

Guinea



Localities:

Kindia, Coyah, Dubreka, Fria, Kaloum, Matoto, Dixinn, Matam and Ratoma

Assistance periods:

The planning of interventions started in September 2020 and came to an end in December 2020. Distributions took place in January, February, and March 2021.

Objective:

To contribute to strengthening the resilience of impacted communities and improve living conditions for vulnerable households within areas severely affected by COVID-19.

Partners:

The Guinean Red Cross (GRC) is implementing the project in partnership with the British Red Cross (BRC), the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Danish Red Cross (DRC), which have provided the GRC with financing, technical expertise, and co-ordination for the consortium.

Contributing to strengthening the resilience of impacted communities and improving living conditions for vulnerable households with cash assistance in areas severely affected by COVID-19 in Guinea

May 2021

Introduction:

Guinea recorded its first case of COVID-19 on the 12th of March 2020 in the capital city of Conakry, and since then the number of cases has continued to increase. In light of this healthcare crisis, the President of the Republic declared a health-related state of emergency throughout the entire country on the 26th of March 2020.

COVID-19 has impacted both the commerce and the global trade services in Guinea, as well as affecting social benefits, employment, and human development, particularly for marginalised or disadvantaged groups. It is therefore expected that the COVID-19 crisis and measures restricting human movement (partial lockdown measures and restrictions relating to travel) will impact strongly on households' access to essential social services and income-generating activities. The generalised vulnerability of the population is high in Guinea with 55% and 60% of the population respectively live in financial and multi-dimensional poverty, with women, children, disabled people and those suffering from albinism identified as the most vulnerable groups. Furthermore, the absence of large-scale social protection measures (less than 3% of the population have social security cover), greatly limits the capacity for resilience of the Guinean population in the face of the COVID-19 pandemic.

What happened?

Assessment

An initial risk analysis conducted by the Disaster Management and Mitigation Unit and in collaboration with the Ministry of Health, highlighted that the COVID-19 pandemic had the potential of impacting the lives of over 7.5 million people throughout Zambia's ten provinces. Areas of particular risk were concentrated around the country's borders and in densely urban areas.

From the outset of the crisis ZRCS identified a range of potential COVID-19 health and non-health related effects on Zambian communities and economy. Possible health impacts ranged from increased morbidity and mortality rates to diversion of resources from routine services. Possible non-health impacts included closure of transport links, increased rates of crime and gender-based violence, and reduced revenue generation for households. This impact, coupled with certain pre-existing national vulnerabilities, presented a challenging reality for ZRCS to respond to.

Analysis and decision on the proper way to respond

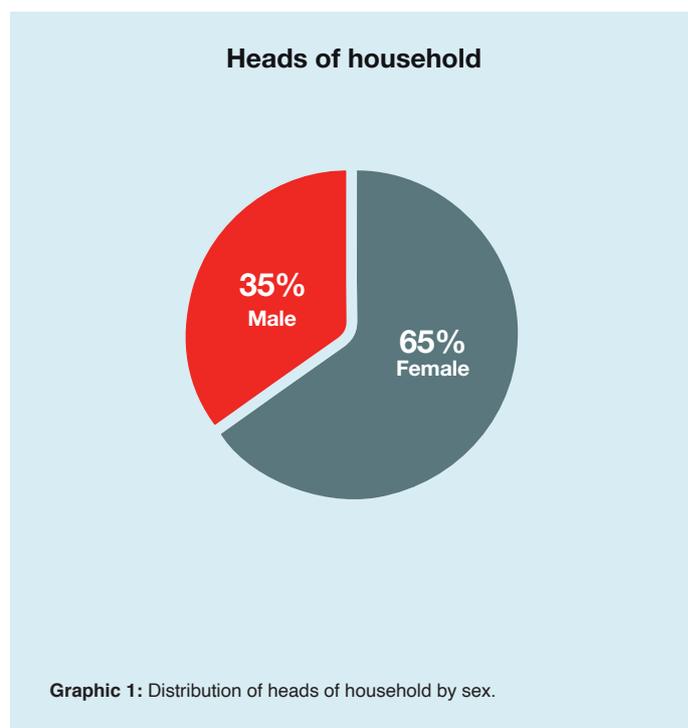
Analysis of the responses provided by households during the course of the assessment confirmed that the impact of COVID-19 was severe, as demonstrated by the statistics below:

- **43% of households had people suffering from chronic illnesses**, particularly hypertension and diabetes, and nearly a quarter of households included people affected by a disability.
- **35.1% of households were tenants (of whom 46.9% had been unable to pay their rent for some months)**, and 10% lived in their accommodation free of charge. Amongst landlords, 46.9% of households had been unable to pay their rent for some months.
- **71.9% of households were unable to bring home a monthly income of at least 1,500,000 GNF** (approximately 150 USD), which meant they were not able to obtain essential products for their household.
- **90.6% of people surveyed thought that the Coronavirus disease had contributed to the increasing prices of essential products.**

The assessment data also showed that the majority of households (69.6%) had Orange Money accounts, therefore cash transfers via Orange Money seemed to be the most appropriate type of response at the end of the assessment phase of this intervention. The NS already had a contract with the service provider Orange Mobile Money and the Financial Service Provider (FSP) was able to facilitate the setting up and launching of distributions, although there were delays in the signing of the Contract and Terms of Reference.

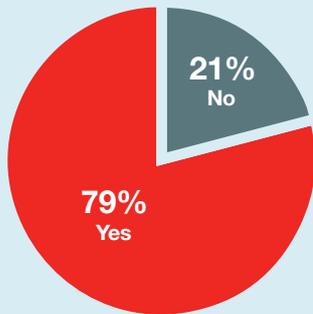
Data analysis results

The most striking fact to emerge from processing and analysing the data was that the majority of households encountered were headed by women. Over 65% of heads of household within the targeted outlying communities were women, and this trend was reversed within the capital, where the number of male heads of household was greater among people surveyed. Exchanges with interviewers also identified that the overwhelming majority of female heads of households encountered during this post-distribution survey were widows in a vulnerable situation.



Graphic 1: Distribution of heads of household by sex.

Have you received information on the amount that you should receive per month?



79% of the recipients of the cash assistance, 118 people, stated that they had been given information on the amount of money they were to receive per month. This was mainly due to the relaying of information by members of the different committees for targeting recipients of assistance.

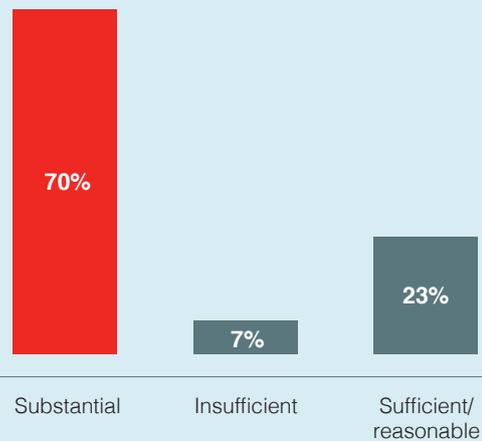
Representatives from the NS liaised with members of the targeting committees after these had been put in place regarding targeting criteria, amounts to be transferred per month, and the duration of assistance.

All persons surveyed stated that they had received a sum of 1,536,000 GNF, which included withdrawal fees, over the three-month period.

Graphic 3: Number of recipients who used the money, by category of expenditure.



Graphic 4: How would you assess the amount received?



Out of 149 people surveyed, an analysis of the data showed that the sources of primary expenditure by recipients were food and healthcare respectively, with 149 people out of 149 surveyed having spent money on food and 104 out of 149 recipients surveyed having spent money on medication. In addition, the repayment of debts incurred also represented a considerable proportion of the expenditure of the recipients surveyed, with 34 % surveyed reporting spending a portion of their grant on repayment of debts.

The assistance was perceived as being sufficient or reasonable by the vast majority of people surveyed, a total of 93%. However, a smaller proportion of people surveyed thought that the assistance was certainly substantial in terms of the amount received, but was insufficient with regard to debts that they had to repay, thereby reducing their room for manoeuvre.



Photo: © Guinea Red Cross, Volunteer conducting PDM surveys after Cash distributions.

Monitoring and assessment

Monitoring of the implementation of assistance took place at two levels since the start of the assistance.

For the monitoring of selection criteria for recipient households, a member of the prefectural/municipal committee of the GRC joined each targeting committee. These non-decision-making members played the role of observers for the NS, supporting the strict application of the targeting criteria. A civil society representative sat alongside these observers on each committee as a decision-making member. An online database was created on the KoBo Toolbox platform to keep track of the registration of households and day-to-day information concerning them. When the enrolment of households was completed, verification of the existence of recipients and the conformity of information collected on the households was carried out by the steering team for this project.

Following the distribution of cash to recipients, a second verification of the receipt of funds by the recipients was carried out through telephone calls to a sample of fifteen numbers per locality, drawn at random. An information and feedback system enabling difficulties encountered during payment to be examined and assessed was put in place by the steering team and targeting committee members in order to deal with cases of rejection.

For post-distribution follow-up, a questionnaire was compiled with the aim of obtaining recipients' opinions. To do this, a sample of 150 households were selected to take part in a questionnaire survey within the localities of Fria, Dubreka, Coyah, Ratoma and Matoto.



Photo: © Guinea Red Cross, Training of GRC volunteers and managers on the monitoring of markets: "the market chain".

Operating constraints:

- Lack of knowledge among some recipients regarding the process for using Orange Money.
- Delay in the activation of SIM cards within Orange Money by some recipients.
- Non-receipt of funds by recipients due to errors linked to opening an account, for instance not knowing the code or using a device that is not their own.
- Cases of loss of funds were recorded linked to errors in registering a recipient's number.
- Delay in validating certain operating tools, resulting in the timetable for activities not being followed. Financial assistance is a new type of intervention in Guinea, which has made it a sensitive subject.
- The NS' relative lack of availability of resources within the area of CVA has made the some aspects of the implementation of this programme challenging.



Photo: © Guinea Red Cross, Discussion with a local elected official regarding the COVID-19 CASH assistance project.

Community engagement and accountability:

Community engagement of local elected officials, representatives of civil society organisations and representatives of the GRC in these areas has enabled the GRC and its partners to respond to this assistance in complete safety. A feedback mechanism exists and has been used in the context of the project, with some complaints being registered, particularly regarding technical problems linked to the performance of the provider Orange Money, which quickly found solutions.

Key success factors

Key factors in the success of this COVID-19 CVA for COVID-19 programme were:

1. The coordinated process of preparing for CVA, which allowed for pre-positioning of the necessary capabilities and resources as well as the setting up of CVA tools and infrastructure within the GRC.
2. The strong technical support of the BRC and IFRC throughout the design and implementation of the project.
3. The setting up of a national records system by the State and humanitarian organisations for COVID-19 which was well integrated with existing and new programmes, and which was able to include candidates for assistance in a transparent manner and distribute resources among them effectively.
4. Feasibility studies for CVA carried out by an external consultant included an assessment of the capacity of recipients to apply good hygiene practices. Additional measures were taken to reduce risks presented by markets (for example, access to soap and water, awareness-raising among traders, etc.), and these were integrated into the project's activities.
5. The availability and popularisation of mobile money in Guinea was key to the success of this programme, with the majority of recipients having personal mobile telephones. In 2007, Guineans began using Orange Guinea and as the market leader for 5 years now, Orange Guinea has become much more than a telecommunications operator. With over 60% market share, Orange covers the whole of Guinean territory with 3G, and has a territorial reach valued at over 40 billion euros – more than 8.2% of GDP (according to the World Bank's calculation method – 2016).

The GRC was already using Orange Money as a mechanism for transferring CVA – using the platform for daily allowances to volunteer health personnel in the country's regions and had also been used previously by the cash focal point. However, despite accessing and using the Orange application to initiate transfers, the disbursement process was somewhat time-consuming, with reconciliation being carried out through a format interchange in Excel. The system was not completely automated, using an application programming interface provided by Orange to enable organisations to connect via third-party applications in order to initiate cash transfers. The use of Mobile Money has enabled the most common contamination and virus propagation risks to be limited to a certain extent, with a substantial reduction in physical contact and movements, which has therefore enhanced the safety of recipients and partners on the ground.

Lessons learned, outstanding issues and recommendations

Lessons learned, next steps and recommendations will continue to be developed further.

Lessons Learnt

- The GRC found that there is a strong tendency for recipients to withdraw the CVA immediately, despite awareness-raising and communication. Having higher payment volumes led to congestion at numerous payment points, increasing the risk of infection.
- There were some failed attempts to set up accounts and failed payments for some recipients due to authentication failures and network limitations.
- The possibility of querying data within the Orange Money platform was limited to a simple online user interface, with no ability to view recipients' transactions. In the future for other CVA programmes this would be an easy request to change with Orange.
- A proportion of households delay the collection of their money, citing health problems and congested payment points, whereas those who did collect it immediately had difficulties buying certain essential goods because of the economic disruption. These obstacles seem to have been more problematic than the failed withdrawals themselves and the NS needed to work quickly to address them.

Recommendations :

- Mobile money or any type of cash transfer distribution should be carried out in batches to reduce overcrowding at sales points and a shortage of cash to be distributed by agents at withdrawal points, this will ensure recipients do not withdraw all of their allocation at the same time and would enable withdrawal points to be properly stocked.
- Additional investment in training and practical simulations is needed. For example the NS would benefit from practical exercises for all GRC personnel using SOPs (Standard Operating Procedures), support in the analysis of other scenarios, such as flooding, in order to look at the advantages of cash assistance in those cases, and further practice in using CVA transfer mechanisms.
- Further information sessions for volunteers, staff, governance entities and stakeholders is needed in order to raise awareness of the use of cash transfers in response to emergency situations, and to promote its inclusion as a potential means of intervention.
- A commitment of funds for integrating cash assistance as a response into day-to-day NS emergency situations (household fires, for example), which could replace or supplement the assistance in kind currently provided.
- For subsequent CVA interventions the GRC should include SIM cards allocated to recipients; this would reduce the risk of loss of funds or delays in obtaining funds by recipients.
- Ensure the use of digital identifiers generated by humanitarian organisations as an alternative to government identity cards needs to be explored with third parties (such as Orange Money). National laws in Guinea currently require Orange to see a government-issued identity card in order to provide a mobile telephone number and register for a Mobile Money Account.

Key Questions:

- **Question:** Does digital identification by providers of financial services offer greater data security, enabling recipients to control and manage their own personal information?
- **Question:** To what extent are providers of financial services (such as Orange Money) prepared to use digital identifiers generated by humanitarian organisations such as the Red Cross/Red Crescent Movement as an alternative to government identity documents (National ID Card, Passport etc.)?
- **Question:** Can the Orange Mobile platform and the Red Rose data management platform be integrated in order to facilitate data management (management of recipients, registration, the approval process for disbursements, monitoring of assistance and reconciliation, viewing of data and post-distribution) from a centralised online portal?

Testimonies:

- **Ibrahima Sory Conté, Fria district head:** I thank the Guinean Red Cross for having chosen Fria in general and this district in particular to receive this assistance, as there is currently nowhere more deprived than Fria, with the factory not operating.
- **Habiba:** I thank the Red Cross for this assistance, as I was ill and without hope; I risked losing both of my eyes due to lack of means. The Cash assistance that I received from the GRC enabled me to have my eye operated on, and to get food for my family. I am a widow and have no support other than people of good will.
- **Hawa:** I thank the Red Cross for the help; this assistance came when I was in a very difficult situation, having lost my job and been taken ill, without any income. The first payment enabled me to get a bag of rice and to go ahead with my treatment. I am well now, and I ask for this assistance to continue.

Conclusion:

Through this experience, the COVID-19 pandemic has highlighted to the GRC that strong preparation, assessment of feasibility and relying on a digital financial solutions are crucial success factors when implementing CVA, and thus are key in contributing to strengthening the resilience of impacted communities and improving living conditions for vulnerable households. Because of the short timeframe, the focus of this programme was predominately on the operational response to COVID-19, with the assistance of the BRC and the IFRC. Preparation was rapid and contextualised, with few resources available and the GRC not having much experience on the ground.

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