UNHCR’s fourteenth meeting with NGOs partners on preparedness and response to COVID-19 in refugee situations
Cash assistance in the COVID-19 response: What is our experience to date?
24 June 2020
Online

Participants:
UNHCR:
- Arafat Jamal, Head of Partnership and Coordination Service
- Marian Schilperoord, Deputy Director, Division of Resilience and Solutions

Panelists:
- Caroline Holt, Global Cash Lead, IFRC
- Alexandre Gachoud, Cash and Markets Expert, ICRC
- Roger Dean, Global Programme Development Manager Cash and Markets, NRC
- Kate Washington, Senior Inter-Agency Coordinator, UNHCR Greece

Audience:
- About 70+ participants, mostly NGOs

Arafat Jamal
- Preliminary result in the frequency of the weekly online consultations: 90% of respondents support the consultations to continue after July, however also over 90% of them would like to reduce the frequency. We will consider moving into bi-weekly meetings and may also consider taking a break in August.
- The other finding from this survey is the idea that the consultation themes and discussions to go beyond COVID-19.

Marian Schilperoord
- UNHCR cash programs are firmly established to achieve Protection and basic needs of the populations we serve.
- Cash assistance for UNHCR is never a purpose, it is designed to be multi-sectoral, inclusive, and allows displaced persons to choose and prioritize how they want to meet their basic needs through the multipurpose cash channels we are providing.
- It ensures that we are able to mainstream the protection principles, fostering participation, empowerment, accountability and the principles of Do-no-harm in our cash programs.
- From the past 1.5 year, we have moved on from the basic cash programs to striving more into achieving the sustainable approaches in cash.
- It is embedded in the GCR as a means to contribute to the global sustainable development but also leveraging the inclusion of refugees into financial, international systems, and the entire financial inclusion.
- We are working at the level of the legal and regulatory requirements needed for people to have an ID, to be able to have a mobile connection, and a bank account. It is much more than a cash program alone, it is embedded in a key range of activities.
- With COVID-19 we have a tremendous amount of lessons learned, collectively but also UNHCR as an agency. It showed that with a solid base, we were able to rapidly scale up cash assistance to save lives but also to relieve immediate socio-economic needs.
- What we have seen in the past months is unprecedented. We never saw such a range of countries in lockdown, with tremendous impact on the refugee populations because they suddenly were unable to meet their daily needs.
Rapid scaling up of cash assistance. UNHCR in the field has been extremely innovative and adapted in 40 operations to increase and extend cash assistance provided.

Often, UNHCR has doubled the amount of cash to be able to deal with lockdowns, established hygiene measures and social distancing where people are still able to meet.

Some operations moved from cash to in-kind because the markets could no longer cope and also use the opportunity to create mobile bank accounts for refugees.

UNHCR cash programs work closely with governments and NGOs, in line with our CBI Policy.

Critical for this discussion to look at a wider range of cash activities, both at the upstream and downstream activities where we need to work together to ensure this collaborative approach to cash.

Starting the post-distribution monitoring and the initial results is that people have been using cash to be able to stay in their houses, to pay the rent, to secure shelter, to pay for doctor’s fee, to buy the food and the basic hygiene items, clothes in particular.

We need to work very hard to see how we are going to deal with the longer-term impacts of COVID, which is not only a health pandemic and more so even as socio-economic impacts.

Caroline Holt

- IFRC is a network of 192 national societies present in every country across the globe.
- We work as auxiliaries to governments, e.g. the national society will run the ambulance service or the blood donation service.
- We are a global network of 160,000 local branches and 14 million volunteers.
- Cash at IFRC has a history which stretches back decades, used to achieve program objectives across a number of themes, e.g. food security and livelihoods, basic needs, shelter, WASH, and now increasingly looking at health approaches.
- In 2019 we delivered 820 million Swiss Francs globally across the movement to more than 6 million people in 88 countries, demonstrating the size of the local impact.
- The foundation of our cash approach is strengthening, working, and supporting the capacities of national society through preparedness to give national societies the abilities, the skills, the knowledge, and the confidence to deliver cash.
- To be able to scale cash in the face of disaster and certainly in the face of COVID, we are not establishing a parallel cash process. Some adjustments were needed to ensure that we deliver cash in a safe way, in line with the current pandemic.
- We are also looking at the ability to scale-up rapidly and reach as many as possible including vulnerable households and vulnerable populations.
- IFRC network constitutes the largest humanitarian network in the world. Red Cross and Red Crescent national societies are embedded in their own communities and that is the strength of the national societies. Many staff and volunteers are from the communities we serve and have been affected on health and economically by COVID.
- More than 50 national societies are currently implementing or plan to use cash in their response. Planning phase is not over as lockdown starts to change and restrictions are lifted.
- Cash is playing a huge role in our work with regard to COVID.
- It is not a standalone crisis. The pandemic came and laid on top another level of complexity and we do not see that complexity going away soon.
- It is more about pandemic proofing our programs as we move forward, assuring that we can start to absorb COVID, e.g. taken into account to prepare for the impending hurricane season in the Caribbean, COVID has added and increased the level of need.
- We established a global remote support desk which is hosted by the British Red Cross and it is there to provide immediate practical support across the movement and beyond. It is especially tailored to national societies in terms of providing technical support and information law-guidance. There are tip sheets guidance and case studies also available.

Notes for NGOs only – not to be circulated to other parties
• We have invested in a national society fast track preparedness approach. It included the identification of financial service providers, streamlining some of the contracting processes, ensuring training is available online, ensuring it is accessible for national societies.
• We also established a working group to look at our procurement activities that were taking far too long under normal circumstances, looking at how we can simplify some processes, not only for COVID times but that we want to see more streamlined in our approaches.
• We have also prepared a safe access to market guidance, building upon and reflecting on our national society experiences, where governments were reluctant with the idea as it might encourage people to go to the market instead of staying home.
• We are in the process of developing advocacy messages for senior leadership to advocate for the use of cash.
• National societies are uniquely placed to respond to challenges, especially when movements are restricted because we have volunteers based at community level with high trust level.
• Some national societies adjust their approaches to the communities. E.g. Philippines.
• We have established handwashing stations with social distancing measures. E.g. in Greece video interviews are now used for registration rather than face-to-face.
• In Turkey, we are working with the Turkish government to deliver cash to Syrian refugees in Syrian households, looking at securing our one-of top-up called the COVID top-up, basically to recognize that households which were already vulnerable have also been hit by increased levels of vulnerability as a result of COVID.
• In Rwanda, due to movement restrictions, we had to temporarily pause the cash program and go back to more of an in-kind delivery.
• In Somalia, we faced challenges with the supply line and with procurement. It encourages the use of more cash.
• COVID has come and exposed some of the flaws in our current system, the ways we work and the fragile nature of our role as international actors when access is restricted. We need to invest at that local level, in national societies who are on the ground.

Alexandre Gachoud
• ICRC in close collaboration with national societies, has implementing cash market-based interventions in the COVID-19 response.
• Slide 1: you see a picture of a young woman displaced in the North of Burkina Faso receiving voucher assistance. The assistance was piloted in May this year using all guidance specific to the pandemic. It is an example where we closely worked with the national society.
• Slide 2: a picture where we are providing guidance to our colleagues in the field from ICRC and national society staff to make sure that our cash & voucher assistance do not contribute to spreading the disease as banknotes could be a vector of disease.
• For cash distribution you often have large gathering. There were different aspects that had to be mitigated and this was produced in March by ICRC, reviewed by other movements and then widely circulated within the movement.
• Part. 1 focus on “The shield”, Do-no-harm and ensuring cash intervention do not contribute to spreading the disease.
• We are currently working on Part.2, focusing on tackling the COVID socio-economic impacts.
• E.g. in Nigeria the crisis hit the North during the planting season, a critical time of the year when people need to go to the field to plant. We used the vouchers to distribute seeds and to avoid asking recipients to sign sheets of paper or put thumbprints. We used a software device and scanned barcodes. The distribution went smoothly, enabled a large number of beneficiaries, and mitigated the risk of further food insecurity also.
• Slide 3: in Burkina Faso, many displaced in the North and further away from the Malian border are targeted by armed groups.
• We have been distributing commodity vouchers for food items for the past year.
• The first step was to use on vouchers with a cashback option, collaborating with local vendors, using the local vendors as financial service providers.
• Slide 4: A mission in Tripoli, Libya, and it is still ongoing. Difficulties in terms of movement and other challenges push us to be innovative, creative, and find solutions to these problems. ICRC supported last year’s small micro-businesses and they had been seriously affected by the crisis so in order to stay afloat, they received a cash top-up. Relatively small amounts enable them to stay open.
• It is a good example of our understanding of the local market dynamics and some market support intervention to support small businesses.
• A second example of cash assistance is to collective centers hosting displaced families with prepaid cards or online purchases with home deliveries. It avoids us moving around and being at risk of contamination.
• Third example from Libya is cash assistance to procure personal protective equipment, i.e. medical gowns, surgical face masks, mask equipment. We did a rapid market assessment in the outskirts of Tripoli and realized that despite the global shortage of this equipment they can still be found in specific areas. Instead of us procuring with some delays, we decided to give cash to health facilities. They procure items on the local markets again with a limited list. It is not just budget support; it is cash grant or financial assistance and then there are some measures that were put in place to ensure that the agreed items were good.
• Slide 5: Photo of ICRC support in Venezuela mostly on the outskirts of Caracas.
• We are supporting 20 community canteens with cash grants where people can access a list of food items and other necessary items such as gas. It is a good example of informal community-based safety nets that exist.
• Slide 6: Guidance on market setup was produced specifically for the COVID response. There are mitigation measures that can be put in place to ensure that local actors, businesses, and vulnerable groups would still access what they need from the local market.

Roger Dean
• We are in a unique situation. It is the first crisis that has required a global programmatic response since World War II.
• There are opportunities for us to reach people in need faster and get a lower cost.
• We can support people who have experienced protection risks derived from COVID-19 to recover and to access essential services.
• We have opportunities to program in ways which support individuals and families whose primary income partners are self-isolating and lost their livelihoods.
• We can respond to the increased risk of violence within the home. There are heightened economic, social, mental health stress due to COVID-19 and movement restrictions.
• We can program to maintain social networks and social support systems, and these are building on the work we have been doing for several years but adapting.
• We did something outside of our normal range in support of access to health services during COVID-19, in partnership with MSF Spain, and outside that partnership too.
• When people need to access health services that exist, there are direct and indirect costs.
• The Global Health Cluster and the agencies that work there hold very strongly to the principle that health services need to be free at the point of delivery and we fully respect that. In places where we work this is often not the case, even for direct cost of medical care. There are associated services (e.g., tests, medicines, meals), which often have costs.
• People we serve usually cannot pay and cannot access the care they need during COVID-19.

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We also know from UNHCR data from Lebanon or Jordan, when people do receive cash, they either spend all of it – or none of it – on health. Correlating with whether they have someone in the family with a chronic health condition or requiring hospitalization.

Cash can be a relevant tool to support access to services. There is some impact that is measurable when multipurpose cash is long-term.

NRC quickly learned that working beyond our competence risks causing harm, and partnership is essential.

Apart from having an immediate impact while the COVID-19 situation is still primarily a health crisis, we all agree it will become primarily a socio-economic crisis.

What we want to do here is to learn and to demonstrate what it means for a non-health actor to be relevant and meaningful in a health crisis, this needs a bit of boldness and willingness to go beyond what we know and our mandates. It depends on knowing our limits as individual organizations and as individuals with skills and it depends on of humility and valuing the experience of others around us.

Kate Washington

- Focusing the discussion on cash in Greece. A little of background on the programming in Greece in order to frame our COVID response: It is UNHCR and our partners IFRC, Catholic Relief Services, and the local NGO METAdrasi, which are supporting the Greek authorities in providing cash assistance to all asylum seekers. It is a rights-based program.
- Slides 2 & 3: cash assistance has been implemented by a number of different actors in 2015-2016. Towards the end of 2016, we came together through the cash working group, in conjunction with ECHO, and started talking about the Greece cash alliance and the program moved from a program across Greece, where we had 13 different NGO partners, to one Greece cash alliance with 7 NGOs collaborating.
- Today we have a direct implementation on the islands whereas in the North we have IFRC as our main cash partner and in the South of Greece we have Catholic Relief Services as our main cash partner.
- Slide 4: Here is a monthly cash allowance.
- In Greece we use prepaid cards and those currently can be used at ATMs or in points of sale.
- Entitlements was developed looking at market prices. It was also developed with the Greek authorities to be in line with the social welfare system and to ensure that people receiving monthly cash assistance were not getting more money than a Greek welfare social program.
- Slide 5: The cash program in Greece has been developed to support the Greek authorities, specifically in meeting their obligations as an EU member state in line with the EU directive for the reception, which says that asylum seekers should be provided with their basic needs.
- Slide 6: how much people receive depends on where people live, whether or not they receive catering. We have beneficiaries living in apartments and hotels under the ESTIA program; we have people living in sites which are reception centers; and we have people self-settled or not be able to access the accommodation in reception places, they still get access to the monthly and cash amount.
- Slide 7: at the end of May, we gave cash assistance to over 98,000 people with over 50,000 cards. 9.6 million of cash distributed.
- Importance of cash is not just for the individuals in terms of purchasing power but also to open doors in a country and ensure integration and social inclusion are available to them.
- Slide 8: The majority of people receiving cash are in the Attica, Athens region but we also have still a significant portion of the population on the islands, and we have differences in terms of the types of markets that people can access.
- Slide 9: You can see the growth of the program since the beginning of 2017.

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• **Slide 11:** There was a moment of reflection where we had to look at our own systems and look if those could be responsive enough to allow us to continue to provide cash safely and maintain social distancing.
• Had to go back and look at each part of our system; see how we could ensure that was safe.
• We were using WhatsApp, Viber, etc., online storage methods or documentation for enrolling people into the program.
• We also took out such a physical certification agreed with the authorities and the donors.
• Usually in Greece when we first started, we were doing 100% certification on a monthly basis, we have stepped back on the basis of a risk assessment and we are at about 50-60% certification every month.
• **Slides 10 & 11:** We worked a lot with communicating with communities’ groups on appropriate messaging. We made sure that people could have access to the helpline services. There has been a huge increase in contacts by phone.
• **Slide 12:** We implemented two cash related COVID top-up, one for connectivity and that was for the entire country and then we work around how people were getting access to information and made sure that also we were countering rumors.
• Connectivity top-ups went out to everybody with over 91,000 people reached by late March.
• We give the hygiene top up to people on the islands except for people living in Kara Tepe who had already received hygiene packages. Very dire conditions on the islands particularly around Moria and also in Samos and Chios with overcrowding places and the access to WASH facilities are very far from ideal.
• **Slide 13:** on post distribution monitoring, over 94% people said they had received information.
• **Slide 14:** 57% of people thought it was very likely that someone in their family would get the infection. We have been extraordinarily fortunate in Greece that the pandemic has not gone through. However we remain vigilant because we are very concerned about the future.
• **Slides 15–24:** Some data on what people tell us. They are spending more money on hygiene items.

**Q&A**
**Binod Koirala**
• One of the issues NGOs in general are struggling with is the funding landscape. Despite such unprecedented scale of the crisis, significant funding is not coming through via CVA. What is the experience of UNHCR and Red Crescent Movement on this?

**Plan international**
• What are the key challenges your teams have faced in the COVID-19 response, especially on market assessment? Any examples on how you conducted the remote market assessment?
• Plan and CaLP have come up with micro video learning courses on remote FSP adapting CVA delivery mechanisms and market assessment. Do you think the microlearning codes on the localization you mentioned would be a good idea?
• How was the NRC tool for remote management guidance (created in 2016) used in the COVID context?

**CARE**
• Generally, women deal with many protection risks due to COVID-19, adding a lot of burden. What is the challenge? How to manage GBV risks in cash programing in this context?
• Around localization, partnership, and importantly making the case for cash is very important and IRC is aligned with this.
• We have launched a report called “The cost of living: COVID-19 humanitarian cash transfers to prevent hunger and hardship” where we respond to the need for resourcing, funding. We tried to estimate the additional need arising just because of the economic downturn.
• I also share the question raised on funding.
• We looked at the question of rising household debt for health costs, which is a theme throughout refugee inclusion and my question to everybody is: where do governments respond with social protection and where do humanitarian organizations plug the gap? I welcome the panel’s comments about our confidence in including refugees and other marginalized populations.

Kate Washington
• To IRC, about social protection, it is some of the questions that were asked to us before the meeting and also on how we transition beneficiaries out of cash assistance.
• In Greece, we have been looking at how we ensure that when people are still asylum seekers before they have become recognized refugees, how do we ensure that they have access to various social provisions, how do they have access to a tax number, how do they have access to the health number, and how are they able to open bank account? All of those are what we call the 3 + 2 which are the elements that people need in order to then be in the future eligible for various social welfare social protection provisions within Greece.
• We have worked with the authorities, building on relationships in the inter-ministerial links to ensure that people have those foundational elements for financial inclusion and later for further social inclusion and social protection. It is an ongoing work and it is hard.

Roger Dean
• To Plan International: on remote cash project guidance, it is a work that grew in 2016 out of our response in Syria. It was adapting our standard program design routines, stripping them right back to what is absolutely essential in order to make reasonably, acceptably good program design decisions in contexts where management staff cannot reach the communities we serve for extended periods of time.
• It was all about insecurity, it was supposed to be a global guidance, not just for Syria but the routines that came out of that, the adaptation to remote operating modalities helped us when COVID-19 hit.
• Although the reasons for the remoteness and for the distancing were completely different, it was relevant, and we worked to try and adapt NRC programming to this new reality.
• To Plan International: how to describe the funding to NRC’s COVID-19 response plan? Slow.

Alexandre Gachoud
• On remote market assessments, emphasis on the need to harness existing information or secondary data. A lot can be learned about local market dynamics before sending a team in the field to collect data in isolated areas or where movements are restricted.
• With our analysis and evidence team, we invested heavily on harnessing existing information from organization like REACH and we also hired a consulting firm to help us and then we were able to zoom in on the specific information gap we had.
• Then thanks to our network of financial service providers of suppliers, we routinely work with our income distribution. We were able to conduct phone calls to better understand the granularity of the market dynamics at the local level in areas where we do not have access.
We work closely with national societies and with the network of volunteers who live in these areas, so we are also able to collect information where often ICRC or other humanitarian actors are not able to go.

On GBV, we are currently conducting post-distribution monitoring to see how the money was used, asking questions about whether it is by phone or with focus group discussion, trying to see if it triggered some gender-based violence and if it did how it can be mitigated.

Caroline Holt

- I am working through the volunteers and staff who are trusted. Around microlearning on localization, probably call it a microlearning on working with and investing in national response mechanisms and national actors. It would be very interesting to look at how we can make sure that resource is now being directed and received at the right level.
- On localization, partnership, and ensuring that refugees and other marginalized populations are included, national societies advocate to government where we have access. A key role of national societies is to advocate on behalf of marginalized and excluded communities.
- We have written guidance that are in a draft phase to work closely with national societies on what advocacy to government on including marginalized populations in the social protection mechanisms where they work or providing more effective link from humanitarian cash programs to national infrastructure.
- The IFRC, ICRC, and national societies launched a combined global appeal of 3.1 billion, of which 1.9 billion is for IFRC and national societies. IFRC and national societies have raised over 1 billion to date (a third from the private sector), which we have not necessarily seen before as a response, so again opportunities for new relationships to be grown.
- We cannot divert funds from other commitments and ongoing operations. They are specific to the emergency appeals for which they were allocated. We cannot start to take away funds from other operations. COVID does not mean that everything else stops, it is a new layer of complexity and one of our concerns is where is the new money going to come from and how can we ensure a comprehensive approach to the needs?

Marian Schilperoord

- We see the needs increase, vulnerabilities increase, and we see the reduced interest in funding all the needs in the field.
- For the cash angle, we have had tremendous list of lessons learned; we have been extremely agile to adapt ourselves. Almost all agencies have been able to respond extremely rapidly to increase cash assistance.
- Important discussion on how we are going to translate the results we will find in the post-distribution monitoring back to the health sector, to look at the obstacles of access that people may face traditional health-seeking behaviors.
- Important to keep the focus on the longer-term. We have seen cash is working as an immediate emergency response but a very hard work still has to start. We need to start almost to rebuild many of the livelihood opportunities, to look at the longer-term socio-economic impact and see how we are going to work with social safety nets to social protection systems while we also noted in the countries where refugees are being hosted.

Other references shared in the chat box:
- Advocacy for market-based approaches during COVID on the MIC D-groups: https://dgroups.org/dfid/mic