

Effects of humanitarian Cash and Voucher Assistance to the Vulnerable Families Economically affected due to COVID-19

CASE STUDY: EAST AFRICAN RED CROSS SOCIETIES

Report by Florence UMULISA, as part of the CashHub's Cash Practitioner Development Programme



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Introduction

Background

Since its emergence in Wuhan, China on 8 December 2019 [1], severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) continued to rapidly spread globally. The infectious virus has disrupted and overwhelmed health care systems, trade, social and livelihood sectors; that contributed to millions of infections and deaths worldwide. Multiple waves of COVID-19 epidemics associated with various variants [2, 3], have been reported up to date.

As of 1 December 2021, 262,178,403 million people have been infected worldwide, with 5,215,745 million deaths reported.

Major SARS-CoV-2 lineages of concern include - Alpha (B.1.1.7), first reported in the United Kingdom; Beta (B.1.351), first reported in South Africa; Delta (B.1.617.2) first seen in India; and Gamma (P.1) first seen in Japan/Brazil. They have all been associated with significant infections, mortalities and social economic disruptions worldwide. The most recent variant of concern to be reported is the B.1.1.529 (Omicron) variant first identified in South Africa and Botswana in November 2021. As of 3 November 2021, the variant had been detected in 38 countries. Multiple COVID-19 infection waves have been experienced in the Africa since the detection of the first case in March 2020

COVID-19 hit the Eastern Africa subregion at a particularly critical time when the economies of a number of countries in the subregion were recovering from the impacts of recent droughts and severe flooding and dealing with the worst desert locust invasion in 25 years. In addition, conflict- and climate-induced displacements are prominent in the subregion, with more than 7 million displaced people in camps or settlement situations in only four countries (1.78 million in Ethiopia, 1.67 million in South Sudan, 2.65 million in Somalia and 1.43 million in Uganda). The cumulative effect of these shocks has eroded the resilience of large segments of the population and strained governments and humanitarian agencies (UNHCR, 2020).

This state has called humanitarian organizations to support the people mostly affected due to COVID-19 by using different Response Modality including Cash and Voucher Assistance.

The Red Cross Red Crescent Movement worldwide have collaborated and supported the governments to fight against COVID-19 impacts, by giving cash to the most vulnerable households, and other inkind support as well Cash Plus activities such as hygiene promotion, awareness campaigns on COVID-19 prevention measures, etc.

In this line this survey was conducted within five East Africa Red Cross Red Crescent movement to analyses the impacts of the CVA to the families whose living conditions were affected due to COVID-19.

Study Objectives

This study aims of strengthening humanitarian CVA interventions during pandemic crisis. It is compiling the CVA best practices and lessorn learnt from five East Africa Red Cross societies, that could be the great resource of the procedures to put in place while responding with CVA during pandemic period.

Methodology and Limitation

Data Collection: The data was collected remotely from 13 to 25TH November, 2021 in the five National Societies (Kenya Red Cross, Rwanda Red Cross, Burundi Red Cross, Uganda Red Cross and Tanzania Red Cross).

The key informants were the staff supporting the implementation of CVA in different sectors/programs within the National Society.

Limitation: Data collected remotely with limited number of key informants, due to limited resources and time.



Photo: © Kenya Red Cross Society

Impact of COVID-19 to the vulnerable families

The COVID-19 has economically affected the families as most of them have lost their capital, and employment.

100 % of the respondents reported three impacts of the COVID-19 that highly affected the most vulnerable families:

- decrease of family income: businesses
- Food insecurity
- And Lack of children school fees

All these have contributed to the children malnutrition, difficult in accessing health services; families selling off productive assets to meet medical and funeral bills, increase of domestic violence, psychological related issues and school dropout that led to early marriages or early pregnant to the adolescent girls.

The most affected community are the vulnerable families with low or without income. Three main categories reported are: Orphans, Families with disabilities, elderly people and Homeless

CVA and delivery mechanisms utilized by the national societies

All National Societies supported affected families by giving Cash for Food and Multipurpose Cash Transfer to cover diverse essentials needs.

Cash for Specific Sector such as WASH and Health were offered by Kenya Red Cross, Burundi Red Cross and Rwanda Red Cross to cover essential WASH, Health materials and Services. Such as: Protective face masks, hand sanitizers or tip taps, health insurances.

Kenya Red Cross and Rwanda Red Cross have extended CVA for economic recovery to support family initiatives that generate income.

Mobile Money were reported as the best option to respond with during pandemic crisis and it has used by all the National Society, however electronic card was also used by BRC, RRC and KRC.

In addition to the Mobile Money, URC also utilized Cash in hand.

Cash Plus activities such as awareness campaign for COVID-19 prevention measures, psychosocial support, were additionally conducted by all the National Society in close collaboration with the government.



Photo: © Olav A. Saltbones/Norwegian Red Cross

Cash and Voucher distribution plan coping with COVID-19 situation

The strategies below have been putted in place by all the National Societies for both inkind or Cash Distribution to prevent spread of COVID-19 in the community:

- a. Remote meeting with local authorities and community representatives for cash distribution plan
- b. Use beneficiaries' lists provided by the local authorities and branch committees based on settled criteria
- c. Verification of phone numbers and identity using Mobile Money or telecommunication Companies
- d. Preparing distribution site with enough space for social distancing
- e. Ensure availability of adequate WASH facilities and water to the site for hygiene
- f. Use social distance signs to the sites
- g. Equip volunteers with basic Personal Protection Equipment (PPE).
- h. Assigning different distribution sites with limited number of people and according to the age (the lower the age, the lower risks).
- i. Encourage beneficiaries of CVA to comply with SOP¹ for COVID-19 prevention
- j. Use posts and mobile radio for COVID-19 awareness at the distribution site.

However, the specific strategies were applied for CVA:

- a. Prioritizing Mobile Money Transfer to avoid community gatherings
- b. Give cash in different phases with limited number of people where it is necessary for community to gathering

Impacts of Cash and Voucher to the living conditions of vulnerable families affected due COVID-19

The feedback from National Societies proven that CVA supported families particular in getting food and accessing health services. As well in some cases it has limited and or reduced family conflicts caused by lack of essential needs.

In addition, some families were able to pay their rent, and children school fees while others recovered their small business to generate income. The families also accessed different items like face masks, Soaps, tip taps to prevent contamination and spread of COVID-19.



Photo: © Kenya Red Cross Society

¹SOP: Standard Operating Procedures

Challenges of Cash and Voucher Assistance projects for Covid-19 Response

Some challenges related to the Inclusion, Exclusion and fraud were reported by the National Societies mainly due to the COVID-19 restrictions measures that limited detailed selection and use of government lists with less validation. These have equally aggravated by huge numbers of people that required assistance compare to the available funds Preparedness capacity of the National Societies and government in terms of CVA skills and technology utilization were an addition limitation.

Other challenges: insecurity issues at some distribution site, lack of Mobile Money agencies in some places and increase of prices of essential commodities due to high demand as the results of COVID-19 related supply issues, Government preference of inkind rather than Cash.

Strategies used to collect feedback and complaints

The two dominants strategies used by all the National Societies were:

- a. Free hotline call
- b. Telephone calls for sampled beneficiaries on the list
- c. PDM for sampled beneficiaries: x % of the supported families.

However, where necessary others were also utilized:

- a. Face to face meetings with small groups
- b. House to house visit directly after distributing cash and or after two weeks
- c. Media monitoring
- d. Suggestion boxes
- e. Help desks.

Feedback and Complaints Management

The high percentage of the received feedback were positive and thankful messages. However, some of the challenges were reported:

- errors typing their telephone numbers and or names
- money transferred to the wrong numbers.
- Exclusion and Inclusion errors.

To address these, the National Society collaborated with the telecommunication companies and the local authorities to immediately addressing these challenges.

The feedback and complaints received by the National Society have improved the National Society ways of working by revising their CVA SOP considering CVA process during pandemic period, strengthening the capacity for the local branches in CVA through trainings. All these have contributed to the future planning.

National Societies achievement or benefit in using Cash and Voucher in responding to the impacts of COVID-19

The National Societies reported that due to CVA, the response was efficiency and effective as the time to support the families has been reduced by using the existing beneficiaries' lists generated by the government, electronic verifications, and mobile money. This has also contributed to the reduction of spread of COVID-19 by limiting the contacts.

Other benefits are: reduction of the logistic costs, increased capacity for the National Society to use technologies for CVA response such as RedRose that facilitated in response monitoring /tracking, data management and speed up of the response.

The Strategies used by National Societies to respond to the reported challenges

The National Societies after meeting with these challenges have strengthened monitoring mechanisms from the initiation of the program till the end through: Free hotline call

- a. Writing the response awareness letters to the local authorities that give details to beneficiary's selection criteria and amount to be received.
- b. house-to-house visits for beneficiary's verification.
- c. Increase communication with Financial Service Providers (Example Telecommunication Companies) during response for verification and validation of the beneficiaries list.
- d. awareness of the free hotline via radio and social media to receive feedback and complaints.
- e. Telephone call to the supported families.
- f. Working closely with local authorities and community leader
- g. Adaptation to innovation technologies in registering beneficiaries and distributing cash to reduce errors(Use of electronic card, mobile Money, RedRose).
- h. Mobilizing COVID-19 response funds
- i. Plan of shifting to in-kind support in case Cash Transfer is not the best modality to use or is not accepted by government.

General Recommendation

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CVA was proven to be the best Modality to assist the families during COVID-19 crisis. However, for future response it is advised for the National Societies to:

- a.** Increase CVA capacity for the Red Cross staff at both National and branches and think about the local authorities that support the intervention.
- b.** Strengthening or adopting remote technologies to deliver Cash and or Voucher that will reduce the manual bias and increase effectiveness and efficiency of the intervention.
- c.** The Joint Risk Analysis and Monitoring plan should be established before any CVA intervention to reduce bias and diversification of communication mechanisms between field and headquarter staff should be ensured before, during and after any intervention for effective coordination
- d.** Regular update or revisit of the SOP should be considered in Disaster Response Management Plan.
- e.** Ensure the engagement of the local administration and the community volunteers are well briefed before any operation
- f.** Design well or update the FSP contract that is align with the current context and strengthening communication with them all along operations.
- g.** Scaling up technology use to the branches in receiving feedback and complaints that will strengthen Community Engagement and Accountability (CEA²) and setting up feedback and complaints management local structure that engaging the local community.



Photo: © Zambia Red Cross Society

²CEA: Community Engagement and Accountability

Annexe 1. Key Informants

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Names	Function	Institution
Fredrick Orimba	Cash Focal Person	Kenya Red Cross
Nadege Irambona	Cash Coordinator	Burundi Red Cross
Emmanuel Ntakirutimana	PMER	Rwanda Red Cross
Leila Chepkemboi	Project Manager	Belgium Delegate-Tanzania Red Cross
Okukunda Tukaguma	Program Assistant	Uganda Red Cross
Joram Musinguzi	Cash Focal Person	Uganda Red Cross
Paul Okot	Manager Emergency Preparedness and Response	Uganda Red Cross



Photo: © Emil Helotie / Finnish Red Cross

Annexe 2. Key Informants

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- How COVID-19 economically affected the community and who are the most affected?
- How National Society supported the families economically affected due to the COVID-19 with Cash and Voucher Assistance?
- How many of your COVID-19 projects used CVA as response modality? And what are the main delivery mechanisms?
- What are the coping Strategies used by your NS in preparing cash distribution to follow COVID-19 prevention measures
- What strategies did NS used to collect feedback and complaints?
- Based on your NS analysis, or community feedback what are the benefits/effects of the CVA to the assisted families? What are the challenges?
- What are the monitoring Strategies used for CVA programs by considering COVID-19 prevention measures
- What are the challenges reported on CVA programs for COVID-19 Response
- How the NS responded to those challenges?
- What are the main benefits for the NS to respond with Cash rather than in-kind during COVID-19?
- Are there any COVID-19 impacts to your CVA projects? If yes, what are they?
- Is there any recommendation you could give for the COVID-19 programs using CVA as response modality?



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