

## 8<sup>th</sup> December 2021 Cash Hub Webinar Summary Points

Topic: Learning from responses during COVID-19

Speaker	Summary Takeaways
<p><b>Fred Tumwebaze</b>                      Head of Emergency Response and Recovery, Programmes, Rwanda Red Cross</p>	<p><b>Rwanda Red Cross Cash Response to COVID-19</b></p> <p>Use of Cash and Voucher Assistance (CVA) to date in RRCS</p> <ul style="list-style-type: none"> <li>▪ In 2017, the Government asked the Rwanda Red Cross Society (RRCS) to monitor three districts in which they were implementing a social protection programme using CVA.</li> <li>▪ To support the NS to build capacity to respond to emergencies and systematically consider CVA as one of the potential modalities to deliver humanitarian assistance, the Belgian Red-Cross-Flanders (BRC-FL) supported a capacity building programme entitled: “Capacity building for enhanced response preparedness using multipurpose cash transfers within the great lakes region is in Tanzania, Rwanda and Burundi”.</li> <li>▪ Various Rwanda RC projects have now adopted the use of CVA and have integrated CVA into how the NS communicate with recipients, train staff and develop tools.</li> </ul> <p>The National Society (NS) CVA capacities</p> <ul style="list-style-type: none"> <li>▪ Due to their investment in cash preparedness, the NS possesses the necessary tools, systems and resources to implement timely and large-scale CVA programmes. Some of the capacity building activities undergone by the NS include:                             <ul style="list-style-type: none"> <li>- Establishment of Cash Technical Working Group (CTWG) – an internal WG in the NS that has members from many departments and leadership.</li> <li>- Development of Standard Operating Procedures (SoP’s)</li> <li>- Training of staff and volunteers</li> <li>- Pre-agreements signed with multiple Financial Service Providers (FSPs) in Rwanda. NS currently works most with MTN (which reaches over half the population of Rwanda) through RedRose.</li> </ul> </li> <li>▪ Rwanda RC uses both conditional and unconditional CVA:                             <ul style="list-style-type: none"> <li>- Unconditional cash transfers: Multi-purpose cash transfer via mobile money transfer. Often spent on food, and replacing household items destroyed by a disaster.</li> <li>- Conditional cash transfers: Restricted cash, vouchers and cash for work. We support with the repair of houses (post disaster) and construction of latrines, where people are given CVA at different stages of the build for example.</li> </ul> </li> <li>▪ Rwanda RC uses range of Cash transfer mechanisms and modalities, in both emergency and community resilience programmes:                             <ul style="list-style-type: none"> <li>- Cash in hand (especially for cash for work programmes)</li> <li>- Electronic cards (which has been used for the pilot project with RedRose)</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>- Vouchers</li> <li>- Mobile money</li> </ul> <ul style="list-style-type: none"> <li>▪ CVA implementation and coordination strategy for NS <ul style="list-style-type: none"> <li>- The national society has an (internal) Cash Technical Working Group (CTWG) in place whose role is to oversee implementation of cash based activities within the NS (currently 17 members).</li> <li>- The NS is also active in different RCRC movement forums, for example the East Africa Community of Practice (CoP) for CVA.</li> </ul> </li> <li>▪ Response process for distributing CVA <ol style="list-style-type: none"> <li>1. Coordination with NS CTWG, and local authorities</li> <li>2. Completion of market and needs assessment in the target area</li> <li>3. Creation of recipient list (the selection stage) and verification, completed with RC volunteers and staff and local community representatives (incl. local government authority).</li> <li>4. Payments are initiated and transfers are made via. the FSP or to branches for cash in envelope transfers.</li> <li>5. Hotline for complaints and comments</li> <li>6. Post Distribution Monitoring (PDM) includes - on site monitoring by volunteers during distribution and followup through calls to understand expenditure by recipients.</li> </ol> </li> <li>▪ Impact of COVID-19 restrictions: <ul style="list-style-type: none"> <li>- Cash transfer programmes have gained prominence in responses of Rwanda following the outbreak of the COVID-19 pandemic and lockdown, the Government of Rwanda and telecommunication companies encouraged mobile money usage in the country through removing transaction fees. This increased the usage of cashless programmes and enabled the continuation of programme implementation even in the face of imposed restricted movements to field and workplaces.</li> <li>- The COVID-19 crisis and the lockdowns that followed had a significant impact on the national economy and in particular on small merchants and business owners.</li> <li>- As the majority of the business owners had no source of income during the lockdown, some were forced to sell their productive asset in order to survive during the crisis and now cannot resume their businesses. Others resumed their livelihoods at a slower pace and are heavily indebted as a consequence of the lockdowns, preventing them to buy the commodities they need to fully resume their business.</li> <li>- In partnership the ICRC, Rwanda RC and Government of Rwanda reached out to 4000 businesses made economically vulnerable because of the pandemic.</li> <li>- With COVID-19 lockdowns in place the assessment of such businesses was done online. This was made possible by training volunteers to do assessments online (through calling members of association provided by the Rwanda Cooperative Agency and City of Kigali).</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>- Due to Donor requirements the NS could not give unconditional cash, and so instead chose to provide vouchers.</li> <li>- The NS found that the selection of vendors for the voucher programme was a difficult task because the vendors were hesitant to accept a voucher and then get reimbursed, particularly as the collaboration with the Rwanda RC was a new experience for many vendors. However, due to the good reputation of the Rwanda RC it was possible to get agreement with vendors.</li> </ul> <ul style="list-style-type: none"> <li>▪ Redeeming of vouchers <ul style="list-style-type: none"> <li>- The majority of the recipients were grouped in associations or cooperatives so that they could access funds and look to put their funds together to buy bigger machines and pay for needed equipment that they could all use together (tailoring machines, saloon equipment, sound system equipment etc.).</li> <li>- Others redeemed their vouchers individually and collected items they wanted from the suppliers and shops to sell in their businesses, for instance dry food, clothes, shoes, livestock, gas, fruit and vegetables. They often bulk bought with their funds which then helped them make a profit when they sold to others.</li> <li>- Volunteers were available in some of the vendors to support the recipients to redeem the vouchers.</li> </ul> </li> <li>▪ Challenges <ul style="list-style-type: none"> <li>- The identification &amp; verification of the targeted community during COVID-19 Pandemic.</li> <li>- Some beneficiaries didn't have phones.</li> <li>- There was a fixed mindset of authorities on implementation, thinking mainly in terms of in-kind assistance and not cash.</li> <li>- Misuse of cash received by some recipients did occur, which detracted from the project target, this was due to the high level of vulnerabilities and the various needs of recipients. i.e. some recipients spend on their own basic needs rather than their re-establishing their livelihood.</li> <li>- There was a limited number of financial service providers available (MTN and Airtel) who could distribute via mobile money.</li> <li>- At first limited knowledge on the new response modality (using vouchers rather than cash) and how to redeem vouchers.</li> <li>- Some local vendors were not willing to receive vouchers, this was due to the new use of CVA and partnership with RRCS.</li> <li>- There was only remote assistance from RedRose, the NS were trying to use, sometimes we had to wait for remote support from the RedRose helpdesk. The initial training was also remote, and the NS feel like perhaps they have not maximised their use of RedRose within this programme because of not being so familiar with it.</li> </ul> </li> <li>▪ Lessons learnt</li> </ul>
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	<ul style="list-style-type: none"> <li>- Detailed assessment should be as participatory as possible, and should include communities, local authorities, and potential target people themselves. In their own voices communities must share their needs, rather than RC volunteers/staff deciding needs.</li> <li>- Engage with all stakeholders throughout the different programme stages, sharing information on the quantities of assistance and necessary related information before distributions.</li> <li>- Sharing assessments with stakeholders is important, particularly when gaining further clarifications from the grass root level.</li> <li>- Setting up an effective feedback mechanism during and after project implantation is fundamental, this includes the setup of a hotline and having volunteers collecting feedback on distribution sites.</li> <li>- Consider capacity building with target stakeholders during cash responses.</li> <li>- Detailed agreements with FSP's are needed, in order to enable authorizing individual payments, transfers, validation of recipient lists. We had to review and re-agree.</li> <li>- Include Rwanda RC, local authorities and volunteers in a join PDM in order to gather as much learning as possible.</li> <li>- Important to consider lessons learned in previous projects</li> <li>- Work to ensure the assistance provided is made in successive phases, as part of a risk management strategy.</li> </ul>
<p><b>John Busungu</b> Deputy Secretary General, Tanzania Red Cross Society</p> <p><b>Jonston Weston</b> Head of Organization Development, Tanzania Red Cross Society</p>	<p>Cash and Voucher Assistance for COVID-19 pandemic response in Tanzania Red Cross Society</p> <ul style="list-style-type: none"> <li>▪ Project Overview <ul style="list-style-type: none"> <li>- The first cases of the COVID-19 virus in Tanzania were reported in March 2020, from that point COVID-19 spread to many regions throughout the country. Many households were affected directly with the virus, and indirectly, through the economics effects of the lockdowns and restrictions.</li> <li>- In response, Tanzania Red Cross Society (TRCS) and Belgian Red Cross Flanders (BRC-FL) conducted an immediate needs assessment which led to the development of a CVA project in February 2021 under the umbrella of BAHIA, with funding from the Belgian Government.</li> <li>- The 'BAHIA' stands for Belgian Alliance for Humanitarian International Action and is implemented in 7 countries globally. The BAHIA project has 3 main outcomes: <ol style="list-style-type: none"> <li>1. Public health</li> <li>2. Food security, livelihoods and economic recovery</li> <li>3. Protection and social impact</li> </ol> </li> <li>- The BAHIA CVA project in Tanzania is anchored on outcome 2 of COVID-19 BAHIA project, which aims to provide household with multi-purpose cash assistance to address their basic needs.</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>- The project was implemented in two regions in Tanzania: the Kigoma region (Uvinza and Buhigwe districts) and the Mbeya region (Kyela district). These two regions had been identified through a TRCS needs assessment, as two of the regions greatest affected by COVID-19 cases.</li> <li>- The project followed these steps:             <ol style="list-style-type: none"> <li>1) Getting started: This step involved training the volunteers in CVA, engaging with local government, conducting reviews and assessment (some of which were done in partnership with WFP) on the impact of COVID.</li> <li>2) Beneficiary registration and verification: This was done by trained volunteers.</li> <li>3) Market Assessment: This had already been completed previously in partnership with the government, WFP and other humanitarian organisations. At this stage the TRCS wanted to track the rates of inflation at market level, which would inform the transfer project values set.</li> <li>4) Procurement and distribution of SIM cards: Mobile money SIM cards were used, with a pre-agreement in place with Vodacom. The agreement was activated and the SIM cards could be distributed to the beneficiaries.</li> <li>5) Cash disbursement: The beneficiaries could withdraw their cash transfers once the Sim cards had been distributed.</li> <li>6) Post Distribution Monitoring and lessons learnt: The NS undertook Post Distribution Monitoring and lessons learnt workshops.</li> </ol> </li> <li>▪ The project covered:             <ul style="list-style-type: none"> <li>- Target population: 6212 households (31,060 people) affected by COVID-19</li> <li>- Targeting criteria included:                 <ul style="list-style-type: none"> <li>• Poor households highly exposed by COVID-19</li> <li>• Material vulnerability – which included level of income and type of habitat/housing</li> <li>• Social vulnerability (variables included disabilities, malnourished children due to poverty, female-headed households, unaccompanied children, elderly people etc.)</li> <li>• Households who were not covered by other similar interventions</li> </ul>                 These targeting criteria were decided by the TRCS, local governments and district governments.             </li> <li>- Transfer value: one off cash transfer of TZS 85,000 (USD \$37) per household</li> <li>- Modality: Unconditional cash transfers</li> <li>- Delivery mechanism used: Mobile money (prior to distributions, beneficiaries received SIM cards which were registered under TRCS name).</li> </ul> </li> <li>▪ Post Distributing Monitoring findings</li> </ul>
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	<ul style="list-style-type: none"> <li>- The TRCS conducted Post Distribution Monitoring which identified that 91% of beneficiaries were completely satisfied by the cash distribution process.</li> <li>- The NS also looked at household priorities, the monitoring showed 41% of those interviewed used the cash on household items (NFIs) and food, 35% used the cash on medical care and 9% used the cash on agricultural inputs.</li> <li>- The food consumption score of households increased across the districts.</li> </ul> <ul style="list-style-type: none"> <li>▪ Adapting the sim card distributions and registration activities to the COVID-19 situation <ul style="list-style-type: none"> <li>- Changes were made to the project in line with COVID-19 restrictions, for instance TRCS adapted the distribution area to reduce the risk to both staff, volunteers and recipients. This was done by: <ul style="list-style-type: none"> <li>▪ Ensuring physical distancing</li> <li>▪ Sanitizers installed at the distribution area</li> <li>▪ Staff and volunteers wearing masks</li> <li>▪ Encouraged recipients to wear masks.</li> </ul> </li> </ul> </li> <li>▪ Lessons learnt <ol style="list-style-type: none"> <li>1) The investment in cash preparedness at TRCS was one of the main drivers of success, activities included: <ul style="list-style-type: none"> <li>- The existing CEA mechanisms at TRCS (Toll free line and CEA focal points at the HQ)</li> <li>- TRCS activated pre-agreements with financial service providers</li> <li>- The existence of a TRCS cash technical working group and cash trained staff and volunteers</li> <li>- Pre-existing CVA procedures and materials, including SOPs</li> </ul> </li> <li>2) Lengthy processes of enrolling beneficiaries could be cut through digitalization of cash distribution <ul style="list-style-type: none"> <li>- To address this challenge British Red Cross and IFRC are supporting TRCS to install the RedRose system for data management.</li> </ul> </li> <li>3) Involving local government authority throughout the project is a strong enabling factor and helps tackle any unforeseen blockages.</li> </ol> </li> <li>▪ CVA activities at TRCS over the years <p>2018</p> <ul style="list-style-type: none"> <li>- Initiation of a fully funded cash preparedness project from Belgium RC-FL</li> <li>- Training of volunteers began, alongside engagement with government and commitment to strengthening cash capacity activities within the NS.</li> <li>- TRCS became a member of the IFRC East Africa cash working group</li> </ul> <p>2019</p> <ul style="list-style-type: none"> <li>- TRCS became cash ready</li> <li>- 3 of the staff were trained in the PECT course</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>- The NS began to use cash for emergencies (including with IFRC DREFs)</li> <li>- Use of cash for livelihoods programming (using vouchers for fodder)</li> </ul> <p>2020</p> <ul style="list-style-type: none"> <li>- TRCS active in CVA response within their programmes</li> <li>- Regular use of cash in emergencies (DREFs).</li> </ul> <p>2021</p> <ul style="list-style-type: none"> <li>- Cash for emergencies and in response to the COVID-19 pandemic</li> <li>- Installation of the RedRose system for data management</li> </ul> <ul style="list-style-type: none"> <li>▪ Current COVID-19 situation in Tanzania <ul style="list-style-type: none"> <li>- 3rd December 2021 recorded 26,270 confirmed cases of COVID-19 with 730 deaths</li> <li>- 21st November 2021, a total of 1,337,045 vaccine doses have been administered (WHO)</li> </ul> </li> </ul>
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Prepared by Cara Wilson based on what was said in the Webinar and what was shared in supporting documents.