

Questions and Answers - Responses to posted questions raised in the COVID-19 response themed Cash Hub Webinar held on the 17th March 2021 and those posted in the registration prior to the event

Questions list:

Sierra Leone Red Cross COVID-19 Cash Response Programme

- 1) For the non-SGBV recipients how was vulnerability determined in recipient selection?
- 2) Is the service provider of cash transfer the commercial banks? or non-banking agency?
- 3) Where there any challenges (data sharing, protection-related concerns linking to the cash transfer mechanism selected. Where there data risks to individuals through sharing data with the FSPs? How did the access to safe houses work? Where their risks when sharing data and coordinating with partners on SGBV with respect to the cash recipients? if yes, what were the risks and how were they addressed?
- 4) I am curious to know which tools/websites/experts you used/consulted for the development of the FSP MoU? Many National Societies express FSP contracts as being one of the hardest parts of Cash Preparedness. What helped you the most in developing the MoU? Was any guidance or support missing?
- 5) Regarding FSPs involvement in developing a standard operation procedures (SOP) for CVA for the SNRC, am not sure how possible and appropriate it is for the NS especially since the SOP is an internal standard document that guides our operation. Am not sure implementing partners like the FSP should be part of developing our internal document. While the lessons learn from working with them could help us enrich the SOP to capture as many details as possible, I will appreciate if you can give more details on how you involved them? What aspect of the SOP in particular where the FSP involved with?
- 6) The example of the Community Information Kiosks (CIKs) in Sierra Leone CVA operations is really inspiring, my question is who had the leading part to disseminate information among population? was it part of FSP services and duties?
- 7) How do you target the SGBV survivors, at HHs level or is there a centre for them to shelter?
- 8) How was the transfer value calculated for SGBV survivors?

Learning from Pakistan Red Crescent Society (PRCS) CVA for COVID-19 Response

- 9) In terms of vulnerability criteria, it is understood you targeted people below a certain salary level, how did you get this information and verify it?
- 10) Did PRCS do any market assessment before deciding the CVA programming for Covid-19 response? If yes whether the assessment report is available?
- 11) Did you consider doing a risk assessment. If undertaken what were the main risks?
- 12) Is it possible to share some reflections on Data protection?
- 13) Was biometric verification through fingerprint or eye scanning/iris?

- 14) My question is about the national poverty databases (BISP or its offshoot EHSAAS) or NSER (National Socio-Economic Registry) - having reliable beneficiary lists, requiring minimal validation, is key to being able to scale up responses, has PRCS identified ways in which it can better prepare for particular hazards/shocks by pre-identifying or even pre-registration of at risk/vulnerable individuals/HHs?
- 15) My question is about the national poverty databases (BISP or its offshoot EHSAAS) or NSER (National Socio-Economic Registry) - having reliable beneficiary lists, requiring minimal validation, is key to being able to scale up responses, has PRCS identified ways in which it can better prepare for particular hazards/shocks by pre-identifying or even pre-registration of at risk/vulnerable individuals/HHs?

General

- 16) Concerning FSP's (ATM cards), is it wise to take a risk and change the current FSP during a very unstable economical situation like Lebanon, with hyperinflation and a high increase in the devaluation of the local currency?

Q	Question (ed. for clarity)	Response
	Sierra Leone Red Cross COVID-19 Cash Response Programme	Yusufu Camara , Director of Resource Mobilisation and Communication/ Cash Focal Point, Sierra Leone Red Cross Society (SLRC)
1	For the non-SGBV recipients how was vulnerability determined in recipient selection?	We had 3 types of recipients, vulnerable households, COVID survivors and SGBV survivors. Focusing on the vulnerable households and COVID survivors specifically we developed a vulnerability criteria which had 4 categories with a number of subcategories under each. The vulnerability criteria led to a scoring from which they were ranked to allow the more vulnerable to receive priority.
2	Is the service provider of cash transfer the commercial banks? or non-banking agency?	Orange Mobile Finance Sierra Leone (OMFSL) was the Financial Service Provider (FSP) chosen, it is a mobile network company and financial services provider used throughout Sierra Leone at community level. It is not a commercial bank and a non-banking agency but a mobile money transfer agent.
3	Where there any challenges (data sharing, protection-related concerns linking to the cash transfer mechanism selected. Where there data risks to	Yes, there were initial challenges, but they were adequately addressed through the following measures: 1. For the initial engagement with SGBV survivors we specially trained female staff and volunteers, supported by female staff of Ministry of Social Welfare and the Family support unit;

	<p>individuals through sharing data with the FSPs? How did the access to safe houses work? Where their risks when sharing data and coordinating with partners on SGBV with respect to the cash recipients? if yes, what were the risks and how were they addressed?</p>	<p>2. signed confidentiality forms at a staff level (we reminded ourselves within SLRCS about the need to be confidential to start) and also at an agency level through MoU to allow data sharing. 3. identifiers like names and addresses were not shared with any third party including FSP, only serial numbers. Only the CVA manager (working above Yusufu) was the processor for data and had access to identifiers, with any sensitive data kept under lock and key physically and also encrypted; 4. SIMs were delivered in their communities and cash out brought closer by the FSP; 5. statuses of survivors was not disclosed to agents used for cash outs, including staff and volunteers; 6. For the SGBV recipients they were considered a vulnerable household (VHH, another category type, so they were hidden within another case load.</p>
4	<p>I am curious to know which tools/websites/experts you used/consulted for the development of the FSP MoU? Many National Societies express FSP contracts as being one of the hardest parts of Cash Preparedness. What helped you the most in developing the MoU? Was any guidance or support missing?</p>	<p>See response to question 5</p>
5	<p>Regarding FSPs involvement in developing a standard operation procedures (SOP) for CVA for the SNRC, am not sure how possible and appropriate it is for the NS especially since the SOP is an internal standard document that guides our operation. Am not sure implementing partners like the FSP should be part of developing our internal document. While the lessons learn from working with them could help us enrich the</p>	<p>Internally SLRC drafted the SOPs with support from the regional British RC cash advisor, and once they were ready in draft, the MoU component (between SLRC and the FSP) was shared with the FSP. The FSP reviewed and responded to explain further that the FSP had a number of their own clauses and this was then shared with SLRC legal advisors for review. The legal advisors looked at it and this took some time, and they explained which legal clauses from the FSP they could take on board and what not. SLRC also was able to access the contracts that WFP and CRS had signed with the FSP. SLRC was then in a position to be able to negotiate with the FSP regarding the clauses that could be agreed or not, and they were able to meet at a particular point in negotiation with the FSP. This why you need deliberate and consistent engagement with the FSP, so they can understand you as an institution which can help you both have a better negotiation, and you can start to build the working relationship.</p>

	SOP to capture as many details as possible, I will appreciate if you can give more details on how you involved them? What aspect of the SOP in particular where the FSP involved with?	
6	The example of the Community Information Kiosks (CIKs) in Sierra Leone CVA operations is really inspiring, my question is who had the leading part to disseminate information among population? was it part of FSP services and duties?	SLRCS Branch staff and volunteers lead the dissemination of information in communities. The FSP was responsible for ensuring that the selected agents in the communities were aware of SLRCS cash out requirements and were to report any problems encountered.
7	How do you target the SGBV survivors, at HHs level or is there a centre for them to shelter?	<p>Targeting was developed through the engagement with key stakeholders such as Ministry of Social Welfare, and the Family Support Unit of the Sierra Leone Police, which is directly responsible for supporting SGBV survivors. There are also other key institutions supporting SGBV survivors such as the Rainbow initiative that we engaged with. Here we developed an MoU on data sharing and data protection and our intentions related to how the NS would engage with SGBV survivors. This allowed us to be referred to SGBV survivors who we could support. We also worked with these stakeholders when it came to the giving of the sim cards to allow cash transfer. So the agent that cash out the money to the recipients with the sim cards is not aware, they just see them as any other beneficiary (since we had 3 types of recipients, vulnerable households, COVID survivors and SGBV survivors).</p> <p>The referral pathway generates SLRC documentation and with this we verify. All SGBV is a serious issue but we have limited resources and need to target the most vulnerable so we might be looking specifically at minors, or categories of sexual offences.</p>
8	How was the transfer value calculated for SGBV survivors?	The transfer value for SGBV survivors was the same for other vulnerable people in the programme. The SL government has a minimum amount of support for an individual in relation to their social safety nets and this is what was used as it is also used widely by all agencies such as NGOs and CBOs etc.

	Learning from Pakistan Red Crescent Society (PRCS) CVA for COVID-19 Response	Atif Ali , Deputy Director Response/ CVA, Pakistan Red Crescent Society
9	In terms of vulnerability criteria, it is understood you targeted people below a certain salary level, how did you get this information and verify it?	This was one of the criteria and ranking were made accumulatively considering all the set criteria for selection the most vulnerable. However, for assessing the minimum level, there were certain questions which were asked at the time of registration, like asking about all income sources, approximate income from each source for daily calculation, and some probing questions for confirmation, besides there were some specific question for household assets as well as other resources, livestock and piece of land for validation as a cross question. Again, most of the beneficiaries were daily wagers, while in Pakistan the total income of daily wager was mostly below PKR: 30,000/ limit.
10	Did PRCS do any market assessment before deciding the CVA programming for Covid-19 response? If yes whether the assessment report is available?	PRCS did consider a market assessment before deciding on CVA but didn't conduct its own market assessment as the Cash Working Group (CWG) had already produced this document and it was readily available as reference for all cash actors so PRCS verified it and used it. PRCS also considered the media reports released by Government of Pakistan ministry of Food Security on the market situation, availability of stocks, information on prices, and monitoring of food and essential items markets. Weekly prices monitoring reports released by WFP through UN OCHA were also considered.
11	Did you consider doing a risk assessment. If undertaken what were the main risks?	In initial stage the risk assessment was conducted and the detail report on major risks and mitigation were considered. Risks considered included: Government policy and coordination gaps/risks, Market risks (supply risks, market integration risks), FSP related risks, internal capacity risks, community engagement risks, safety & security of staff, volunteers and recipients' risks, inflation risks, and corruption and fraud risks.
12	Is it possible to share some reflections on Data protection?	Data protection is very important, that's why this has been communicated to all provincial branches to take care of beneficiaries' personal data at all stages. Red Rose mobile data collection app was used which collect data in encrypted form with very limited access from national headquarters key staff of PRCS and Movement Partners with clauses in agreement with IFRC on data protection. Only very limited and essential and the minimum of data of beneficiaries was shared with FSP as per agreement as this was necessary for cash disbursement as per state bank regulations and as per clauses mentioned in agreement with FSPs on

		data protection. Data with FSP were shared in password protected form through a secured and dedicated PRCS official email with only the assigned official of FSPs.
13	Was biometric verification through fingerprint or eye scanning/iris?	As per agreement with FSPs the Bio-metric is ensured for each beneficiary at the time of collection of cash at retailer's shops. The FSPs system is back linked with the Government of Pakistan system of NADRA (National Database and Registration Authority) by using finger print as per the State Bank regulations on financial inclusion and data protection.
14	How to be sure that a participant is not assisted by other partners?	The areas were selected in close coordination with government district authorities to avoid duplication of assistance and government ensured at district level allowing one agency in specific areas. We also avoid to assist those who were assisted by Government Ehsas program by cross checking the CNICs of all assisted by PRCS one by one at online portal of Ehsas. Wherever, other organization were also involved we did coordinate with them and crosschecked villages and union councils. I would like to mention here that in Karachi, PRCS running two CVA operation at same time; one id Covid-19 response while other was Monsoon DREF CVA response. In order to avoid duplication, we did cross check beneficiaries through CNICs and make sure that no duplicates of the CNIC was present in the system.
15	My question is about the national poverty databases (BISP or its offshoot EHSAAAS) or NSER (National Socio-Economic Registry) - having reliable beneficiary lists, requiring minimal validation, is key to being able to scale up responses, has PRCS identified ways in which it can better prepare for particular hazards/shocks by pre-identifying or even pre-registration of at risk/vulnerable individuals/HHs?	PRCS do have an agreement signed in early 2018 to use the huge database and its data in case of any mega disaster and we did ask BISP at the initial stage of the pandemic through proper channel using their data template on data protection protocols. But as BISP is under its Ehsas program initiated its huge cash disbursement program to more than 1.8 million most vulnerable HH from its huge data base of 27 million HH so they suggested to wait until new data is collected of the daily wagers. But meanwhile PRCS also collected the data of daily wagers for timely response. But to avoid duplication we obtained data of more than 20000 HH from BISP in our intervention areas but this was from category 4 (daily wagers) and was lacking some basic information necessary for cash disbursement and ranking vulnerability. As most of the top vulnerable HH from BISP data base were already assisted so PRCS then focussed on the missing ones and collected its own validated data due to the smaller case load and the working in the limited lockdown areas. At the moment, we don't have any mechanism for pre-registration, however, we do carry out hazard specific planning like Contingency Planning every year for Monsoon Scenario.

	General	
16	Concerning FSP's (ATM cards), is it wise to take a risk and change the current FSP during a very unstable economic situation like Lebanon, with hyperinflation and a high increase in the devaluation of the local currency?	<p>David Dalgado, Cash and Markets Adviser, British Red Cross</p> <p>It is difficult to respond to this without more information. It is assumed that there is a reason why the agency is considering changing the FSP, perhaps this is because annually as part of the standard systems and procedures the FSP has to be re-tendered or because of non-performance.</p> <p>To mitigate risks related to changing service providers such as FSPs it may be possible to put agreements in place with more than one FSP and to pilot the new FSP before changing. It is appreciated that developing a working relationship with a new FSP can take time, however, it is assumed that the tendering process has included both financial and technical evaluation and the new FSP relationship will eventually yield benefits for the recipients, programme and agency.</p>