

07 Oct 2020 Cash Hub Webinar Summary Points

Topic: CVA for WASH objectives

Speaker	Summary Takeaways
<p>Ludovic Arnout Wash Coordinator, IFRC, Asia Pacific Regional Office</p>	<ul style="list-style-type: none"> - Cash and Voucher Assistance (CVA) for WASH objectives is not new but is increasingly being documented by Global Wash Cluster partners and the RCRC Movement. There is still a need to gather more case studies and document best practice on the use of CVA for WASH outcomes. - In response to this need the RCRC Movement is establishing a technical working group focusing on CVA for WASH. This group will look at three main topics: <ol style="list-style-type: none"> 1) Sharing knowledge and best practices for CVA and WASH, 2) Identifying needs relevant to guidance in CVA and WASH, 3) Investigating how to implement and form partnerships in CVA and WASH. - For those interested in getting involved or following the progress, this is link to the technical working group website: https://sites.google.com/view/twgcashandwash/home - CVA for WASH has been used for a range of objectives, for instance the use of CVA given to DRR committees established by the Bangladesh Red Crescent as grants for them to establish boreholes. Another example is the use of CVA to household purchase of latrine slabs, which will be highlighted by the Myanmar RC later in this webinar. CVA can also be used to allow access to hygiene items, as is currently being used by the Lebanon RC and a number of other NS. - We must also be aware that often multi-purpose cash grants given by humanitarian agencies may be established with the transfer value referring to a minimum expenditure basket (MEB) which includes utilities. Utilities will often include costs related to water supply and sewage. However, what is often missing from these MEB is the companion programming from WASH agencies to ensure that vulnerable households who are receiving a multi-purpose cash grant actually are able to access WASH. - In this time of COVID-19 WASH is extremely important in helping to reduce the risk of transmission, and many agencies are including it in their activities to tackle COVID-19 directly. This has an important impact also on reducing the socio-economic secondary impacts of the pandemic. - We must recognise that access to appropriate WASH is not only about households overcoming a financial barrier. The RCRC Movement has a long history of supporting households and communities with hygiene promotion and behaviour change support, and that the impact and sustainability of WASH outcomes is often tied to the effectiveness of this soft side. - Finally, although we are establishing this technical working group in the RCRC Movement and there is a lot of excitement about working to use more CVA where appropriate for WASH objectives, we know that CVA is a modality and it is merely one of the ways in

	<p>which we implement WASH programming. There will be times when CVA will not be appropriate, for instance in the response to a rapid on-set cholera outbreak and the need is simply for people to have soap in their hands straightaway, or when the RCRC needs to just procure services to truck water to a camp.</p>
<p>Amar Mani Poudel, Deputy Director, WASH Division, Community Development Department, Nepal RCS (NRC)</p>	<ul style="list-style-type: none"> - Nepal RC has been involved in CVA since the 1990's, developing CVA programmes in both their emergency response and development programmes. For instance, Intensively CVA was used to respond to the 2015 earthquake and the disaster response to annual flooding. - The NRCS have established their own set of CVA SOPs and pre-disaster assessment guidelines, which have been in place since 2019. <p>CVA for construction of community drinking water supply scheme (CVA - community procurement):</p> <ul style="list-style-type: none"> - We use community procurement if there is adequate capacity and interest in the water user committee, and we do an assessment to determine this, before we transfer the cash to this committee, which is undertaken in instalments. - Nepal RC have put in place a stepwise process for this, including: community consultation on the design, Nepal RC then transfers the CVA to allow the water user committee to undertake procurement and labour payment, the committee is then supported to undertake the tender process (with the Nepal Red cross finance team being present at the bid opening), the joint community monitoring system (both Nepal RC, Government and Committee) and then a final report is prepared with support from Nepal RC and for both Nepal RC and Water User Committee as well as public. There is normally a public hearing programme at the end where there are announcements are made on what the committee has spent and how to the community, and local government and Nepal RC, and then the finances are closed. <p>CVA in emergency response, (Hygiene kits)</p> <ul style="list-style-type: none"> - We mostly used CVA in emergency for both latrine construction and also for hygiene kits. We sometimes give the whole hygiene kit in-kind, but sometimes we use CVA also for hygiene kit distributions in emergency settings. - Based on the needs of the community and the market assessment the grant value is determined, the beneficiaries are then free to use Nepal RC vouchers with specific vendors (based on the market survey). This voucher distribution goes hand-in-hand with hygiene promotion activities by Nepal Red Cross. For instance, hand washing demonstrations are built into the CVA WASH programme delivery plan. When the vendors report that they have given the hygiene items (based on the recipient redemption of the voucher) we then do further hygiene promotion. - The use of CVA programming is rapidly increasing within Nepal and coordination and advocacy with the government is ongoing.

<p>Aye Aye Nyein, Director of Rakhine Operation Management Unit, Myanmar RCS</p> <p>And</p> <p>Gurudatta Shirodkar, Livelihoods Delegate, IFRC, Myanmar CO</p>	<p>Cash for Latrines (Community Resilience Programme, CRP) in Rakhine State, Myanmar.</p> <ul style="list-style-type: none"> - CRP is multi-year programme which began in 2017 and concluded its Phase I implementation in June 2020, Phase II is now underway. - The Rakhine State has a complex background context with high rates of poverty, ongoing conflict, and vulnerable to frequent natural disasters. In response to this the CRP was designed to build community resilience through multi-sectoral interventions. The CRP relies on a multi-sector approach, including livelihoods, DRR, Health and WASH. - The WASH intervention within CRP includes both soft activities such as behaviour change through PHAST, health awareness focusing on water and sanitation issues, and capacity building of community institutions like committees, women groups and community volunteers on aspects related to WASH. As well as more formal activities such as water point rehabilitation to enhance better access to water, distribution of ceramic filters and cash for latrines. <p>Cash for Latrines</p> <ul style="list-style-type: none"> - The need for latrine construction was highlighted within the Community Actions plans, with each targeted village identifying latrine construction as a key priority. The need for latrine intervention was supported by the KAP survey in 2018, which reported only 21% of households in this area had access to latrines and that 90% of the population were practicing open defecation. - The design for the latrines was decided upon through community consultation, developing a single pit pan and pipe latrine design using concrete rings. This design was costed at MMK 140,000 (approximately \$100 USD) and was based on the pricing and use of materials found on the local market. - The choice to use CVA for this programme was in-part due to a previous community health resilience programme which gave pan and pipe in-kind equipment for households to construct latrines, however that programme found that many of the poorer households still required cash to complete their build. The communities were also motivated to be involved in a CVA programme; the cash support leveraged households to invest their own funds in addition to the NRC transfer amount. In addition, CVA interventions were already ongoing within the communities with NRC existing systems in place. - The cash for latrines programme was broken into two instalments of cash in envelopes. The first of MMK 40,000 was for the construction of concrete pits and this, once completed to standards, triggered the second instalment of MMK 30,000 for the remaining latrine construction materials. - Identifying the household focal point receiving the grant relied on the support of the community committee. In addition, NRC volunteers were regularly monitoring and assisting the
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	<p>construction of the latrines, such that there were no cases where the household did not complete construction.</p> <ul style="list-style-type: none"> - There was a 12-step process in place for this programme, these steps included: ICABR assessment, community action plan development, beneficiary selection, two instalments of payments to beneficiaries, construction of latrine pits and then construction of latrine structure, and a final monitoring and evaluation. - As of June 2020, 2,267 latrines have been built through this CVA WASH programme and Phase II of this programme will see a continued building on this progress. <p>Impact of the Cash for Latrines programme</p> <ul style="list-style-type: none"> - On a quantitative level this CVA programme has resulted in an increase from approximately 21% to 58% of households having access to a latrine. In addition, there has been a drop in the number of people practicing open defecation, from 90% before the intervention to 40%. - On a qualitative level, discussions with female beneficiaries has shown that they feel more dignified and safer as a result of the intervention and that their social status has improved. - The intervention supported the stimulation of markets and the local economy, with all materials procured locally. - The use of cash transfer funds from the MRCS was used to leverage other funds and investment from community households. - Lastly, household development of knowledge and skills in the building of the latrines will support the long-term wellbeing of these communities.
<p>Zeina Abdel Wahed, WASH Programme Manager in the Lebanese Red Cross (LRC)</p>	<ul style="list-style-type: none"> - The LRC have engaged in CVA for the past 5 years and in the past 2 years have begun to use CVA for WASH interventions. This experience with CVA for WASH has predominately come from two cash responses. <p>Response 1: Syrian Refugee Crisis Response</p> <ul style="list-style-type: none"> - This programme was designed to support Syrian refugees residing in informal refugee settlements. - The LRC shifted their response from providing in-kind hygiene kits to the use of e-vouchers to these refugee households. Through a pilot programme, which was then expanded. The needs of the target population were identified to build up a MEB which included an allocation for hygiene items. Households were able to use vouchers to choose and purchase the hygiene items they needed for that month. - So rather than give a hygiene kit of 5 tooth brushes for a family of 3 per month households now had choice. <p>Response 2: Beirut Explosion Response</p> <ul style="list-style-type: none"> - This emergency response to this disaster was divided into the following stages: <ol style="list-style-type: none"> 1) Assessing the needs of the affected population and responding to the immediate needs of food and drinking water. 2) Distribution of in-kind food parcels and in-kind hygiene kits.

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	<p>3) Unconditional Cash Assistance (including for Hygiene needs)</p> <p>4) Implementation of CVA programming for recovery.</p> <ul style="list-style-type: none"> - The third stage of the programme, the CVA component, targets the most vulnerable households who were affected by the explosion. - An unconditional cash grant has been provided to households for 6 months, this grant will enable the purchase of household basic need items which includes hygiene items and drinking water. - A further recovery cash grant will be provided to vulnerable households who have been identified as needing additional support in the restoration of their homes, for instance in plumbing repair, carpentry, etc. - The first cash distribution for the recovery has begun and the LRC is currently identifying households for this second distribution of recovery cash. - The LRC will provide additional support for those households who are not able to lead in the reconstruction on their homes, for instance child-headed households or elderly. So for these LRC will support with identifying contractors who can be directly contracted by LRC to support with the Works needed for recovery (for Shelter and WASH rehabilitation needs) - Monitoring checks by the LRC will be in place between the first and second tranche of cash grants to check that the cash has been spent on the rehabilitation (so we will check progress) - For the unconditional emergency cash the PDM is due to start so then we can check on whether cash is being used for Hygiene items.
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Prepared by Cara Wilson based on what was said in the Webinar and the takeaways may not reflect the top takeaways of the speakers as they see them.