues of communities not able to contribute essential amount of cash to complete quality latrines. They were in need of cash support. Having microfinance approach would lead to additional burden on families to repay loans with interest. The economic conditions of the targeted households is very poor, the cash contribution helped them to take the latrine construction activities without additional financial liabilities.
16	Are all the beneficiary households following the same model for the superstructure? Which are the adaptations included in your program for vulnerable groups such as people	We do not have a different cash amount, however our selection criteria relates to vulnerability, so we score higher for person with disabilities, women headed household, so they are more likely to be selected for the programme. Households choose how they implement the design of the latrine, and are supported by MRCS to do this. The committees and community volunteers support construction activities for households like PWDs.

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	living with disabilities and the financial aspects linked to them?	David Dalgado, Cash Hub, British Red Cross Although cash assistance is often described as flexible by design, it should be noted that some National Societies do provide additional resources for households and people with specific needs. This can sometimes be through a top-up or this can be through additional support such as labour support. This will depend on context and the programme design.
17	What were the main challenges with community engagement, especially around design, factoring in the panic/misconceptions around COVID (where relevant)?	The project has started much before COVID-19 situation. During COVID-19 situation, there were essential measures including awareness raising. The COVID-19 situation escalated in Rakhine in mid August 2020. MRCS is considering all essential safety measures to explore supporting beneficiaries and continue activities related to latrines construction.
18	Is there any regulations/limits regarding latrine subsidies and if yes how do deal with this?	In Myanmar, we are allowed to use a subsidised approach for latrines. CLTS is not mandatory. CLTS would require far more time to implement. Many humanitarian agencies are using a subsidiary approach.
19	Do you have data from monitoring on the proper use and maintenance of the latrines by the Households after construction (e.g. + 3, 6, 12 months)	After construction we undertake monitoring to check use and maintenance, this is undertaken by Red Cross volunteers and the local branch.
	Lebanon Red Cross – CVA for WASH	Zeina Abdel Wahed, WASH Programme Manager in the Lebanese Red Cross (LRC)
20	What lessons have been learned from post distribution monitoring of cash for hygiene items for Syrian refugees - e.g. was the cash used for purpose	We can see using the red rose family what each family is buying on a monthly basis, so if we see that the family is buying more washing powder than expected we may follow-up with the family to understand why and do some promotion to support the family to use less to spend on other items. We also integrated Menstrual Hygiene Management items within the basket based on the PDM. From the results of the PDMS we also found that diapers would be needed.

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	intended, were they able to access the vendors, and find the items needed	Overall the families showed high satisfaction with this programme because this modality met their needs better.
21	In terms of Cash for Wash Outcomes do you include any hygiene promotion?	<p>For the Beirut response the standard hygiene promotion (HP) of the wash your hands was not appropriate, because people knew these hand washing messages, so instead we focused on the COVID-19 HP messages.</p> <p>In terms of the Syrian Refugees context we were doing Hygiene Promotion on personal hygiene, hand washing, safe water handling etc. And we also did orientation related to the hygiene items which are included in the items beneficiaries could buy with the e-voucher including the use of the items.</p>
22	How does the restriction on red rose for hygiene items work?	<p>We do a market assessment and identify the vendors that have the items that the refugees can buy from. Then the recipient would go see the vendor and with the red rose system the vendor would choose from the basket what item they are currently selling,</p> <p>We also did PDMs with the recipients on what items they were buying and whether they met needs, and also monitoring with the vendors to check they were selling the correct items.</p>
23	For the Beirut Port Explosion – where the beneficiaries of assistance both Lebanese and Syrian too?	Yes – both Lebanese and Non-Lebanese (Syrians, Palestinians, Migrants etc.) have been and continue to be assisted.
24	Regarding the hygiene items voucher scheme used in the Syrian Refugee crisis, how long did it take to design the pilot project, implement it and finally roll it out for all?	Due to COVID-19 disruption in the LRC WASH team it has not been possible to get a response to this question.

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25	In terms of cash for WASH outcomes did you also carry out any hygiene promotional activities as well? Any health data associated with this population?	Hygiene promotion was undertaken both in the Beirut Port Explosion – where it was integrated with messages related to COVID-19 risk communication. Hygiene promotion was also undertaken in the Syrian Refugees response.
26	How do you control quality of construction works in the recovery programme?	There will be assessment, monitoring and some capacity building with the household so that it is clear what works are appropriate and what quality of construction is expected. The programme will also be conditional cash, given in tranches.
	General	
27	So much Hygiene promotion is required to persuade people to follow good Sanitation and Hygiene practices and even then it is not 100% effective. One of the risks of cash is that it is re-prioritised. Is the risk of recipients reprioritising cash payments made for food, water, shelter rather than sanitation and hygiene as evidenced by the need for much greater hygiene promotion in the sector?	<p>Ludovic Arnout, Wash Coordinator, IFRC, Asia Pacific Regional Office It is very important to remind people that the software the hygiene promotion is crucial and this must be done to ensure that people prioritise these sanitation and hygiene activities activities, this was mentioned by all speakers today. Then there is the CVA modality, and as it was mentioned by Zeina you can have modalities such as restrictions through the red rose which mean that only hygiene items can be purchased for example.</p> <p>Jo Burton, Global CVA lead, ICRC Completely agree with what Ludovic has said, Ludovic speaking as a WASH specialist, myself as a cash specialist. Hygiene promotion is extremely important, so people are supported to have the knowledge and attitude to prioritise sanitation and hygiene. 2 further points for all cash programming we never throw money at people and walk away, it is always part of a programme. You are doing an assessment and designing a programming for those objectives using CVA. The amount of cash is also very important especially with multipurpose cash programming, if you do not give people enough cash to meet their</p>

		needs then they will prioritise some needs over others, so the cash transfer value is very important. People need to have enough to spend so that needs related to Sanitation and Hygiene are prioritised.
28	This is a great opportunity to explore a link between cash modality and the wash technical sector! Does this twg cash and wash group link to the Cash Peer Working group too?	<p>Ludovic Arnout, Wash Coordinator, IFRC, Asia Pacific Regional Office</p> <p>The TWG Cash and WASH has just been created this month. We are looking forward to engage with the Cash Peer Working Group (CPWG) too. On our next meeting in November, we will have the participation of Emma Delo co-chair of the RCM CPWG. Emma will give an overview of the Movement Cash Community and how the groups fit together. We are planning to have regular exchanges during the implementation of this TWG as both can benefit from it.</p>
29	What are the steps IFRC is taking to support NSs to be CASH ready	<p>David Dalgado, Cash Hub, British Red Cross</p> <p>There are currently around 50-60 NS investing in their organisational ability to design and deliver cash accountably, so of these are supported by IFRC and sister NS on this cash preparedness journey. CVA preparedness is an ongoing National Society development initiative that aims to increase the state of preparedness by integrating CVA into the organisation’s tools, systems, procedures and staff capacity, as well as for strengthening active leadership support for CVA, coordination and communication.</p> <p>All the efforts are coordinated by the IFRC through regional Cash Coordinators and supported by regional cash working groups where these exist – for more info do look here. (insert hyperlink: https://www.cash-hub.org/-/media/cashhub-documents/guidance-and-tools/our-approach/red-cross-cash-community_v9.pdf?la=en&hash=FE4EE172A7D541D00D58C7D763DABCFC4F3BCF29)</p> <p>If you are investing in your cash preparedness please do get in touch with the Cash Preparedness Working Group Chair – Ines Dalmau – at British RC to make sure your information is part of the mapping of NS who are making these investments. This mapping will be available from early Jan 2021 here (https://www.cash-hub.org/resources/cash-maps).</p>

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		The Cash Peer Working Group also also updating the Movement approach to cash preparedness based on recent learning and this will be available in all IFRC languages from Jan 2021 via the Cash Hub Platforms Cash Preparedness page here (https://www.cash-hub.org/resources/national-society-cash-readiness) so do keep a look out!
30	How can I access the slides for this presentation?	we will send the slides of the presentations via e-mail following the event and also post them on the Cash Hub platform, webinar page https://www.cash-hub.org/resources/cash-and-covid-19/pagecomponents/webinar-series
31	I am interested how to collaborate at the stage to select beneficiaries with Local government. this came from the principal that RC is a role of auxiliary of government.	David Dalgado , Cash Hub, British Red Cross A number of National Societies consult with local government regarding selection criteria, however, they then run the selection process independently to minimise risks and to be seen to be impartial. There are also CVA programmes where local government (such as local government social workers) can refer vulnerable households to the Red Cross Red Crescent and then RC Staff and Volunteers can undertake an assessment to determine eligibility for the programme. Finally this may also into the topic of linking Humanitarian Cash and Voucher Assistance (CVA) and Social Protection which is a “hot” topic in the Red Cross Red Crescent Movement, and there is currently a RCRC Movement Working Group on this exact theme. Some information related to Social Protection is available here: https://www.cash-hub.org/resources/cash-and-social-protection

