

21st April 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>Caroline Holt, Global CVA Lead, IFRC</p>	<p>Global Reflections on COVID-19 response with CVA</p> <ul style="list-style-type: none"> ▪ Reflecting on the hopes expressed 12 months ago in the spring of 2019 when the COVID-19 impact was first being felt, we were thinking a lot about the impact this would have on our work, what changes would occur and what changes we might like to see. This included: <ul style="list-style-type: none"> - an opportunity to better embrace the potential of cash, especially the digital cash, in terms of its flexible nature and ability to address a range of needs. - hope that for those National Societies (NS) that had not fully embraced cash that this would be an opportunity for these NS to explore how cash might be able to address some of the needs being seen related to COVID-19. - hope that there would be investment in technologies and infrastructure (humanitarian and national) to support our work, and the delivery of cash and effective and efficient mechanisms to ensure the most vulnerable members of our community our engaged. ▪ Reflecting today on the path and approach we were on pre-COVID-19, we believe it was the correct one, cash preparedness of National Societies is a critical component to allow us to deliver cash in any emergency, COVID-19 and others. ▪ 80 NS around the world are now using cash and voucher assistance. COVID-19 was an accelerator for the use of cash, its multi-functional nature and cross cutting nature make it a key tool to support vulnerable communities in their varied needs. ▪ How we work alongside our sectorial and thematic colleagues is also key, we must ensure it is not an either multi-purpose cash or sectorial programming discussion but how can we work together to best complement each other. ▪ Preparedness is everything the time to plan your next cash programme is now, we need to ensure we have contracts and systems in place, and staff trained. ▪ We have developed fast-track cash preparedness partly in response to the demand of cash preparedness for National Societies who wanted to move quickly in using cash and did not have time to go through the full cash preparedness methodology. ▪ The use of digital cash has significant increased but exposed the digital divide. We must remember that some people do not have the technology or familiarity to be able to engage with digital cash. ▪ Increased use of cash has also increased the collection of data, and this has highlighted the need for strong data protection standards. IFRC has recently launched practical data protection guidelines. ▪ We have also seen a huge growth in social protection systems, we have seen better alignment of cash assistance where it is appropriate. It is important for us to support National Societies on

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	<p>how best to engage with these systems, for example, we can play a huge role related to advocacy of marginalised groups for inclusion. We need to look at how we can link our cash assistance with national systems where possible, this can help to drive efficiency also.</p> <ul style="list-style-type: none"> ▪ Greater cash assistance activities by the whole humanitarian sector increases the need for better coordination. National societies frequently engaging with national cash working groups sometimes in leadership roles. Our engagement helps to put forward the views of the vulnerable communities we engage with at these forums. ▪ There has been greater coordination across our Red Cross Red Crescent Movement with respect to CVA, through sharing learning, sharing guidance, secondments across the network, and support with resources. ▪ Localisation and investment in local actors has been critical, and we know the RC National Societies are a key part of the national fabric of humanitarian action. We need to invest in you for the future of our sector. ▪ We know that delivering accountable cash assistance is rarely about cash it is about hearing affected communities and feeding back what communities want and need and how this impacts what we do. We need to invest in this shift from supply led to demand led assistance cash assistance to address the needs on the ground. ▪ We know that delivering cash assistance is rarely about cash, it is about the systems being place related to finance, logistics, and having knowledgeable and well-trained people.
<p>Fatos Xhengo, Disaster Management Coordinator, Albanian Red Cross Xhilda Nushi, Cash and Vouchers Assistance Coordinator, Albanian Red Cross.</p>	<p>Albanian Red Cross (ARC) Experience in CVA (Including COVID-19)</p> <ul style="list-style-type: none"> ▪ ARC experience on cash grants started in 2015 in a flood response operation. There we supported 2000 families for 3 months with basic needs and transferred 1 million USD. ▪ In November 2019 – March 2021 there has been a CVA project as part of the earthquake operation, ARC support of IFRC assisted 1100 families for 6 months. Funds distributed 2.5 million CHF ▪ March 2020 – March 2021 CVA project in emergency Pandemic response, ARC with support of IFRC assisted 2000 families. Funds distributed 210 000 CHF. ▪ ARC has used bank cheques as the transfer mechanism. ▪ Needs in Albania related to the COVID-19 pandemic were very large, and there was a need for us to have detailed criteria for the score card. This included standard socio-economic vulnerability criteria but also: <ul style="list-style-type: none"> - a household member affected by COVID-19 - people who lost their source of income due to COVID-19. <p>We used a KoBo system to collect data and collected information door to door.</p> <ul style="list-style-type: none"> ▪ Process for getting to the point of the CVA cheques released required significant work and preparedness to ensure it worked smoothly. Including work at the HQ level and branch level.

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	<ul style="list-style-type: none"> ▪ With COVID-19 the already marginalised were particularly impacted by the restrictions. This included the elderly living alone; persons with special needs; Roma communities; unemployed and the those working informally and in the informal sectors, and families living on social assistance. ▪ ARC selected those to assist based on the lists from local authorities from the government's social protection system, with ARC undertaking scoring and verification from this list through door-to-door assessment. 240 volunteers and 40 local staff of the ARC were involved in this identification process. ▪ Similar to other NS and the IFRC appeal for COVID-19, ARC is working more broadly on (1) Sustaining Health and WASH; (2) Livelihoods, cash support and food aid; (3) NS Strengthening. ▪ For (2) Livelihoods, cash support and food aid ARC delivered 8222 households with essential food items, and in parallel 2000 households received CHF105 which was winterisation un-conditional cash. ▪ Elderly people were supported to access the cash, driven and taken to the ATM for example, before being returned home. ▪ From the PDM we know that 70% of households spent on food, 44% on health and medicine, 13% paying house rent, 9% paying debt, 5% on house repair. The PDM was undertaken on a sample of 20% of the households and undertaken 1 month (approx.) after the money was given. ▪ High satisfaction levels were reported. ▪ We found the CVA addressed some longer-term needs such as health, education, livelihoods for example. ▪ ARC found CVA cost efficient in-comparison to other forms of assistance. ▪ ARC has developed its capacity related CVA through COVID-19 and the recent earthquake response. For example, we have trained staff and volunteers and CVA procedures and protocols. We also have enhanced cooperation with local authorities and emergency response structures. ▪ We issued the cheque to the women head of the household in Albania rather than the man, because normally in the Albania the women in the household managed the household budget. From the monitoring there is indication that we contributed to women economic empowerment, increasing the decision making power of women in the household. ▪ The direct discussions with households through the face-to-face assessments and the monitoring and hotline were crucial to the success of the project. ▪ Contracting of the Financial Service Provider (FSP) for the cash assistance was difficult: <ul style="list-style-type: none"> - Only 1 FSP responded to the tender. - Once we started negotiating with the FSP we found so many barriers. The service provided didn't accept the IFRC contract conditions. They would nice accept the tripartite contract with IFRC and ARC and them because they would not accept the transfer from IFRC of the funds.
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	<ul style="list-style-type: none"> - We lost a lot of time trying to negotiate with the FSP and instead we moved to the cheque.
<p>Ranko Demirovic, Disaster Management Coordinator, Red Cross of Serbia</p>	<p>Red Cross of Serbia CVA activities during COVID-19</p> <ul style="list-style-type: none"> ▪ Earliest known record of CVA by Red Cross in Serbia relates to 2003-2004 support by ICRC and UNHCR in a Red Cross run IDP facility. ▪ More recently in the Floods in 2014, Floods in 2019, and Floods in 2020 we have given cash grants all via bank transfer. ▪ Learning from 2014 highlighted the need for strong coordination with the government offices in charge of assessments and response after the floods. We also developed strong cooperation protocols with the bank and post office to support cash delivery. We developed Cash SoPs, and local branches gained experience in implementation in 6 municipalities. This included experience in using ODK. ▪ Following 2014 we started CVA preparedness with the support of Austrian Red Cross. Following our experiences in 2014 we established a CVA focal point and undertook the cash preparedness workshop. ▪ Senior management support was key to CVA preparedness and eventual CVA delivery. Especially to help define and support the plan of action to become a cash read national society. ▪ When the COVID-19 crisis started we created our country response plan. We delivered food and hygiene kits during the lockdown, but our plan was always to use CVA as soon as possible. ▪ Our aim was to mitigate the effects of the COVID-19 pandemic on the socio-economic status of children and their families specifically. Children and their families were specifically targeted, because we reflected on some Unicef research that highlighted that in households with children income had been reduced due to the pandemic and most often up to 30%, and this was impacting both food and hygiene item access in particular. ▪ In COVID-19, with SDA and IFRC we supported 2228 households with 14,869 RSD (or 150 USD approx.) with cash transfer through banks, and a contract being signed with the recipients. Separately we worked with Unicef to deliver 14,869 RSD (or 150 USD approx.) to 2000 households using a prepaid bank card. ▪ We identify our target recipients by using our local network, we have a branch in nearly all municipalities and we coordinate with local institutions such as local health departments, local government, local community representatives, social welfare departments to help identify the lists of potential recipients for field interview by RCS and selection and verification. ▪ The interviews are undertaken by the National Disaster Response Team (NDRT) members who are trained in CVA and HQ CVA staff. ▪ RCS has created and adapted Community Engagement and Accountability (CEA) guidance and sent to the local level to ensure adequate feedback processes are in place. ▪ Our key lessons learned:

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	<ul style="list-style-type: none">- Investment in CVA preparedness is crucial to delivery of CVA in disaster response, and ensure it is delivered quickly.- We must take a multi-sectorial approach with inputs from all sectors to help deliver cash that meets needs.- Need to have FSP contracts and contracts with other partners in place in advance.- Training our NDRTs to deliver CVA is crucial- In general training and learning related to CVA is very important to us and the delivery of CVA.
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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.