Proposed Multipurpose Cash grant Navoria City

### Introduction

Building upon previous experiences, the ZRCS plans to roll out a multi-purpose cash assistance intervention in Navoria City. A similar approach to Cosme was found not feasible given current market conditions and a lack of cash preparedness of ZRCS in rural areas. Background of the situation can be found in other documents.

### Preferred aid modalities

The local CVA team conducted a rapid assessment of communities preferences and priority needs in Navoria city. In the below table can be found the preferred modality mentioned by the beneficiaries by category of needs.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Cash / voucher | in kind | Direct service |
| Food commodities | 0 |  |  |
| Health commodities / services |  |  | 0 |
| Potable water | 0 |  |  |
| Shelter commodities | 0 |  |  |
| Household commodities | 0 |  |  |
| Hygiene commodities (Clothing, washing, soap, toothbrush, diapers, etc.) | 0 |  |  |
| Menstrual hygiene material |  |  |  |
| Hygiene/sanitation facilities (toilets, shower, bath) |  | 0 |  |
| Energy commodities for heating, cooking, lightning and charging etc. |  | 0 |  |

There is a clear preference for cash to access most of the basic needs, although for construction materials (i.e. cement, poles etc.), there is a concern that it would be difficult to transport those from the market place to the HH. Also, for menstrual hygiene material around 50% of women would prefer in kind material, mainly due to concerns that they might not have the intra-household bargaining power to make sure that menstrual products receive sufficient weight in terms of spending priorities.

Cash in emergency is also allowed by the Government, which has been using this modality throughout their safety net mechanism.

### Priority needs

The response of affected population regarding their priority unfulfilled needs can be found in the below table:

|  |  |
| --- | --- |
|  | Navoria City |
| Food commodities (Staple and non-staple, etc.) | 1 |
| Health commodities (drugs, etc.) | 3 |
| Health care services (Health staff, centre, etc.) | 3 |
| Potable water (incl. containers, treatment, etc.) | 1 |
| Shelter commodities (furniture’s, material, etc.) | 4 |
| Shelter/housing (rent, purchase, construction | 1 |
| Household commodities (Utensils, pots, mats, blanket, mosquito net, cooking set etc.) | 3 |
| Hygiene commodities (Clothing, washing, soap, toothbrush, pads, diapers, etc.)) | 3 |
| Hygiene/sanitation facilities (toilets, shower, bath, | 4 |
| Energy commodities for heating, cooking, lightning and charging etc. | 3 |
| Transport services to work, health centre,markets, etc.) | 2 |
| Education services (transport, fees, teachers, etc.) | 3 |
| Education commodities (uniforms, shoes,stationaries, books, etc.) | 5 |
| Communication commodities (Phone, credit, etc.) | 3 |
| Communication services (providers, towers,network, etc.) | 4 |
| Other (Legal support, special needs, etc.) | 5 |

### Monthly expenditure baskets & Expenditure gap

The below table and graph provide the monthly expenditure basket and expenditure gaps in Navoria City, calculated by a consortium of NGO and government and updated every year. Highest expenses are represented by shelter, most of them related to renting or payback of mortgage. Sanitation services are estimated to be 50ZMD a month, linked to toilet maintenance. Note that this MEB do not include one-off expenses such as building a shelter or a latrine, or latrine desludging.

Even before the floods, many urban families could not cover all the expenses listed in the MEB. This situation has worsened since the floods, since beneficiaries have lesser income and more expenses. In the below table can be observed the average gap between the current expenditures and the MEB. For instance, the gap in terms of food between current expenses and MEB is 220ZMD: this gap should ideally be covered by cash or food distribution.

|  |  |  |  |
| --- | --- | --- | --- |
| Basic needs | MEB for a family of 5 | Current monthly spending in cash | Expenditure gap (monthly ZMD) |
| Shelter / housing | 840 | 560 | -280 |
| Food commodities | 670 | 450 | -220 |
| Shelter comodities | 580 | 390 | -190 |
| Health care services | 240 | 160 | -80 |
| Education services | 220 | 80 | -140 |
| Hygiene commodities | 180 | 120 | -60 |
| Household commodities | 150 | 100 | -50 |
| Energy commodities | 70 | 50 | -20 |
| Health commodities | 70 | 50 | -20 |
| Other | 70 | 50 | -20 |
| Potable water | 60 | 30 | -30 |
| Transport services | 60 | 50 | -10 |
| Hygiene/sanitation facilities | 50 | 30 | -20 |
| Communication commodities | 30 | 20 | -10 |
| Education commodities | 30 | 20 | -10 |
| Communication services | 10 | 10 | 0 |
| **Total** | **3330** | **2170** | **-1160** |

The larger post-flood expense gaps are for shelter (rent), shelter commodities, food, and education service. In the MEB, expenses related to water are estimated to be 60 ZMD, while the current expense of people for water is in average 30 ZMD, leaving a gap of 30 ZMD. This is not yet clear whether the gap comes from the fact that people have this money but not spending it for some reason (payback of debt), or because they do not have the money. But in any case, they were forced to reduce their expense.

### Learning from past responses

This is far from being the first flood response in Navoria City. Previous flood responses mainly included in-kind distributions, and more recently conditional commodity vouchers (vouchers for specific hygiene items provided following completion of awareness raising courses), and a few small-scale multi-purpose cash transfers Results of M&E feedback and evaluations show that:

* + Household needs went beyond hygiene items, with food and shelter materials being prioritized. This was evident as 78% of households exchanged hygiene items for food and shelter commodities within days of the in-kind distribution. Additionally, in-sufficient volumes of soap were provided.
  + Cash targeted households felt pressure to share their assistance with non cas targeted HH, as it was not clear why they received cash and not their neighbors.
  + It is frequent that beneficiaries of aid are asked to pay a “tax” by some leaders. This is happening indifferently when cash or in kind are used
  + The timing of the in-kind assistance was not ideal, with the sourcing and transportation of goods taking 2- 3 weeks and the organization of distributions taking 1 -2 weeks. In contrast, cash was provided to targeted households within 2 weeks, although number of cash beneficiary was rather small as compared to in kind.
  + The impact of the conditionality to cash (attending awareness raising) was also minimal: the ideal target group did not attend the sessions, beneficiaries needed to attend their land and homes and, were not concentrating in classes.
  + Feedback and complaints mechanisms were poor, complaints not followed up on and in a few cases INGO workers were met with anger on arrival at distribution points.
  + Electronic vouchers system has been piloted through a company called Green-Eye.

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**Proposed intervention**

**Humanitarian Objective:** To meet basic needs for six months of the most vulnerable flood affected households

**Target Group:** Flood affected HH in Navoria City

### Response options:

Three different response options were investigated:

1. monthly multi-purpose cash transfer (unrestricted, unconditional) of 2200 ZMD per HH (irrespective of HH size) via mobile money
2. monthly multi-purpose cash transfer of 400 ZMD per person to HH (depending on family size) with a top-up of 100 ZMD for HH with persons with disabilities via mobile money
3. monthly value (electronic) vouchers for food and basic goods at preselected vendors for a value of 2500 ZMD.

Mainly based on considerations of timeliness and feasibility, **option a)** was chosen (as registration of individual hh members was seen as not feasible in an acceptable timeframe).

### Detailed budget, PoA, risk analysis, encashment plan

To be added later.

### Annex A - Calculation of hygiene commodities for MEB

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Quantity** | **Description** | **Price for unit** | **Quantity** | **Total price** |
| 1 | Bucket with lid | 2 pcs. | Not dark color | 400 | 2 | 14 |
| 2 | Jug for ablution | 1 pcs. |  | 150 | 1 | 3 |
| 3 | Washbasin | 1 pc. |  | 360 | 1 | 6 |
| 4 | Diaper | 2 pcs. | washable | 130 | 2 | 5 |
| 5 | Diaper | 12 pcs. | disposable baby toilet 4-10kg | 440 | 1 | 8 |
| 6 | Bath towel | 5 pcs. | small, 100% cotton, 70x30cm. | 300 | 5 | 27 |
| 7 | Face cloth | 2 pack. | disposable, in a box of 100 pcs. | 75 | 2 | 3 |
| 8 | Hand towel | 2 pcs. | 100% cotton, 60x30cm. Roll | 280 | 2 | 10 |
| 9 | Paper towel | 5 rolls. | disposable, 30cm, roll 1000m. | 250 | 5 | 22 |
| 10 | Hygienic pads | 8 pcs. | >5 drops | 210 | 8 | 30 |
| 11 | Shaving cream | 1 pcs. | tube, 75g | 86 | 1 | 2 |
| 12 | Razor | 10 pcs. | disposable | 42 | 10 | 7 |
| 13 | Clipper | 2 pcs. |  | 70 | 2 | 2 |
| 14 | Toothbrush | 2 pcs. | For adults, medium hard | 34 | 2 | 1 |
| 15 | Toothbrush | 3 pcs. | for a child, light stiffness | 60 | 3 | 3 |
| 16 | Toothpaste | 1 pcs. | 150 mg. | 150 | 1 | 3 |
| 17 | Shampoo | 1 pcs. | Baby, 250 mg., hypoallergenic, tearless. | 200 | 1 | 4 |
| 18 | Shampoo | 1 pcs. | 250 mg, | 250 | 1 | 4 |
| 19 | Scented soap | 3 pcs. | body soap, 100g | 70 | 3 | 4 |
| 20 | Laundry soap | 3 pcs. | laundry soap, 270g, | 50 | 3 | 3 |
| 21 | Soap bar | 1 pcs. | plastic | 50 | 1 | 1 |
| 22 | Baby soap | 3 pcs. | Hypoallergenic | 70 | 3 | 4 |
| 23 | Toilet paper | 10 rolls. | paper, hygienic, roll, double layer | 15 | 10 | 3 |
| 24 | Washing powder | 1 pcs. | Manual | 450 | 1 | 8 |
| 25 | dish detergent | 1 pcs. | Hypoallergenic, no strong smell | 230 | 1 | 4 |
|  |  |  |  | **Total** | approximately | 180 |