

17th March 2021 Cash Hub Webinar Summary Points

Topic: Learning from COVID-19 response – The Use of Cash & Markets in the RCRC Movement

Speaker	Summary Takeaways
<p>Yusufu Camara Director of Resource Mobilisation and Communication/ Cash Focal Point, Sierra Leone Red Cross Society (SLRC)</p>	<p>SLRCS COVID-19 Cash Response Programme</p> <ul style="list-style-type: none"> ▪ SLRCS is 59 years old and operates as an auxiliary to the government in Sierra Leone. ▪ In the past the National Society (NS) has implemented a range of programmes, including community-based health programmes (CBHP), livelihoods, disaster risk reduction, restoring family link (RFL) and community animation and reintegration programmes. In the present strategy SLRCS has included protection, gender and inclusion, and climate action. Their recent response has focused on delivering cash and voucher assistance (CVA) to meet the needs of those affected by the COVID-19 pandemic. <p>Achievements</p> <ul style="list-style-type: none"> ▪ In the last 6 months the SLRCS has reached a total of 1979 people with CVA including: 720 vulnerable households (USD \$125); 618 COVID-19 survivors (USD \$25); 641 Sexual and Gender Based Violence (SGBV) survivors (USD \$25). ▪ Of the above households, a high proportion receiving cash were female-headed households. The NS prioritised these households because of the known vulnerabilities and disproportionate challenges they face. ▪ We use the terms queens and kings for our SGBV survivors. ▪ The NS has distributed a total of USD \$121,000 in the last 6 months. ▪ 28 volunteers have been trained in Cash and Voucher Assistance (CVA) and SGBV. ▪ 140 staff and volunteers have been trained in the use of Community Engagement and Accountability (CEA) tools and approaches. ▪ • SLRCS have developed a set of Standard Operating Procedures (SOP), which have been signed by Orange Media Finance Sierra Leone who will be supporting the distribution of cash transfers as the NS' chosen Financial Service Provider (FSP). ▪ Emergency needs assessments have been completed in 105 vulnerable communities within 7 districts. ▪ Price monitoring is ongoing in all branches. ▪ Post Distribution Monitoring (PDM) activities have been planned. <p>Why use cash in response to COVID-19?</p> <ul style="list-style-type: none"> ▪ In the second quarter of the 2020, virus cases in Sierra Leone began to rise and in response to the pandemic SLRCS chose to use CVA in their COVID-19 programmes, this was due to a number of reasons. ▪ The NS observed that in many ways it was COVID-19's impact on the socio-economic vulnerabilities of households which were

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	<p>greatest challenge for communities, and unconditional CVA was an appropriate response option.</p> <ul style="list-style-type: none"> ▪ COVID-19 increased the risks of SGBV in the communities, particularly at household level which was exacerbated. CVA helped to reduce tensions within the household and reduce these risks. ▪ Prices of basic commodities skyrocketed and needs were higher as a result, markets were also affected by the supply delays from border closures with Guinea. The CVA helped to restore purchasing power for the most vulnerable. ▪ Petty trading was affected by the government's COVID-19 restrictions, this impacted the livelihoods of many female-headed households as 80% of petty trading in Sierra Leone is done by women. ▪ NS completed a COVID-19 master plan, working with both the IFRC and ICRC, which embodied different interventions to respond to the pandemic. CVA was a key component of this planned response. <p>Cash distribution process</p> <p>The process included a range of activities:</p> <ul style="list-style-type: none"> ▪ Virtual trainings with British Red Cross (BRC) Technical Advisors on CVA and SGBV. ▪ Face-to-face workshops were run in some of the branches for staff and volunteers on CVA and SGBV. ▪ A CVA feasibility assessment with communities was completed by NS staff. ▪ The NS engaged with the communities on the recipient selection. ▪ SLRCS collaborated with pro-cash agencies (e.g. WFP, CRS) to establish Cash Working Group, with the aim of coordinating the cash response between agencies (e.g. in the coordinating of transfer values between programmes and geographic targeting). ▪ Completed the assessment and procurement FSPs, selecting and contracting Orange Money Finance Sierra Leone (OMFSL) who have the greatest presence in the targeted communities. ▪ Launched Community Information Kiosks (CIK) in each branch as part of Community Engagement and Accountability (CEA). ▪ Finalised SOP and transferred money to OMFSL for distribution to recipients. <p>Lessons learnt</p> <ul style="list-style-type: none"> ▪ Supporting SGBV/COVID-19 survivors requires the full participation of partners, particularly due to the complex nature of cases and the required protection of their confidential information. ▪ It is important to complete a NS gap analysis in CVA capacity before embarking on a cash response, identifying potential blockers allowed SLRCS to prepare and problem solve early on. ▪ The NS also created a responsibility matrix which was a key factor to successful implementation, it ensured clear roles and responsibilities during implementation as well as setting out the leadership support needed for each stage. ▪ The process of contracting an FSP required robust engagement and high levels of commitment from the NS in bringing OMFSL
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	<p>onboard. Crucial to the success of the contracting of an FSP was assigning a NS senior focal point who had oversight of the whole process. The engagement with the OMFSL took time, the World Bank had also given WFP several billion Leones to transfer and their FSP was also OMFSL.</p> <ul style="list-style-type: none"> ▪ Use CEA, especially CIK, helped to build community confidence and easy identification of support providers and their locations. <p>Key challenges</p> <ul style="list-style-type: none"> ▪ This was the first time the NS had tried to work at some scale using CVA. ▪ COVID-19 restrictions and travel bans put in place by the government presented a challenge for SLRCS in accessing and implementing the cash programme, it was only through adapting their standard practices and using their experience from the Ebola response that they were able to complete the programme. Also being an auxiliary to government also helped with access. ▪ It took a considerable amount of time for the FSP to be contracted, it was the NS' first engagement with the FSP, OMFSL, and so the first steps in contracting (aligning them with the SLRCS accountability standards and SOP) took significant time and commitment from the NS. ▪ Recipient selection was a challenge, particularly around the level of confidentiality and protection of the COVID-19 and SGBV survivors. Only through the NS' robust engagement with relevant government departments and agencies was it possible to reach these recipients with cash. <p>Recommendations</p> <ul style="list-style-type: none"> ▪ It is important that the FSP assessment is completed before any other assessment takes place. ▪ Tools for SGBV assessment should be developed separately to the programme and should be developed ahead of time, these tools should be created in consultation with partners (those working with survivors) and survivors themselves. <p>What the SLRCS would do differently</p> <ul style="list-style-type: none"> ▪ SOP should have been drafted and finalized jointly with FSP, or alternatively SLRCS should have ensured that the FSP were provided adequate opportunities to feed into the SOP process. ▪ LRCS would have preferred to have around 8 months to prepare for a CVA programme, this would have allowed for adequate time for CVA preparedness activities to take place, including collaborative creation of SOP, signing of FSP agreements, training of staff and completing a thorough National Societies (NS) CVA gap analysis. <p>Next steps</p> <ul style="list-style-type: none"> ▪ The programme is in its second phase and branches are leading in the verification of recipients and the distribution of SIMs. By the 25th March the second disbursement of funds will be completed.
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	<ul style="list-style-type: none"> ▪ The NS is now looking to develop two new programs: <ol style="list-style-type: none"> a. Jersey Overseas Aids (JOA) programme (focusing on financial inclusion), to amend gaps identified in the NS gap assessment. b. General funds have been allocated for a further SGBV programming. ▪ SLRCS will continue to invest in the CVA capacity, learning more about CVA practice and prioritising linking with other NSs on their CVA programming. During this pandemic we are learning a lot remotely from other practitioners and NS.
<p>Atif Ali Deputy Director Response/ CVA, Pakistan Red Crescent Society</p>	<p>Learning from Pakistan Red Crescent Society (PRCS) CVA for COVID-19 Response</p> <ul style="list-style-type: none"> ▪ In 2020 the PRCS ran several CVA programmes, these included two COVID-19 responses, one emergency programme responding to the monsoons, and one project focusing on empowering women through livelihoods response. In total the PRCS reached 17,010 households with CVA support (119,070 individuals). ▪ The objective of the PRCS CVA for COVID-19 programme was to provide cash assistance to affected communities to meet their basis needs in pandemic situation. The NS used unrestricted, unconditional cash grants to support households who were either directly or indirectly affected by COVID-19. ▪ The programme provided transfers of PKR 15750 (approximately 92 CHF) to 11,000 families the 4 provinces of Sindh, Balochistan, KP (including MD) and Punjab provinces of Pakistan. <p>Selection criteria for target area:</p> <ul style="list-style-type: none"> ▪ Areas with high COVID-19 cases ▪ Unserved areas ▪ Areas under lockdown restrictions ▪ Areas which had low socio-economic indicators <p>Selection criteria for recipients:</p> <ul style="list-style-type: none"> ▪ Permanent inhabitant of area ▪ Households with a COVID-19 positive case ▪ Households in isolated or lockdown areas ▪ Households with incomes of less than PKR 30,000 <p>CVA transfer process mechanism</p> <p>The recipient selection process for this programme included:</p> <ul style="list-style-type: none"> ▪ Use of RedRose software for the registration of recipients. ▪ NS would then process and clean the data, applying a scoring matrix to identify the most vulnerable. ▪ Remote verification of around 10% of shortlisted recipients was conducted by the NS. ▪ The recipient list was then sent to be endorsed by the relevant PRCS branches. ▪ The final approval of lists was completed by German Red Cross, IFRC and PRCS management. <p>Transfer mechanism process by the FSP</p>

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	<p>The payment process for this programme through the FSP followed the following steps:</p> <ul style="list-style-type: none"> ▪ The mobile phone FSP, Telenor, received the approved list from PRCS along with debit instruction. ▪ The FSP would then send text messages to recipients, confirming their final selection and providing a pin code to receive cash assistance. ▪ The final step was for recipients to visit their local retailers to collect cash after verifying their identity through the biometric verification National Database and Registration Authority (NADRA) system and by providing their unique pin-code. <p>Contributing factors</p> <p>Contributing factors to the successful implementation of this programme included:</p> <ul style="list-style-type: none"> ▪ PRCS has been investing in cash preparedness activities as part of their cash preparedness journey, these activities include training HR, investing in a CVA Unit, and working on the NS's systems and procedures. ▪ The NS ensured close coordination with authorities and cash working group throughout the programme. ▪ MOUs were already in place with the FSPs (though formal CVA agreement was lacking). ▪ The NS used the digital data management RedRose, this software supported the speed of implementation. ▪ PRCS used E-Transfer services to deliver the cash grants to recipients, this choice of modality was aligned with what the communities already use and so they were confident in how to receive payments. ▪ All the recipient cash data was linked with NADRA, PRCS used the national computerised database to register and verify recipients in the programme through their national identity numbers (as per government requirements). ▪ PRCS were provided by the government access to allow movement in the locked-down areas in Pakistan in order to support affected communities. <p>Government Response</p> <ul style="list-style-type: none"> ▪ The government responded to COVID-19 with CVA as well, launching a national programme to provide emergency cash assistance under ongoing EHSAS program (previously BISP, a social safety net Program). This programme provided emergency cash assistance to 4.5 million people who were already regular recipients of the government of social safety net support, as well as supporting an additional ▪ 7.5 million newly registered for COVID-19 support. ▪ In total the government provided PKR 144 billion of cash assistance, which equates to around PKR 12,000 to 12 million households. This programme also used E-transfers, with the support of commercial banks, and used the NADRA bio metric verification method as well.
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- Although no formal link between the PRCS CVA programme and the government's CVA programme, the PRCS COVID-19 response operation was launched on the written request of the government at provincial level and there was national and provincial level coordination between the two programmes throughout.

Cash transfer value

- In calculating the transfer value for their CVA for COVID-19 response the NS worked closely with the national cash working group, agreeing the final amount of PKR 15,750 per month based. This was based on a minimum expenditure basket calculation for one month, using the the World Health Organisation's standard of 2,100 kcal per person per day for seven-member family.

Key challenges

In the implementation of this programme PRCS were faced with the following key challenges:

- The approval of the recipient list was not a straightforward process, we get endorsement from government provincial branches, which can take time for the endorsement.
- At times working closely with the government has led to programme delays due to time needed for consultation and approval, but care must also be taken to for the NS to avoid being influenced politically by their government counterparts. So time is needed here to navigate this and reduce risks.
- One risk of sharing recipient lists with the government was related to data protection and protecting the sensitive information of individual households. Sharing of data had to be undertaken carefully and with consent from potential recipients.
- A major challenge was related to biometric verification, which was a crucial part of the payment process. A small number of beneficiaries were unable to be verified in the government biometric system and subsequently they were not able to access their cash transfers. For example, with a very small number this occurred with older people where their fingerprints were not able to be read by the devices. This is being investigated for future mitigation.
- Whilst some CEA mechanism were used during this programme there is still room to strengthen the process.
- In some rural areas there was a lack of awareness from recipients on how to use the payment mechanism, this was mainly due to poor literacy levels.
- There were also cases of financial abuse by some of the retailers, with retailers trying to charge recipients additional transaction fees when the NS had already paid for these.
- The challenges related to COVID-19 were a major competent of this response, movement restrictions and remote working made the programme's implementation and coordination aspects difficult.

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	<p>Key recommendations from PRCS</p> <ul style="list-style-type: none">▪ The NS identified that they need to review their FSP framework agreements, as CVA continues to be a key requirement for the NS' partners and donors.▪ There should be a review of PRCS CVA SOPs in order to expedite the approval processes.▪ PRCS currently does not have an agreement in place with a data management service provider, RedRose was used for this programme only because IFRC have an existing agreement in place with them. To invest in future CVA programmes PRCS need to have their own agreement in place.▪ There needs to be good coordination with government system on ground, the NS identified the importance for clear messaging and coordination with government offices in order to facilitate responding quickly to communities.▪ Final key points to highlight:<ol style="list-style-type: none">1. Cash Preparedness2. Early Actions (Signing of MoU with Social safety nets)3. Advocacy with Donors. & use of data.
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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 speaker as they see them.