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Flood response multi- purpose cash, delivered through leveraging Nepal's Social Security Allowance programme

**A CASE STUDY OF SHOCK-RESPONSIVE SOCIAL
PROTECTION IN PRACTICE: OCTOBER 2021,
WESTERN NEPAL FLOODS**

4 APRIL 2022



Introduction

This case study documents the actions of the Nepal Red Cross Society (NRCS), with support from the Danish Red Cross (DRC) and in collaboration with local officials, in response to the October 2021 floods in Kailali District, Nepal. Specifically, the content describes NRCS' multi-purpose cash (MPC) pilot implemented in Tikapur and Janaki municipalities, which leveraged elements of Nepal's Social Security Allowance (SSA) programme, in order to provide cash assistance to flood-affected households.

The document begins with a background section on the flood disaster, followed by a synthesis of the preparation, targeting, distribution and encashment and monitoring stages of the MPC pilot. A discussion on the results of the intervention's post-distribution monitoring (PDM) survey process is then presented, before finally, a selection of next steps concerning the ongoing ECHO-funded Forecast-based Action (FbA) and Shock Responsive Social Protection (SRSP) project), as well as tentative proposals to policy makers on key findings and lessons learned by the Red Cross project team over the course of the implementation of the SRSP pilot intervention.

The intended audience of this document is internal International Red Cross and Red Crescent Movement actors, as well as external project partners, donors and government authorities in Nepal. It is hoped that this case study will contribute to the growing evidence base on shock-responsive social protection (SRSP) and provide a 'proof-of-concept' that may be used by the Red Cross, other actors and government officials in relevant (shock-responsive) social protection, disaster management and forecast-based action policy discussions in Nepal.

Readers wishing to learn more on the SRSP actions of the Red Cross in Nepal, are encouraged to contact the following individuals:

- Niru Pradhan, Programme Coordinator, Nepal Red Cross Society, niru.pradhan@nrccs.org
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NRCS leveraged the government’s Social Security Allowance programme and its features, such as the programme’s registry list, recipient’s phone numbers and SSA bank accounts to transfer multi-purpose cash assistance to the allowance recipients whose houses had been damaged by the October 2021 floods in two municipalities in Karnali District – Janaki Rural Municipality and Tikapur Municipality.



Two SMS messages were sent to eligible recipients: one announcing that NPR 13,500 (approx. EUR 100) would be deposited into their SSA bank accounts, the second message notifying them of the arrival of the deposit. NRCS volunteers also visited the communities to inform selected recipients and ensure those without phones were also made aware and able to seek clarifications.



“The flood had inundated our house. We were left with nothing but the clothes on our backs. After I found out that cash as flood relief had been deposited in our SSA bank accounts, I immediately visited the bank and bought winter clothes for my three children. My youngest, five months old, caught pneumonia from the cold, so I spent some of the money for his treatment and on his food,” shares Pabitra Jaigadi whose son is a Child Nutrition Allowance recipient under the SSA programme.

Leveraging the government’s social protection system to deliver relief in anticipation or in response is time and cost-effective as preparatory work is reduced. This has opened the door for the government and humanitarian actors to use pre-existing government mechanisms to meet humanitarian needs quickly and cost-effectively.

1. Background

On 19 October 2021, Kailali district in Sudurpashchim Province, Nepal, was hit by unseasonal floods. In the District's municipalities of Tikapur and Janaki - the location of the European Civil Protection and Humanitarian Aid Operations (ECHO)-funded *Forecast-based Action (FbA) and Shock Responsive Social Protection (SRSP) in Provinces 5 and Sudhur Paschim* project – some 436 households were fully destroyed, with a further 2038 assessed as partially destroyed following joint municipality and Red Cross needs assessments.

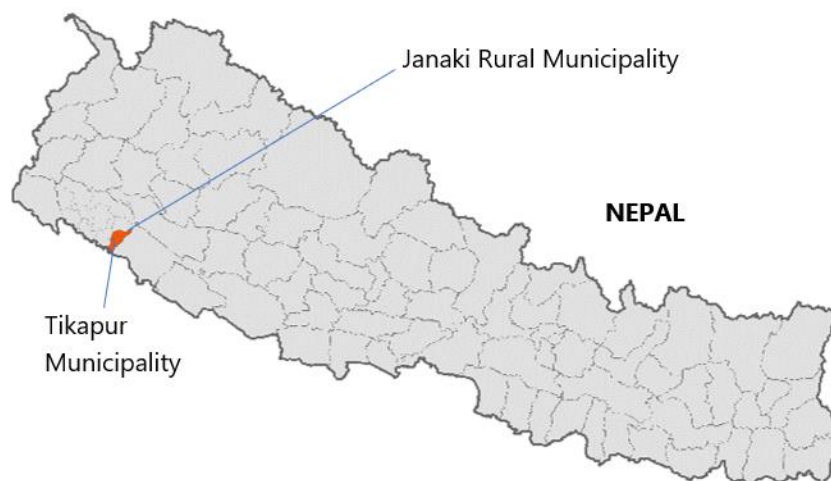
In order to support flood-affected households, the Nepal Red Cross Society (NRCS), supported by the Danish Red Cross (DRC) and in collaboration with municipality and local and federal Social Security Allowance (SSA) officials, implemented a cash assistance pilot. The objective of the pilot was to provide multi-purpose cash (MPC), through leveraging Nepal's Social Security Allowance programme's financial, IM, grievance and communication infrastructure, in order to meet basic needs and support early recovery of 270 individuals and their families fulfilling the following two targeting criteria:

1. Social Security Allowance (SSA) recipient households (HHs)
2. Assessed as having partially or fully damaged homes, as a result of the October flooding

The SSA is a national social protection programme, managed and delivered by the Government of Nepal, that provides cash transfers every quarter to approximately 3.4 million people across the country. All recipients are provided with a functioning bank account in order to receive their allowance, and indeed, NRCS' action leveraged the SSA's distribution and encashment processes as well as the programme's IM, communication and grievance systems to flow cash assistance to flood-affected households in a timely and cost-effective manner.

The expected outcomes of the intervention were as follows:

- Household food and non-food item needs of the flood-affected population are met through the MPC
- Shelter and settlement needs of the target population are supported as households transition back to their homes, or to new (perhaps temporary) locations (friends, family, neighbours, rentals, etc.)
- NRCS provides a 'proof of concept' to key stakeholders, at both the local and national level in Nepal, regarding the use, potential scalability, and timeliness of leveraging the SSA programme and its features to deliver cash assistance to disaster affected households



2. Implementation

The following section describes the actions taken by the Red Cross, during the various stages of the MPC pilot – namely ‘preparation’, ‘targeting’, ‘distribution’, ‘encashment’ and ‘monitoring’.

On page 14, readers will note a simplified timeline of key activities concerning the implementation of the MPC pilot action. It is provided to offer readers a non-exhaustive overview of the key steps of the intervention and may be beneficial to readers as a complimentary visual prompt when reading through the following section.

2.1. Preparation

As part of the ECHO-funded FbA-SRSP project, the Red Cross has been exploring how to leverage the SSA programme to deliver early action and response cash assistance to relevant exposed/affected populations. A key element of this work has been advocating to local political leadership and SSA civil servants for the flexible use of the SSA programme and its features, so that recipients may receive emergency cash transfers from the municipality and other stakeholders during emergency situations directly into their SSA account. Whilst SSA officials had been hesitant throughout initial discussions in the first half of 2021, notably with regards to making use of SSA bank accounts to receive emergency cash assistance, following the flood in October, the Red Cross moved quickly to consult with federal decision-makers to address this current barrier restricting the shock-responsiveness of the SSA programme¹.

On 27 October, the Red Cross met with the national SSA Director in Kathmandu in order to present the proposed MPC pilot and to seek clarification on their department’s position on the flexible use of SSA bank accounts to deliver disaster-related cash assistance. Encouragingly, the Director confirmed

¹ Readers will note that the issue does not seem to be a policy barrier per se – the current guidelines do not restrict the SSA bank accounts to only receiving SSA deposits. It seems, in fact, that this belief remains amongst some SSA focal points at the local level, as previous versions of the guidelines included clauses stating that SSA bank accounts should only receive SSA deposits. These clauses, however, have since been removed in recent versions, with federal officials noting the positive externalities associated with ensuring SSA recipients can access financial services in the normal way, and benefit

that SSA bank accounts, held in the name of recipients, should be recognised as normal bank accounts able to receive non-SSA financial deposits. Importantly, the Director also confirmed that such a position would be communicated to SSA focal points at the various levels of government should questions arise. Readers will note that, in effect, confirmation of this flexibility allows for SRSP cash-tops to the 3.4 million SSA recipients across Nepal, and indeed, provided a ‘green light’ for the Red Cross to move ahead in discussions with municipality stakeholders to deliver the proposed MPC pilot. Meetings held internally amongst Red Cross Headquarter and Chapter leadership, followed by discussions with local government officials, as well as SSA officials, disaster risk reduction (DRR) focal points, municipality I.T./SMS system staff, and Chief Administration Officers (CAO) in both Tikapur and Janaki on 29 and 30 October granted permission to conduct the proposed pilot MPC action, and crucially, in such a way as to leverage the various features of the SSA programme. Meetings with municipality Disability Coordination Committee (DCC) officials concluded with approvals granted and offers to assist as necessary offered to the Red Cross.

In the weeks preceding these discussions at the federal and then local level, Red Cross volunteers had conducted Initial Rapid Assessments ([IRA](#)) and responded with in-kind support to those affected by the floods. By the first week of November, the Red Cross was engaged in further, more detailed, post-disaster HH assessments in collaboration with municipality officials. Additional questions were added asking if any SSA recipients were living within the affected HH, and if so, to which category they belonged, along with relevant SSA identification details (ID numbers and recipient name). This provided the Red Cross

from actions to improve financial literacy. What is therefore required to overcome this barrier is improved communication on this issue from the federal level, and clarification on the policy communicated to all local SSA officials. As stated in the final section of this document, the Red Cross would also recommend explicit language within future federal cash assistance guidelines endorsing the flexible use of bank accounts associated with social protection programmes, such as the SSA, for disaster-related cash assistance.

and municipality SSA officials with a dataset of affected HHs that could then be cross-referenced with the municipality's SSA registry lists. Upon completion of the assessment, cross-referencing

2.2. Targeting

The two tables immediately below summarise the targeting criteria used across the affected municipalities for 'phase 1' and 'phase 2' of the MPC pilot action. The intervention was split into two phases as further funding and the positive reaction of municipality officials allowed for the expansion of the action to a final total of 270 affected individuals and their households. As such, phase 1 supported 114 individuals and their HHs across Tikapur and Janaki, and phase 2 assisted a further 156.

Targeting was dictated by budget, availability of reliable and up-to-date data and the approval of

and validation of the lists with relevant officials, the targeting criteria for the pilot were agreed, and subsequently formally approved at municipality Council meetings on 11 November 2021.

relevant officials with regards to priority groups for such a pilot. The Red Cross was also keen to test and compare the delivery of assistance provided in Janaki, a rural municipality which has a comparatively smaller population and limited but still accessible financial services in nearby urban centres, with Tikapur that has a much larger population, urban centres and comparatively good financial service access for most residents. Targeting of specific SSA eligibility groups, such as SSA people with disabilities in Tikapur in phase 1, whilst dictated by budget, was also deemed to offer an opportunity to collect important lessons regarding access, appropriateness and adequacy of the MPC assistance.

Phase 1

Municipality	Targeting criteria	No. targeted
Tikapur	Individuals must meet both of the following criteria: <ul style="list-style-type: none"> • Recipient of the SSA for persons with disabilities (A and B) • Assessed as living in a partially/fully flood damaged HH 	Total number meeting these two criteria in Tikapur: <ul style="list-style-type: none"> • 40
Janaki	Individuals must meet both of the following criteria: <ul style="list-style-type: none"> • Recipient of any SSA category • Assessed as living in a partially/fully flood damaged HH 	Total number meeting these two criteria in Janaki: <ul style="list-style-type: none"> • 74
		Total number targeted across Tikapur and Janaki: <ul style="list-style-type: none"> • 114 individuals and their HHs

Phase 2

Municipality	Targeting criteria	No. targeted
Tikapur	Individuals must meet both of the following criteria: <ul style="list-style-type: none"> • Recipient of the SSA for single/divorced/widowed women • Assessed as living in a partially/fully flood damaged HH in ward 8 (most affected ward), Tikapur 	Total meeting these two criteria in Tikapur: <ul style="list-style-type: none"> • 156
		Total targeted across Tikapur: <ul style="list-style-type: none"> • 156 individuals and their HHs

Total targeted recipients of the action: 114 (phase 1) + 156 (phase 2) = 270 HHs

Readers will note that whilst individual recipients were targeted due to damage to their HH and being in receipt of relevant SSA categories (and therefore in possession of a functioning SSA bank account), a single transfer totalling NPR 13,500 was approved by all stakeholders. NPR13,500 is the minimum amount recommended by the Nepal Cash Coordination Group (CCG) to meet the basic needs of an average Nepali HH of five persons for one month². Therefore, crucially, this action provides assistance to both the SSA recipient meeting the targeting criteria, and the members of their household. The total expected people reached with the pilot intervention therefore stood at: 270 x 5 = 1350. In effect, post-distribution monitoring (PDM) noted an average HH size of 6.28 for those assisted, therefore resulting in an estimated expected total of 1696 individuals supported.

2.3. Distribution

As stated, a total of NPR 13,500 per HH was provided in the form of a single transfer that was not repeated. The process for the distribution phase of the pilot intervention was as follows.

Upon the finalisation of the relevant targeting lists and official approval of the action at municipality Council meetings³, the Red Cross began phase 1 of the distribution on 17 November. In collaboration with SSA officials, finalised targeting lists and requests for the transfer of funds to indicated SSA recipients, were provided by the Red Cross Chapter accountant to the banks that provide the financial services for the SSA programme in both Tikapur and Janaki. Within a window of between 12-24 hours, the money was confirmed as having arrived in the 114 bank accounts of the recipients of phase 1 of the MPC pilot. The distribution into all phase 1 bank accounts were completed by close of business on 18 November.

At the moment that the requests for payment were sent to the bank, Red Cross volunteers and municipality officials managing the municipality's SMS messaging system were given a 'Go' order to conduct the communication activities to the 114 recipients of the MPC⁴. On 17 November, the first of two messages SMS messages were sent to all recipients that had provided a mobile number during registration for the SSA, with in-person door-to-door visits from Red Cross and/or ward officials ensuring the remaining recipients received the two messages.

The first message, which as stated was sent upon confirmation that the Red Cross Chapter accountant had submitted the request for payment to the banks, informed recipients that they had been selected for the pilot, the criteria with which they had been targeted and the timeline over the coming days with regards to the distribution and encashment process. The second message, which was sent upon confirmation by the bank that all MPC grants had been deposited within the 114 accounts, informed the recipients that the cash was available within their accounts, and that they may retrieve it using the normal SSA encashment process.

The process for phase 2 was repeated for the further identified 156 recipients, with the distribution process conducted in the week following phase 1. Once again, the Red Cross and municipality officials collaborated to ensure the use of the municipality's SMS system, alongside dedicated door-to-door activities to ensure all recipients were informed of the MPC assistance, targeting criteria and the distribution process.

2.4. Encashment and monitoring

As a result of using the recipient's SSA bank accounts for the distribution of the MPC, the intervention was able to ensure that recipients were

² This total has been calculated by the CCG using a minimum expenditure basket methodology.

³ Due to this being the first example of such an action, and the necessity for full municipality endorsement and buy-in, the Red Cross met with the mayor and their team on numerous occasions and developed joint, formal meeting minutes that were presented and endorsed at relevant Council meetings explaining the MPC action and the process. This was deemed as a necessary administrative step, that could certainly be done

at a quicker pace in future, or indeed, may not be required at all for future emergencies, the same way that official Council meeting minutes and endorsement for in-kind emergency support do not require such a formal procedure.

⁴ Whilst regular and systematic communication from the beginning (i.e., early November) with selected recipient HHs would have been preferred, the uncertainty around delays during Tihar and the finalisation process, primarily due to the pilot status of this action, meant this was not possible.

able to claim their assistance through the normal encashment process which they follow every quarter to receive their SSA deposits. This meant that recipients were able to claim their cash assistance at their local bank branch, supported by banking officials that are familiar with the recipients and their specific needs. Furthermore, as the encashment process is well known by recipients and clearly defined as part of the usual SSA business processes, this allowed the Red Cross, in collaboration with relevant municipality officials, to provide encashment process support and targeted monitoring to ensure that all 270 recipients were able to receive their assistance in a timely manner.

Throughout the encashment process, the intervention was also able to leverage the SSA's grievance system, which is implemented through various services and points of contact at both the municipality and ward level to address recipient's comments, questions or problems. Through dedicated discussion with relevant municipality and ward officials, including SSA civil servants, ward chairs and other local government leaders, the pilot intervention was able to mobilise these individuals and the SSA grievance systems they are responsible for managing, in order to support the pilot's recipients throughout the process as necessary. The intention with leveraging the SSA grievance system in this way was to ensure that recipients had access to localised, accessible and trusted points of contact, should they require support or information on the intervention.

3. Post-distribution monitoring

The following section details the intervention's post-distribution monitoring (PDM) methodology consisting of a three-stage process: i) Data collection, ii) Analysis, and iii) Presentation and dissemination.

3.1. Data collection and analysis

Focus groups discussions (FGDs) with key stakeholders as well as individual recipient interviews were the chosen methods for data collection for the after-action PDM. To conduct the PDM, the Red Cross teams made use of the various tools available in the Movement's [Cash in Emergencies Toolkit](#) (CiET), including relevant

interview templates, tools and interview materials. The annex to this document provides links to all adapted questionnaire templates that were used in this step, as well as anonymised FGD summary notes. FGDs and recipient interviews were chosen as they allow for analysis on process as well as indications on issues related to timeliness, quality, appropriateness, sufficiency, use and effectiveness of the assistance as reported by recipients, respectively. Furthermore, it was crucial that the PDM process should be sufficient to provide quality and reliable data for analysis, but that it must also be practical and able to be adopted and replicated by local Red Cross Chapter teams during future disaster operations, without dedicated external technical assistance.

3.2. Focus group discussions

On 8 and 9 December, four focus group discussions (FGDs) were conducted, as summarised in the table below. Two focus groups were conducted with the respective municipality officials and relevant Red Cross staff from Janaki and Tikapur municipalities involved in the implementation and coordination activities of the MPC pilot. Another two discussion sessions were held, one in each of the municipalities, attended by a diverse range of recipients, chosen through convenience sampling, but with care taken to ensure participation of individuals displaying characteristics of the overall population.

To facilitate the discussions, an adapted version of the Movement's FGD template ([M5 2 3 1 PDM FGD questionnaire template](#)) was made available to the project team; although open and loosely semi-structured discussions were prioritised for each of the FGDs, interviewers did refer to the template for inspiration when required. The FGDs were completed in line with best practice, and broadly followed the interview guidance as provided in the Movement's Toolkit.

All FGDs were conducted in the Nepali language and audio recorded with the permission of those in attendance. This was done to allow the project team to transcribe the discussion, thereby facilitating further in-depth analysis by multiple team members. In order that the discussions could be shared and to aid the descriptive analysis within this document, the transcriptions were translated into English and summarised into condensed notes ordered by themes. This simple qualitative analysis technique was used to, once again, ensure that the

process may be accessible and understandable to Red Cross field teams, in order that they can independently conduct future post-distribution monitoring initiatives.

Focus group discussion participants

ID	Participants	Tools used	Date collected
FG1	Tikapur MPC recipients: <ul style="list-style-type: none"> Seven people with disabilities that were recipients of the MPC assistance (three females and four males) 	Adapted version of the Movement's Cash in Emergencies' toolkit FGD template (see annex)	Date of FGD: 8 December 2021
FG2	Tikapur municipality officials and Red Cross staff (three female; five male): <ul style="list-style-type: none"> Deputy Mayor SSA focal point DRR focal point Ward Chair (Ward 8) Chief Administration Officer NRCS Municipality Assistant Danish RC Senior Social Protection Programme Officer Danish RC SRSP Advisor 	As above	Date of FGD: 8 December 2021
FG3	Janaki MPC recipients <ul style="list-style-type: none"> Five single, divorced or widowed women (with one under 5 child) Five older citizens (two female and three male) 	As above	Date of FGD: 9 December 2021
FG4	Janaki municipality officials and Red Cross staff (three female; four male) <ul style="list-style-type: none"> SSA focal point DRR focal point Municipality communication focal point NRCS Municipality Assistant NRCS Champion Danish RC Senior Social Protection Programme Officer Danish RC SRSP Advisor 	As above	Date of FGD: 9 December 2021

3.3. Individual recipient interviews

Individual recipient interviews were conducted using an adapted version of the questionnaire template of the CiET ([M5 2 3 2 PDM unconditional CTP survey template](#)), which was initially tested, and then refined, following two test interviews of MPC recipients. This was deemed as a necessary initial step given the need to adapt the questionnaire to the context of Nepal and the SRSP specifics of the pilot intervention. The questionnaire consisted of 26 questions and was expected to last between 20 – 30 minutes (including introductions and closing), which was deemed as an acceptable length given relevant

constraints such as enumerator time, resources and expected interviewee engagement. Interviews were conducted with the recipients of the MPC, or caregivers in the case of child grants and people with disability as required, given the situation.

Individual recipient interviews were conducted by a team of four Red Cross volunteers, Champions and Municipality Assistants acting as enumerators from the week of 20 December 2021. The following section presents the sample size calculations for this activity.

Total population (i.e., number of recipients receiving the MPC assistance) = 270

- Total in Janaki = 74 (27% of total)
- Total in Tikapur = 196 (73% of total)

Sample calculation	Value
Population size	270
Confidence interval	0.99
Margin of error	0.05
Prevalence	0.50
Design effect	1.00
Expected response rate	0.95
Calculated sample size = 203	
Actual sample collected = 207 (134 Tikapur; 73 Janaki)	

The above calculations were conducted using the CiET survey sample calculator ([M5 1 1 5 Survey sample calculator template](#)).

Readers will note from the table above that the final actual number of individual recipient interviews conducted by the Red Cross enumerators equalled 207 (from an initial planned sample size of 203), with 73 completed in Janaki and 134 in Tikapur. Improvements to future PDM processes will see strict adherence to the use of random sampling using a random number generator, as well as the application of proportionate stratification (at least across geographies, but perhaps other parameters as appropriate, practical, and indeed, deemed useful with regards to contributing to the descriptive analysis that would follow), reflecting a desire to ensure an improved and representative sample for the two municipalities, Janaki and Tikapur. Due to time restraints and an external requirement to interview all Janaki recipients, convenience sampling was primarily used in this instance.

Red Cross enumerators used KoBoCollect for the data collection, and applied the Movement’s CiET ‘Guide to HH & KI interviews’ ([M5 1 2 4 Guide to HH & KI interviews](#)). KoboCollect was used as the enumerators had previously been trained on the software and it was found that this digital solution

allowed for more efficient and effective data collection and analysis by the project team, thereby saving time and resources that otherwise would be used for transcribing and importing of data into digital formats.

3.4. Post-distribution monitoring discussion

The following section provides a summary of the PDM findings of the FGDs and individual interview surveys. Readers are encouraged to consult the selection of graphs and data presentations in the pages that follow, as well as the full KoboCollect survey summary tables, available at the following [link](#).

Data from the PDM process raised a number of important findings. All interviewed recipients reported as having received NPR 13500 from the Red Cross with no instances of bribes or other financial incentives required in order to be included within the beneficiary list. 206 interviewees replied that they felt ‘completely safe’ during the bank encashment process, with one replying that they did not know. All reported that every item they required, and that they spent their multi-purpose cash on, was available in the market, and as shown in the graphs below, the top-five items prioritised first by recipients were as follows: food (49.8%); medical expenses (14.5%); clothing (14%); shelter construction materials (7.7%); paying debts (6.3%). As expected with MPC, the assistance provided recipients with the flexibility to support their households across a range of needs and sectors.

It is important to mention the regarding reported ‘conflict’, at the household and community level, as a result of the assistance. 21% reported the cash assistance as causing ‘conflict’ in the HH, and 32% reported ‘conflict’ in the community. These were surprising findings, given the positive feedback expressed by the recipients themselves, local officials and community leaders, as well as Red Cross teams during the PDM process and during follow-up interactions by the team on these findings in particular. It was crucial that any risk posed by the pilot regarding protection and conflict issues were investigated immediately. There seems to be two reasons for the findings regarding

reported HH and community conflict. Firstly, the term ‘conflict’ seemed to be interpreted very differently by different interviewees. It is believed that some interpreted discussions in the HH on what expenditure to prioritise may have constituted conflict, or examples where neighbours from surrounding communities that didn’t receive support expressing ‘jealousy’ as a cause of conflict. However, when questioned on this issue, local authorities noted no reports of protection issues or community problems as a result of the assistance, and rather, emphasised the positive sentiment towards the intervention, especially when it was understood by all why those supported had received assistance. Indeed, the most popular piece of feedback was requests to reach more communities and take the intervention to scale in the future. Secondly, a key lesson for the project team highlighted the need to define ‘conflict’ in a clearer manner to support enumerators during data collection, as findings indicated that how interviewers asked the question on conflict, combined with different interpretations of the term by interviewees, had raised these results. As such, in future PDM processes, a scale of ‘conflict severity’ will be used, with dedicated follow-up questions included with the PDM questionnaire to understand the nature of the reported conflict.

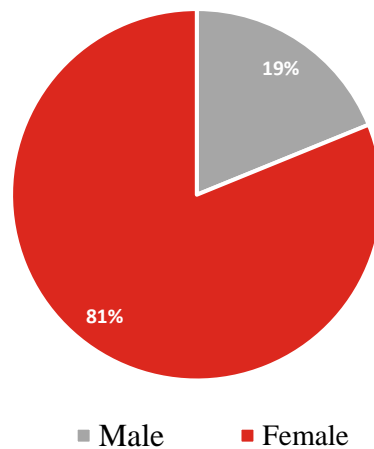
Finally, it is important to note that 206 interviewees reported ‘yes, completely’ to the question of whether they were satisfied with the assistance they had received, with one individual noting ‘somewhat satisfied’. All reported a ‘better opinion’ of the Red Cross following the intervention, and perhaps most importantly, an overwhelmingly number of those interviewed expressed a preference for cash support, rather than in-kind, if the assistance was to be done over again – namely 99% (205) preferred cash, with the final 1% (2) noting a preference for in-kind.

3.5. Summary data on respondents

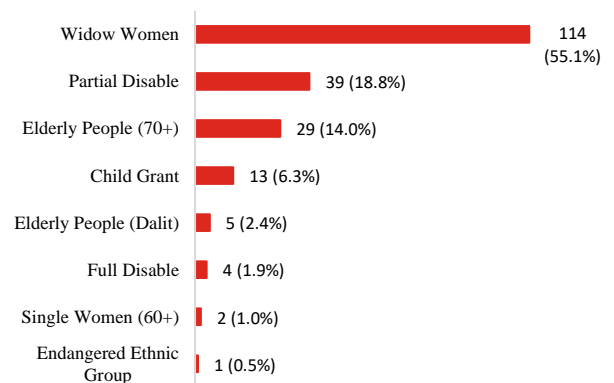
Total number of individual interviews conducted amounted to 207, with 73 conducted in Janaki and 134 in Tikapur.

Janaki	Tikapur	Grand Total
73	134	207

Reported gender of interviewee



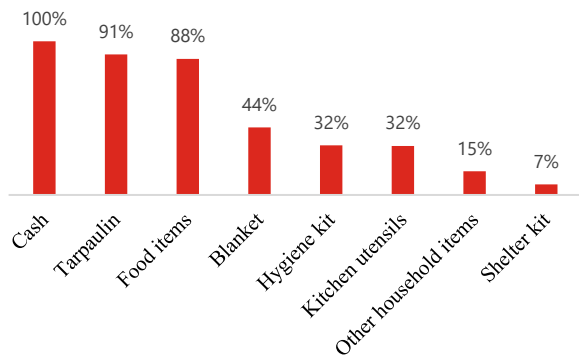
SSA category of recipient interviewee



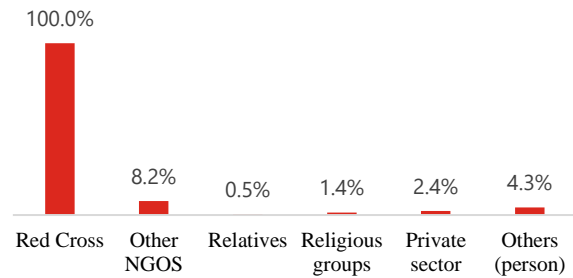
Average recipient household size

Average HH size	Expected total reached
6.28	6.28 x 270 = 1696 individuals
Minimum = 1 Maximum = 18	

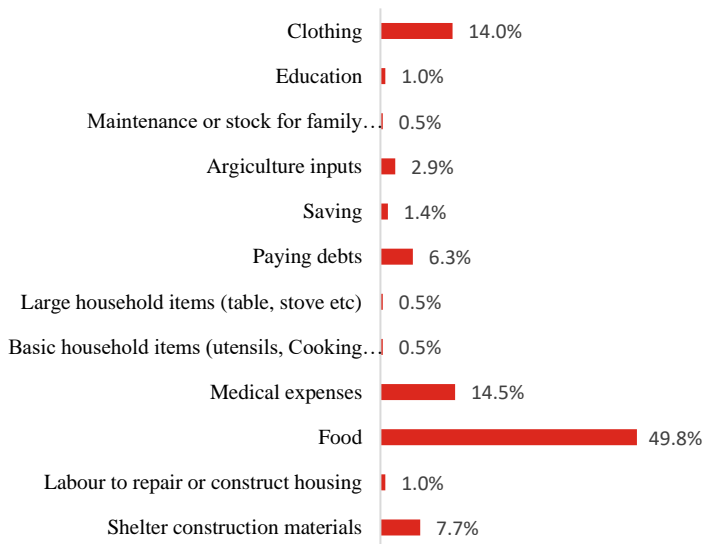
Question: What type of support has your household received since the floods?



Question: Which organisations have you received cash support from specifically?

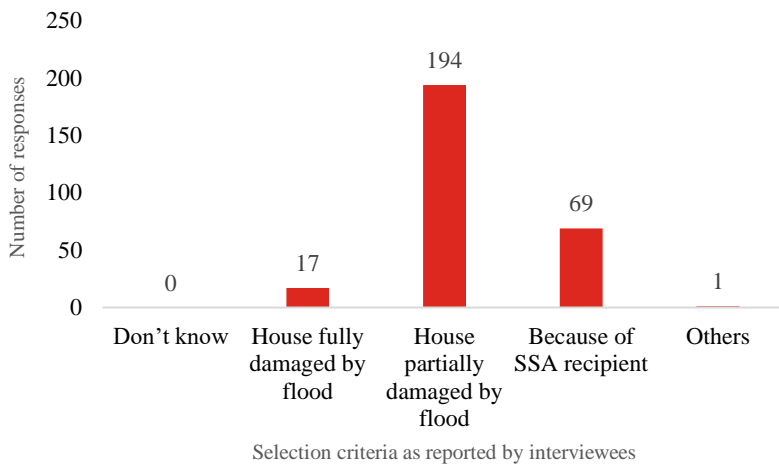


Question: Of all the money you have spent, what were your top five areas/categories you spent your money on?



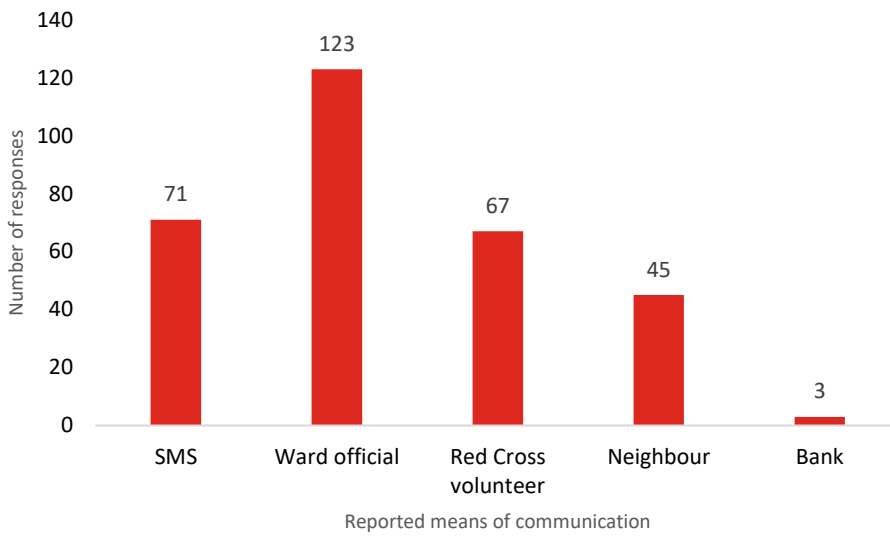
Readers are encouraged to consult the full Kobo data summary tables linked [here](#) for further detail on the reported expenditure preferences of interviewed recipients. Second, third, fourth and fifth order priority charts are also available, highlighting further the breadth of spending across sectors, and therefore, the implied benefits that the flexibility of cash assistance has provided to the supported households. It should also be noted that some 43% of interviewees reported debts as a result of the flood disaster, highlighting availability of cash as an important topic concerning coping strategies for these communities.

Question: What were the selection criteria for receiving this cash assistant?



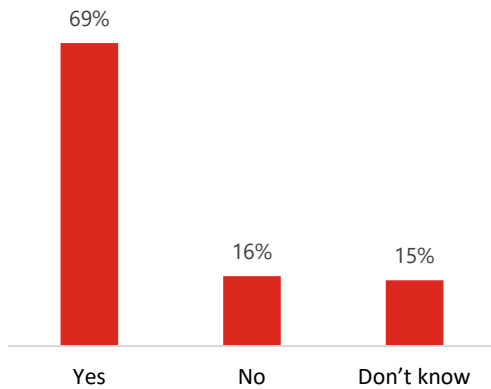
Regarding this question on the number of targeting criteria interviewees believed they had met, in order to receive the cash assistance, it was interesting to see that 134 were able to state at least one reason, 72 were able to provide two criteria with which they were targeted, and one individual provided three. These findings show that despite the dedicated communication efforts, more will need to be done in the future to appropriately communicate to individuals how and why they were selected for the cash support.

Question: How did you receive the message about the cash support?

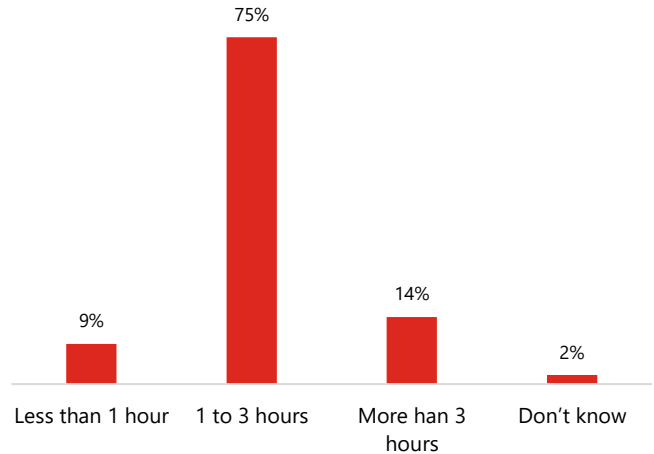


A reported 120 recipients were informed of the assistance through one form of communication. A further 72 were reached with two, and finally 15 through three means of communication, meaning that all 207 interviewed recipients were reached with at least one message.

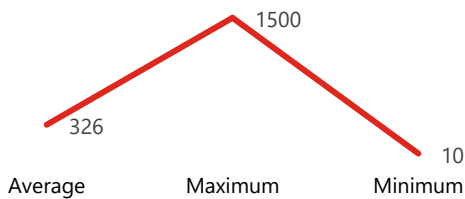
Question: Were you informed about how you can report problems or ask for help regarding the cash you received?



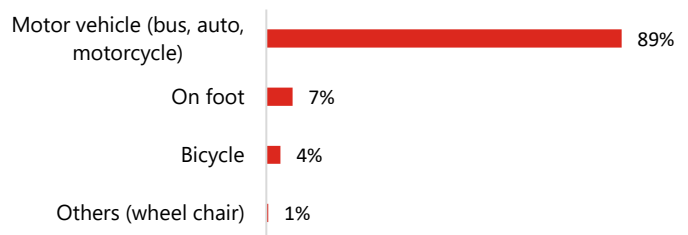
Reported time spent to complete encashment (complete return journey)



Transportation costs for encashment (NPR)



Reported mode of travel for encashment



4. Summary

There is a clear rationale and benefit to making use of Nepal's SSA programme and its features to deliver assistance in disaster situations; put simply, leveraging the various IM, communication, grievance, distribution and encashment systems and processes of the SSA offers a cost-effective, efficient, and potentially, timely modality to reach a significant proportion of the Nepali population with cash assistance that are deemed as 'vulnerable' and/or 'affected' by a given disaster.

However, it is equally important to consider that such an action does not negatively impact the normal business processes of the SSA, and that the quarterly allowance deposits continue to be delivered on-time to eligible recipients, and in line with relevant SoPs. Whilst not studied explicitly within the PDM process, indications at the time of writing show little actual or perceived negative impact of the shock-responsive pilot action in terms of reducing normal business process capacity of the SSA programme. However, at the same time, leveraging the programme and its features to deliver emergency cash assistance was seen as a notable positive with significant opportunities for SSA recipients with further disaster-related needs. Indeed, overall initial feedback by both municipality and Red Cross officials point towards the preference for scaling up MPC assistance delivered through this modality in the future. It is envisioned that this case study, drawing on conclusions from relevant after-action reviews discussions, process evaluation exercises and post-distribution monitoring, will contribute to shedding light on this issue and the opportunities that could be capitalised upon by all relevant stakeholders to better assist those in need.

To summarise, as presented in this case study, the Red Cross was able to deliver an initial proof-of-concept, in terms of leveraging the SSA programme and its features as a shock-responsive social protection modality to meet the needs of disaster-affected populations through the following pilot actions:

1. Make use of SSA registry lists, in combination with relevant disaster

assessment datasets, to ensure efficient and reliable targeting of identified 'vulnerable' and disaster affected HHs

2. Mobilise municipality SMS messaging systems, alongside the Red Cross volunteer network, to provide mass messaging to large numbers of targeted individuals through familiar, trusted and localised communication channels
3. Make use of SSA bank accounts in order to transfer cash assistance in a safe, cost-effective and timely manner to those in need, and in so doing, leverage the normal SSA distribution and encashment processes familiar to banking and municipality officials, as well as recipients receiving the cash assistance
4. Mobilise the SSA grievance mechanism to provide sustainable, familiar and accessible pathways for recipients to ask questions, provide feedback and address problems associated with the action through localised points of contact and communication channels

5. Next steps

The following section provides a non-exhaustive bullet point list of next steps and unanswered questions that have arisen from the pilot MPC (at the time of writing this document), as well as commentary on planned subsequent actions of the Red Cross to address these questions moving into 2022 and the final six months of the current phase of the ECHO-funded FbA-SRSP project.

- A key next step of the Red Cross will be advocating for the systematic mobilisation of local government disaster response funds by municipality officials to deliver cash assistance to affected households, leveraging the SSA and other social programmes as appropriate. The role of the Red Cross and other actors is envisaged as one of gap-filling and sharing of unmanageable caseloads. It will be crucial therefore that municipality officials are convinced of the value of cash assistance delivered in this way as highlighted by this pilot action, and that when provided at

scale, municipalities and the recipients themselves would be set to benefit from significant cost savings, efficiency gains and improved outcomes for recipient HHs.

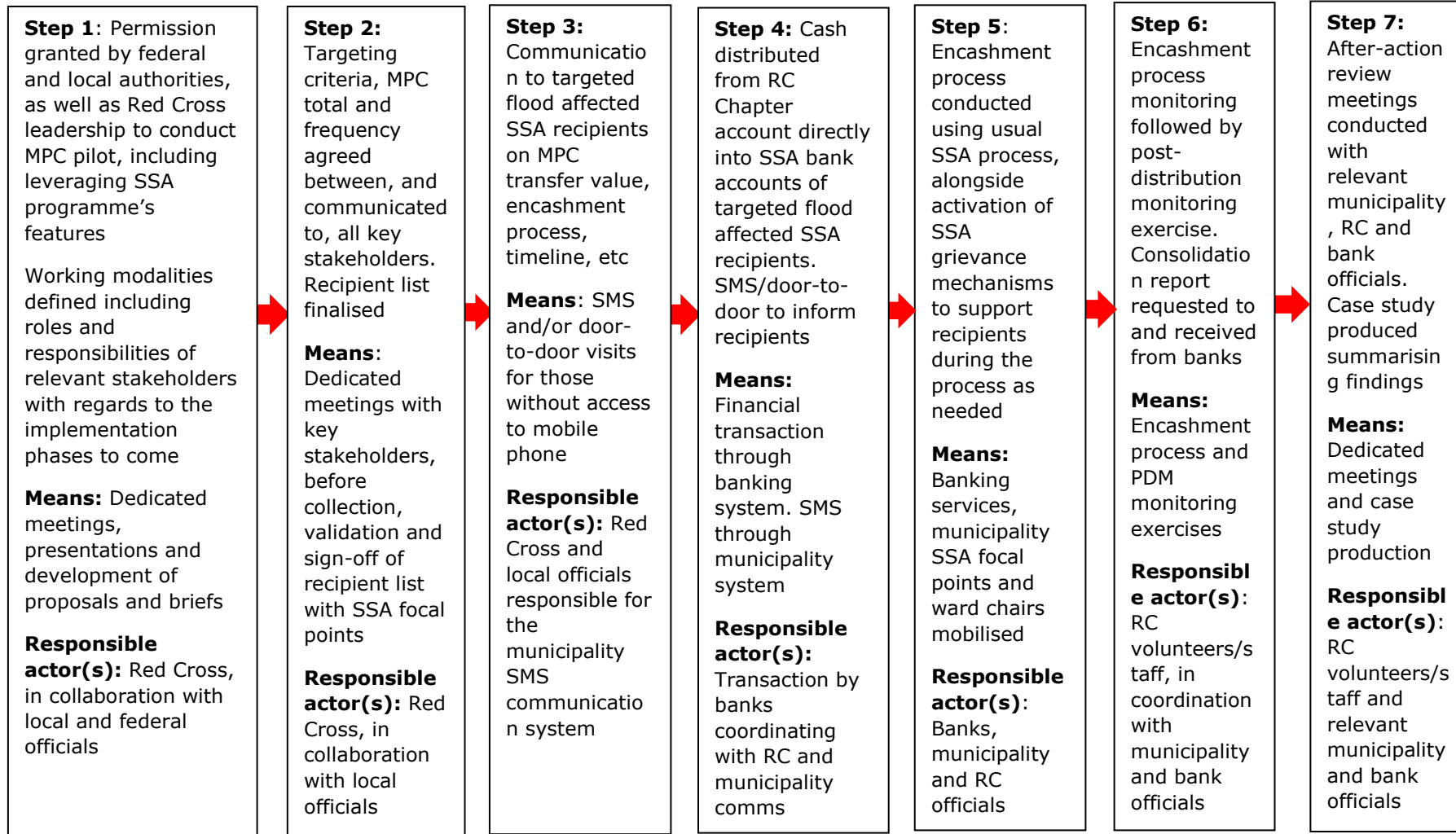
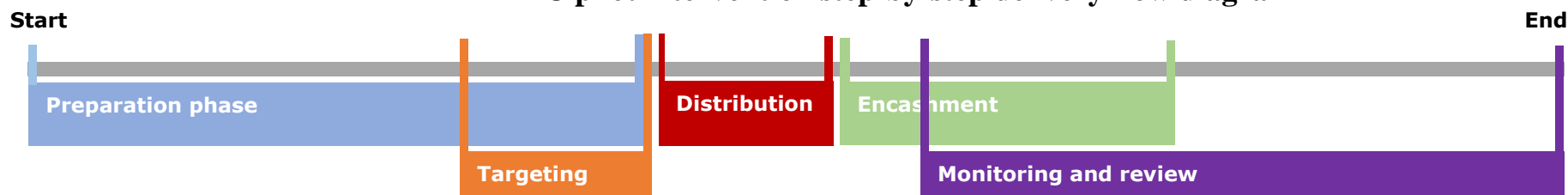
- Further to the above, a related next step to be pursued by the Red Cross, in conjunction with its engagement and obligations on relevant cash and SP-related platforms and fora in Nepal, will be influencing MoFAGA's new Cash Guidelines to include explicit SRSP language endorsing the various modalities pursued as part of this MPC pilot with regards to providing a proof-of-concept for leveraging the SSA programme's many features (such as SSA bank accounts, IM and grievance mechanisms etc). An initial draft of the Red Cross' feedback (in English) on the Cash Guidelines, including clause edits and proposed language reflecting the points immediately above, can be found at this [link](#). The Red Cross hopes to mobilise a broad range of respected voices such as other government officials, donors, (INGOs, civil society and development banks to influence the content of the Cash Guidelines in this regard.
- Looking ahead to the coming year, the Red Cross will take the lessons learned and best practice from this action and attempt to pilot the use of this modality as an early action during the 2022 monsoon season. This will be the next stage of the ECHO-funded project which requires the Red Cross and partners to ask and answer the question – is SRSP possible in the context of Nepal, and specifically, can it be used to deliver early actions linked to a reliable and robust forecast-based action model? It is the Red Cross' belief that the MPC pilot action described in this document goes a long way to answering the question of whether SRSP is possible in the context of Nepal, the next step will be exploring if such an action can also be implemented as an early action.
- Another key area that will see renewed efforts by the Red Cross to take forward

the lessons of this MPC pilot, will be ensuring the scale-up and institutionalisation of this modality within the NRCS. In 2022, the National Society will begin a multi-year project to strengthen its capacity to deliver CVA in support of disaster-affected people. The application of SRSP modalities, are expected to feature heavily in these efforts in the coming years as the National Society sets its ambitions to be a prominent actor in cash-based assistance in Nepal – the ever-increasing focus of the international community on SRSP ensures it will be a natural and necessary addition to NRCS' cash agenda, especially given the investment and attention on this topic in Nepal.

- Finally, the Red Cross will also explore how to reach non-SSA recipients with early action/response cash assistance, potentially through the use of further pilots during next year's monsoon season. Whilst the SSA programme (and perhaps also the PMEP programme) provides access to significant subset of the total population of Nepal that can be reached with cash assistance (approximately 3.4 million SSA recipients, which is expected to continue to expand due to the introduction of a universal child grant, and perhaps future means-tested SSA categories), many individuals are not part of government social protection programmes, and therefore, alternative methods to flow cash to these people will need to be found. An area of particular interest to the Red Cross, beyond the usual bank account pre-registration and mobile banking solutions, is the use of pre-paid domestic debit cards that can be distributed to exposed, or particularly vulnerable, communities and then activated and loaded with NPR as needed to provide support for early action, response or recovery. See [here](#) for more information on this solution that does not require the costly creation and management of a bank account, instead requiring a single sunk cost of NPR500 to

receive an ATM card that remains active for four years. Such a modality potentially provides a cost-effective, efficient and especially timely way to provide cash assistance to those that are not recipients of government social programmes, such as the SSA or PMEP, and therefore are without access to a pre-registered bank account.

MPC pilot intervention step-by-step delivery flow diagram



6. Annex - Tools, templates and other resources

Annex 1: Focus groups discussion [questionnaire](#)

Annex 2: Individual recipient [questionnaire](#)

Annex 3: Tools, templates and other resources

The following bullet point list outlines the various tools and templates that were adapted and used for the PDM process described within this document, all of which are available within the Movement's CiET:

- [M5_2_3_1 PDM FGD questionnaire template](#)
- [M5_2_3_2 PDM unconditional CTP survey template](#)
- [M5_1_2_3 FGD guidance](#)
- [M5_1_2_4 Guide to HH & KI interviews](#)
- [M5_2_3_3 PDM unconditional survey database template](#)
- [M5_1_1_5 Survey sample calculator template](#)



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