Amanacard Lifeline Fund. Private philanthropy for immediate relief and aid reform in fragile states

Frontline workers and small businesses maintaining healthcare sector in Syria

SECUREAID

Contents

Summary

The concept of a privately sourced ‘stop-gap fund’ was successfully deployed to maintain direct payments to staff and suppliers at carefully selected hospitals in the period between when an official aid grant expires and a new one is awarded.

Unsung heroes

The success of this initiative relied on a small number of individuals who understood the problem, grasped the opportunity for change, and tirelessly led by example and advocacy among their peers. Particular thanks go to the can-do hospital managements.

The pilot set out to explore the potential role of private money to augment public expenditure and accelerate change in the critical area of healthcare delivered on the frontlines of unbanked crisis zones.

The risk was deemed acceptable because of proven, specially designed compliance, data protection and admin processes enabled by the SecureAid-Amanacard digital platform, to facilitate and track the flow of donations from source to recipient.

An immutable independent record of each transaction was generated in real time to prove that every dollar reached the intended end recipient in a timely and efficient way, through an experience that dignified the staff and suppliers.

A grant by Vitol Foundation made it possible for three hospitals and their mobile clinics in northern Syria to maintain services for up to three months whilst securing new longer-term funding. This ensured continuation of income for families of 340 skilled and unskilled health workers and 21 local businesses, and the delivery of over 100,000 patient treatments in an extreme operating environment. Unexpectedly, one hospital was able to double the monthly level of treatments provided due to increased productivity.

100%
Reached end recipients

340
Healthcare workers

144,109
Patient treatments

21
Local business supported

The pilot proved that official aid grants can be radically restructured to ensure hospitals in unbanked crisis zones receive and spend funds faster, more efficiently, and with greater accountability, even under extreme duress.

The interim evaluation team offers the following highlights, followed by further Key Findings in the main body of the report.

Selection: The draft guidance proved to be highly effective in the targeting and scope for participating hospitals. Managements welcomed the clarity and refreshing no-nonsense collaborative approach brought by the private sector.

Budgeting: A stop gap grant of $424,565 was raised, based on estimates verified by the interim evaluation team. Final actual payments totalled $425,461, resulting in a minor overspend of $1,076, comprising:

- $755 – the net result of marked and continuous changes in this highly dynamic environment, involving timing and amount of official aid grants, and hospital staffing and operating costs
- $321 – commission charged by the merchant network to pay SecureAid fees locally.

This 0.25% variance reflected the very tight monitoring and agile budgeting deployed by the local Amanacard team and central operations.

Cost: Each hospital received closely targeted support for three months at a dramatically reduced delivery cost. The end recipients received 94 cents in every dollar sent by the private fund, and every cent was accounted for in real-time, despite being handled in cash, thus making redundant conventional monitoring practices and streamlining the audit process. This brought significant additional indirect cost savings.

Administration and logistics: Redesigned processes, enabled by a fit-for-purpose digital platform, eliminated all manual paperwork, the primary source of human error, delays and fraud.

This also allowed the merchant network to minimise their commission due to a perceived increase in efficiencies.

Banking: The average time for international bank transfers to reach the region was 1-2 days.

Timeliness: The lack of bureaucratic hurdles allowed for a highly responsive and streamlined delivery. Hospitals remarked that it was the first time that salaries were paid on time and in full at once the requests were processed, thus providing a motivational factor for local teams.

Recipient experience: Hospital managements, their staff and suppliers embraced the responsiveness and light touch of the processes and system and greatly appreciated the dignified experience of having their own Amanacard.

Longer term funding secured

In addition to providing significant immediate relief to local communities during the bridging phase, each facility was successful in securing subsequent official aid grants from the following agencies of the United Nations: Office for the Coordination of Humanitarian Affairs (OCHA), World Health Organisation (WHO).

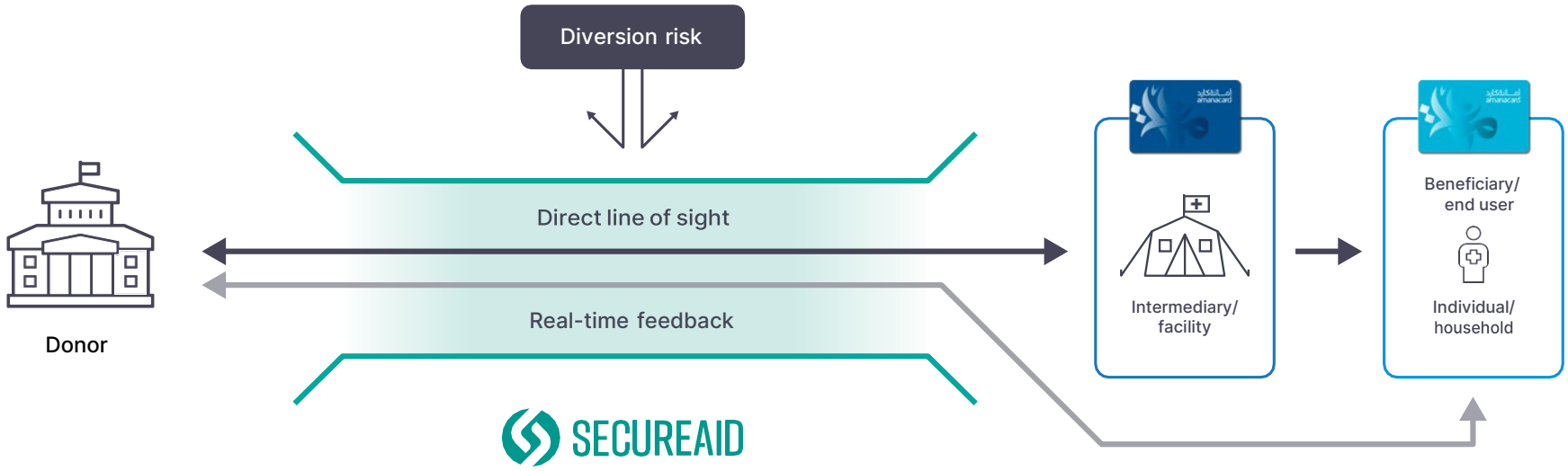
Low risk

The fund demonstrated it is possible to give confidently to people in the most fragile unbanked environments, providing a continuous lifeline to the world's most vulnerable people.

Giving banks and donors the confidence to keep the lifeline open when the last mile involves the delivery of cash through informal merchant networks addresses arguably the most serious existential challenge confronting aid and trade to fragile states.

The reality for millions of unbanked crisis-affected households and their families or friends, aid organisations and businesses supporting them, is that cash courier or traditional hawala/hundi operators provide the only means for receiving cash.

Official aid implementers also partially or entirely rely on them to administer staff salaries and supplier payments and for settlement in 'digital' cash programmes, despite the cashless interaction between beneficiary and retailer.



High impact

Fragile states

By 2030 more than half the world's population living in extreme poverty will be located in fragile and conflict-affected states.

Already at least 1 billion unbanked adults in conflict and crisis zones are not just lacking access to financial services but are forming a new class of 'unbankable' people.

Due to the perceived issues of getting financial support to them directly, the vast majority of aid money goes to refugee settings in other countries, where 22.5 million displaced people have already taken asylum.

In contrast, sending funds directly to the crisis zone provides the means for families and those in productive employment such as healthcare to remain in their homeland.

Funding gaps

Gaps in government funding to local service providers present a high impact low risk opportunity for private donors to avoid funding disruptions to local services.

The gap that occurs between the expiry of a grant and the next round of funding is a critical unresolved issue, as it can be several months, and governments appear unable to resolve the problem.

This is particularly disruptive in fragile states where facilities like hospitals frequently operate under the constant fear of attack and rely on the goodwill of stressed staff and suppliers to delay or miss being paid. This impacts not just their immediate and extended families but also other families they support. Some feel forced to leave in search of employment opportunities abroad.

The Covid-19 pandemic has added to the pressure on already strained health systems and heightened the need for specialised medical care.

Private funding

Over recent times private money has augmented and enhanced the impact of public expenditure and accelerated change in critical areas like healthcare and climate change.

This pilot shows that an agile private fund can provide critical operational continuity in a highly responsive way without the bureaucratic constraints of the official aid sector and apply best practice from the private sector to cut waste and risk dramatically.

Furthermore, this initiative can mark the start of a fundamental shift in the way the aid sector operates in the world's most politically sensitive environments where stakes are high.

The concept

A pooled Lifeline Fund that will help ensure hospitals maintain full operational continuity and can focus on securing the next phase of funding.

It will be safeguarded, facilitated and tracked by an independent specialist service, designed for private donors to act fast and with confidence to underwrite the gaps.

The funders are successful businesspeople who need assurance from a well-governed and managed project team that:

- The hospitals have been rigorously selected
- Timeliness, quality and cost are optimised
- A direct line of sight is available to the intended end recipients to minimise risk of diversion
- There is no scope for corruption and fraud at regional level
- No entities suspected of association with sanctioned groups can be given access to LF funds [as private funders they cannot be afforded protection by donor governments through emergency measures such as special exemptions]
- Personal data is safeguarded
- Admin processes are streamlined and digitised, thus eliminating manual paperwork, the main source of human error and fraud
- Reputational risk is minimised because the entire process is based on proven legally defensible practices and independent, real-time verification of every transaction
- There is a strategic focus, to make it more viable for skilled and unskilled workers to stay in their homeland
- The impact is sustainable [it's widely believed that the private sector can demonstrate a practical way for cross-sector collaboration and new methods to transform the way aid is delivered, with less risk and waste, for the benefit of the wider aid ecosystem and local service providers excluded from the current model]

The pilot

Parameters

Objectives
To deliver critically needed services at a time of acute need[1] in up to three key hospitals at any one time;
To demonstrate a model that can benefit not just these hospitals but the wider aid ecosystem through an innovative localisation strategy to support local service providers that otherwise would never be able to receive direct grants.

KPIs

100% Current patient treatment levels maintained

100% Payments tracked to all staff and suppliers

0% Diversion to unintended recipients

Period

October 2021 through March 2022

Process

1. The Amanacard team selected three hospitals in NW Syria that were already using the SecureAid platform and so could provide a baseline for monthly payroll and procurement expenses.
2. Pledges for 3 months up to a level based on previous expenditures were agreed with each hospital.
3. Vitol Foundation provided the primary contribution to the grant for the pilot, assuming that the LF would ultimately be to a pooled fund of private donations.
4. A single transfer of $425,640 was made to Gift of the Givers Foundation, a South African charity.
5. GOTG forwarded the respective maximum pledge amounts to the three hospitals at no charge, to a banked trading company that is part of an informal network of merchants already accredited by Amanacard.
6. Cash payments were subsequently disbursed to the hospitals according to their finally agreed budgets over three months, after accounting for any additional interim funding that was secured.
7. Hospital administrators immediately paid the staff and suppliers and retained a small amount for incidental running costs.
8. The local Amanacard team validated significant expenses and supervised the payments to the hospitals and their staff and suppliers.
9. SecureAid generated immutable real-time transaction reports for all stakeholders and reconciled every individual payment against the agreed budget for each intended recipient – to the nearest cent.

Governance & guidelines

A dedicated interim evaluation team was established to design and rigorously test governance guidelines, laying the foundation for a robust future framework.

A panel of seasoned specialists in healthcare and humanitarian aid developed strict eligibility criteria, conducted due diligence on hospital selection, maintained ongoing oversight of management, and ensured transparent verification of major expenditures.

Hospitals welcomed clear direction in this dynamic and complex environment, applied with a degree of flexibility allowing for judgments to be made on a case-by-case basis.

- The LF only aims to ensure that facilities can operate at normal levels between grants – it is not intended to substitute the broader role of official aid, but rather to augment and enhance it
- To qualify, facilities must have a history of using Amanacard so that the benchmark is already verified, the users are onboarded, trading networks are accredited, and the bank routing is established
- Where several donors are supporting a facility, the funding gap will only relate to the primary grant that is expiring
- If new funding is arranged earlier than expected, the stop-gap support will end at that date and be re-allocated to another facility in need
- Any underspend against the original pledge will be rolled over to the next month or re-allocated
- There will be no retrospective funding provided to fill gaps that may have already occurred e.g. through staff working voluntarily
- The gap will be calculated on a monthly basis and support will not exceed three consecutive months – considered a reasonable period to secure future funding
- The fund will not cover future increases above normal operating levels due to new demands like Covid-19
- Facilities will not be eligible if they have already cut back their services or it is considered unlikely that new funding will be forthcoming within the coming few months
- All information related to the LF must be treated as highly confidential, for management's internal use only

*CEO, Commercial Director and Syria Team Leader from Amanacard, independent advisor Dr Zahed Katurji ("Hamza Khateeb"), and the Middle East Director from Gift of the Givers Foundation. Amanacard Commercial Director has over 50 years of experience in the healthcare industry and Dr Katurji is a practitioner from Aleppo.

Target hospitals

Hospital A

GOTG Foundation established this hospital in 2011, which is now the biggest in north-west Syria, delivering over 1,000 patient treatments daily, including 120 births and 100 caesarean sections a month, and covering a large geographic area that includes Idleb and neighbouring governorates.

It is well-equipped and undertakes a diverse range of surgeries, including general, vascular, orthopaedic, thoracic, ear, nose and throat and urology. It has an Intensive care unit, a renal dialysis facility, X-ray, ultra-sound, C-arm, CT Scan and laboratory services, and maternity and neonatal facilities. Internal medicine and outpatient clinics, as well as the provision of routine and Covid-19 vaccines and a pharmacy augment all services.

The hospital's staff totals 200, inclusive of doctors, paramedics, physiotherapists, nurses, cleaners and security personnel. The facility also has four ambulances and a large network of community health workers.

The hospital had been 80% funded by USAID ($150,000 monthly running costs), and 20% by GOTG. They were given one month's notice by the implementing INGO that a six-year recurring USAID grant, due to end on 30 Sep 2021, would not be renewed, and there would be a shortfall of $40,000 for the previous three months running costs already incurred. No reasons were given, but it was suspected that USAID is reducing its overall support to north-west Syria. The contribution from GOTG continues because it is sourced from committed private donors not contracted on grant-based terms.

Amanacard has facilitated and tracked all payments and liaised with the Chairman of the Board of Directors in Syria on the strategy for accessing alternative donors.

Hospital B

Medina Association, a France-based medical humanitarian organisation, has supported the main hospital, mobile clinic units and ambulance transportation services across rural Aleppo and Idleb governorates since January 2015. The direct catchment population comprises 175,000 for maternity and 30,000 for mobile clinics, 73% of whom are internally displaced people living at 72 camps.

The main service components include antenatal care, delivery and post-natal care, comprehensive emergency obstetric and new-born care.

Medina has recruited and provided ongoing training for medical staff (2 obstetricians, 3 paediatricians, 1 general doctor, 5 midwives, 20 Nurses, 2 lab technicians, 2 anaesthetists, 1 pharmacist, 1 X-ray technician, 1 psychologist, 1 dentist) and 16 support staff. Furthermore, Medina procures essential medicines, consumables, cleaning materials for Covid-19, waste management, maintenance, fuel/electricity, and other supplies.

After being funded for several years by the French Ministry of Foreign Affairs, the World Health Organisation became the next main funder. The time taken for approval of the renewal contracts has led to long periods of activity not covered by the WHO, thus exceeding the means of the Association. For example, for the period from 15 Aug to 30 Oct 2020 the operating costs were not covered, so Medina sought private funding from a French foundation. Now it is faced with the same issues, as WHO stopped funding from 1 Oct 2021 thus delaying renewal.

Amanacard has facilitated and tracked all payments and liaised with the Founder and Président of Medina in France regarding WHO and engagement with European government funders.

Hospital C

The hospital has been operating for seven years in a very difficult context in the Idleb governorate. It is known for its gynaecological clinic, which monthly registers on average 2,500 visits and 400 new-borns, including complex caesarean sections.

It delivers specialist dialysis services, and diagnosis and treatment of blood diseases through its laboratory and pharmacy. It also has an intensive care unit of two rooms equipped with two incubators and two care beds, four monitors, four ventilators, infusion pumps and blood gas devices.

The US-based NGO, Syrian Relief & Development (SRD), was funding the majority of the hospital until its official aid grant ended on 31 Jul 2021. The German Government has been funding the dialysis services (equating to 15 of the 77 staff on payroll), and Amanacard has been tracking all related payments.

Both sources of funding stopped from 1 Oct 2021, stretching the hospital staff's ability to keep the facility open. The medical, nursing and administrative staff continued to work voluntarily, and any emergency buffer funding has been covering the costs of domestic services such as janitors due to their critical importance to containing the spread of Covid-19 and its variants.

Amanacard has facilitated and tracked all payments funding the dialysis services.

Key findings

This funding relieves severe stress, empowers frontline workers, and is an investment in the future

Concerns about creating dependence of the facility on the fund were unfounded. On the contrary, hospital managements commented on the fact that it allowed the necessary 'breathing space' for them to complete their protracted and complex negotiations with official aid funders.

This had an undeniable positive effect on their mental health, as it eased one major stress in an already extremely intense operating environment.

One hospital was on the verge of closing due to the time it was taking to negotiate the next contract and the fact staff had already volunteered for over 6 months to keep the facility open – the three months of guaranteed support to salaries and essential running costs tied them over until several months later when the official aid restarted. Another was also threatening to close due to the protracted period of negotiation with the official aid donor.

Investment in transforming healthcare delivery will pay dividends for future generations.

"Such good news! A marvellous Christmas gift, and much more. The facility will soon enter its seventh year, as we opened it for the first time in the Aleppo suburbs on 13th January 2015.

We've faced a direct aerial attack (August 2016), displacement due to the advance of regime forces (February 2020), financial insecurity, and so on...

The field staff have committed their energy, courage, and drive, forgetting their own lives to support mothers and children suffering the war.

Your SGF support will show to donors such as the French Ministry of Foreign Affairs and WHO that we can cover gaps, then convince them to continue with us.

The best thing we can hope for now is the promise of something better for Syria - and for NGOs, stopping emergency programs and turning to development."

– Dr Franck Carrey, Medina, on signing the pledge

Key findings

A light touch and clear guidelines engender mutual trust, transparency, and accountability

Existing official aid donors have different requirements and timelines of support, which in some cases can have engendered bad practices e.g. inflating the payroll to allow for procurement of essential medical equipment.

The comparative simplicity of the approach taken by this LF, where there are clear and reasonable guidelines, and a light touch in defining the parameters for the support, was empowering for the local staff and engendered more trust when discussing difficult new requirements that the fund could not cover due to the budget.

Hospitals noted the additional flexibility afforded by this private capital, namely the lack of restrictions on expenditure for ad hoc yet critical items which enabled them to deliver the highest quality service. In one hospital, for example, they were able to repair out-of-service ambulances and CT equipment, and purchase a UPS to help cover power outages.

In these instances, Amanacard played the role that the international NGO traditionally plays, in reviewing the quotations from suppliers, and verifying that the works and equipment were delivered as ordered. The hospitals were accustomed to these third-party checks, and commented on how much more streamlined the process was for them given the more direct line to the decision-makers within the Stop-Gap Fund.

Syria: A hospital manager signs the certificate to show the facility is now accredited by Amanacard for quality assurance to their patients and donors.

Key findings

Amanacard's independent facilitation, tracking and real-time records provide unique assurance for donors and banks

Huozhi (via the local Amanacard field teams and centralised SecureAid tracking platform and experts) acted as the independent third-party monitors for each of the facilities. The team had already conducted rigorous independent due diligence on the hospitals' last mile payment channels, the management, staff and key suppliers, and in two of the cases, had facilitated and tracked the delivery of official aid to their end recipients for several years. This provided a helpful benchmark from which to evaluate whether proposed expenditure was in line with the expected running costs of the hospitals.

Syria: Amanacard zonal supervisor checking in with a pharmacist at one of the hospitals to verify the supplies.

The complexity of multi-donor funded facilities, such as large hospitals, makes it challenging to evaluate where the most impact can be achieved, and to ensure there is no error or fraud in the projections provided to a new prospective funder.

The benefits of the LF targeting facilities that Amanacard has already supported via official aid donors are apparent when unravelling this complexity. In addition to the ability to compare current needs with the historical record of past transactions, every exchange of cash or goods is confirmed by the parties involved via two-factor authentication, and independently supervised by the Amanacard field team.

Detailed reports were maintained for each of the hospitals, providing a common record for donors to compare across the facilities what was estimated and ultimately delivered (refer Appendix). Each file is 'signed' electronically, creating a certified document with tamper-evident seals. There is no time wasted in finding printers, scanners, emailing, and posting physical copies – each signatory (and anyone copied) receives an immutable final copy instantly.

Key findings

Wider community heralds stop-gap funding

An indication that patients, staff and suppliers of frontline health facilities will surely benefit from an agile stop-gap funding arrangement between grants was the strong response received from the wider community.

This first Lifeline Fund contributed to improving access to quality life-saving primary and secondary health services for the most vulnerable groups of internally displaced people and host communities. Two of the hospitals specifically focused on providing CEmONC (Comprehensive Emergency Obstetric and Newborn Care) and paediatric lifesaving services to decrease mortality and morbidity among the children under 12 and women. Even the most conservative communities recognise the importance of avoiding disruption to such critical services.

During the pilot, the wives of two Amanacard team members were admitted to one of the participating hospitals for a late-stage miscarriage and the safe delivery of a newborn. They testify to the exceptional care provided by the facility, which was otherwise threatened before the private fund bridged the necessary gap!

Informal referrals and word-of-mouth spread the news of such a fund, and Amanacard received requests from other facilities to be considered if a second fund were to be launched.

Key findings

Donor acceptance of transformative practices is a major constraint to progress

Official aid, comprising government and UN funds, has now kicked in for all three selected facilities. The donors, however, have disregarded the investment made in getting the staff and suppliers onto a single, digital platform.

Instead, they have reverted to old practices of handling manual paperwork, opaque cost structures, and putting undue pressure on staff to travel long distances to collect their pay.

There is no doubt that this requires major advocacy for real change, starting with addressing outmoded cost models and old assumptions about lowering standards in unbanked areas. For example, a major barrier to change is the insistence by the UN Humanitarian Pooled Funds – headquartered in New York – on implementers providing manual signatures when more advanced two-factor authentication is available and well-proven at scale.

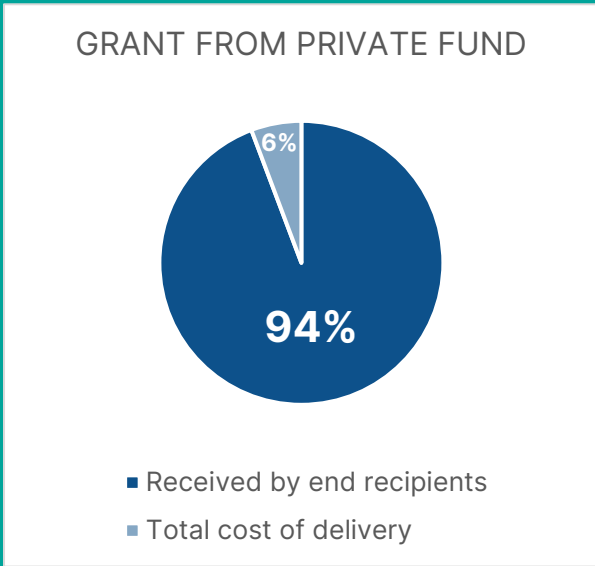
A shift to the more sophisticated compliance assurance provided by the SecureAid system and independent Amanacard teams clearly creates greater efficiencies for local facilities, greater confidence to banks to keep the lifeline open, and dignity for end beneficiaries.

In addition, the independent real-time monitoring and end-of project reporting transform the auditing process, and markedly reduce the need for conventional M&E assessments.

Regarding cost, the key measure of value is the proportion of the grant **actually received by the end recipient** – in this case 94% went to the hospital staff and suppliers in physical cash.

For current official aid implementers this is the amount left after charging the donor for:

- General admin and management costs, typically 7-15% of the grant;



- Programme costs including staff and other associated delivery expenses, frequently being much more than the actual value eventually received.

Key findings

Private capital can demonstrate an alternative way of delivering aid that cuts waste and risk, and enables people to stay in their homeland

An opportunity clearly lies with individual donors and private sector funds seeking low risk, low cost and high impact ways to demonstrate how these markets can be supported in new and more cutting-edge ways.

Hospitals and traders are willing adopters, unless they wish to avoid transparency due to illegitimate practices – therefore the approach is a useful filter for donors wanting to ensure their funds reach intended targets.

Government donors and their implementing partners, primarily international NGOs, are less likely to adopt transformative change quickly as the status quo is potentially threatened by disruptive innovations that expose inefficiencies, bad practices and at worst corruption or diversion of funds.

"I am a Syrian refugee, and it was heart breaking to leave my home at 19 while studying ... I managed to get a job in Turkey and saved enough to take in my mum and two little brothers ... we were exhausted and had nothing left when the German government very generously provided my family with a home, furniture, schooling, new skills training, healthcare and an allowance to live in Bonn ... I estimate this costs €30,000 per annum – probably enough to keep 15 Syrian families at home where we belong and much prefer to be ..."
- Ronnie Hamada, first Amanacard employee

Next steps

ENLIST INFLUENTIAL CORE OF POOL FUNDERS

Share the lessons with other private donors and funds and establish their interest in creating such a Stop-Gap Fund that will last at least four financial quarters. Part of the commitment of interested donors is that they attract more donors during the course of the first year so that the fund can get on an established footing. There is little value in creating a pooled fund that suffers from the same unpredictability that besets the official aid system.

ESTABLISH GOVERNANCE STRUCTURE

Once funding is confirmed for the first year, stand up a formal evaluation panel to review and refine the draft guidance, and decide on the target area (still in Syria or another region such as southern Africa, Asia or the Indo-Pacific).

ENGAGE BANKING COMPLIANCE

Engage proactively with the compliance department of the relevant sending bank(s) to prepare for any necessary pre-approvals in the transfer process and thus avoid delays.

BUILD MULTI-STAKEHOLDER ADVOCACY

Ensure that lessons are regularly shared back into the official aid system through fora such as the World Economic Forum, the Aspen Institute, the World Humanitarian Summit and headquarters of UN agencies such as WHO and UNOCHA.

About

Vitol Foundation

The focus is on supporting solutions that improve quality of performance, promote greater inclusion, foster appropriate innovation and catalyse access to finance, all within the broader context of poverty, invariably in low, and low to middle income countries, where the challenging effects of chronic under-development, conflict and natural disasters are commonplace. Grants are considered to be investments and target initiatives with the potential to generate social returns in a sustainable way. Partners and projects are expected to have the potential to be transformational and impactful, effective and efficient, sustainable, scalable and replicable. In return, the Vitol Foundation aspires to be both responsive and flexible and to understand the evolving needs of difficult circumstances. It works with the private sector, national governments, public institutions and international partners to reinforce and improve existing in-country systems. Vitol Foundation is a member of the Big Bang Philanthropy group; a consortium of like-minded funders working together to find and finance high impact, scalable organisations tackling global poverty.

Contact Federico Motka, Head of Emergencies and Humanitarian fcm@vitol.com

Gift of the Givers Foundation

In 1992, Dr Imtiaz Sooliman left a flourishing career as a medical doctor and established the Gift of the Givers Foundation. An important project was to fund the establishment of what is now the biggest hospital in NSW Syria and one of the hospitals in this pilot. This is now the largest disaster response, non-governmental organisation of African origin on the African continent, and since its inception, has been responsible for the delivery of life-saving goods and on-the-ground support for innumerable people across the globe, valued at around $200m. Its energy, agility and rigorous approach to maximising value for money has earned the respect of donors, beneficiaries and corporates far and wide. Wide-ranging activities include the establishment of hospitals, managing clinics, creating agricultural schemes, sinking wells, building houses, manufacturing an energy food, renovating fishing boats, offering scholarships and providing food and shelter. The organisation is recognised in South Africa as the leading responder to the Covid-19 crisis.

Contact: Dr Imtiaz Sooliman, CEO
Imtiaz.sooliman@giftofthegivers.org

Amanacard

Amanacard provides the first tracking service, enabled by its SecureAid digital platform, for organisations sending financial support that requires higher levels of due diligence due to issues such as lack of direct access and sanctions. It is the result of two decades of extensive research and strategic consulting for aid to unbanked crisis zones, led by founder Dr Edwina Thompson. The ‘safer corridors’ concept was tested first in Syria, where Amanacard has now processed over $150m of mostly US and EU government funds into the Middle East and accounted for every cent to the end recipients. They include needy families, local businesses, health and education facilities, their staff and suppliers. By combining the best practices of both private and non-profit sectors, the delivery of aid is being transformed, minimising waste and risk, and maximising impact. An unprecedented level of compliance assurance has been given to global banks and government donors, thus keeping the lifeline open to the world’s most vulnerable people.

Amanacard and SecureAid are registered trademarks of British social impact enterprise Huozhi Ltd.

Contact: Dr Edwina Thompson, CEO
edwina@amanacard.com

Appendix: supporting documentation

Restricted access to this documentation is available to potential future funders.

Proposal: appeal to initial private philanthropic actors for piloting a stop-gap fund.

- **Agile Stop-Gap Fund for Unbanked Crisis Zones: A low-risk, high-impact opportunity for private donors**
- **Proposal Annex: Stop-Gap Fund Workings**

Pledge: commitment to each facility, based on the budget and initial estimates provided by hospital managements.

- **SGF Pledge Fund 1_Al Fardous - signed**
- **SGF Pledge Fund 1_Ar Rahma - signed**
- **SGF Pledge Fund 1_Medina - signed**

Request for Transfer of Funds (RTF): estimated order agreed with each facility, following the signed pledge.

- **RTF SGF-FRD-001 - signed**
- **RTF SGF-MDN-001 - signed**
- **RTF SGF-RAH-001 - signed**

Real-Time Transaction (RTT): recording actual cash pay-outs for payroll and procurement.

- **RTT SGF-FRD-001 (Intermediary_Suppliers) - signed**
- **RTT SGF-FRD-001 (Payroll) - signed**
- **RTT SGF-MDN-001 (Intermediary) - signed**
- **RTT SGF-MDN-001 (Payroll) - signed**
- **RTT SGF-MDN-001 (Procurement) - signed**
- **RTT SGF-RAH-001 (Intermediary) Stage 1 - signed**
- **RTT SGF-RAH-001 (Intermediary) Stage 2 - signed**
- **RTT SGF-RAH-001 (Intermediary) Stage 3 - signed**

- **RTT SGF-RAH-001 (Payroll) Oct'21 - signed**
- **RTT SGF-RAH-001 (Payroll) Nov'21 - signed**
- **RTT SGF-RAH-001 (Payroll) Dec'21 - signed**
- **RTT SGF-RAH-001 (Procurement) Oct'21 - signed**
- **RTT SGF-RAH-001 (Procurement) Dec'21 - signed**

Completed Payment Round (CPR) reports: summary of the actual round of cash pay-outs, and a final reconciliation against the bank transfers (see below explanation).

- **CPR RTF SGF-FRD-001 - signed**
- **CPR RTF SGF-MDN-001 - signed**
- **CPR RTF SGF-RAH-001 - signed**
- **CPR RTF SGF-001 Stop-Gap Fund Final Reconciliation - signed**

Detailed budgets, official aid contracts, and independently produced monitoring reports of past performance can be supplied on request.

Note on banking:

Gift of the Givers Foundation, a South African charity that founded Ar-Rahma Hospital, acted as the channel for the pilot to transfer the funds to the region at no cost. This was the result of a private funder's compliance team and Trustbridge (the Donor Advised Fund originally intended to provide the pooling mechanism for donations) not having the risk appetite to transfer the funds more directly for the pilot. In the process, we were able to reduce the transaction costs and compliance risks to the charity of their existing transfer mechanism for their regular monthly support to Ar-Rahma Hospital. Amanacard also dedicated pro bono assistance to GOTG for their contribution to the Hospital.

GOTG sent the transfers in US dollars based on each hospital's estimate, and the merchant trading network in the region held the funds until they needed to be released for each round of approved expenses. The under-spend in one hospital was reassigned to another, per the pooled fund concept, and recorded in each of the Completed Payment Round (CPR) reports. A Final Reconciliation report was produced for the merchant so that they could understand that the cash they had paid out across the facilities was fully settled by the original three sets of bank transfers.

The donor and banks welcomed the direct line of sight from source to recipient, and no payments were queried or delayed, so bank transfers to the region were ready for disbursement in 1-2 days. This should be compared with the sometimes months of delays charities experience when administering payments to such high-risk jurisdictions.

Call to action

We appeal to private philanthropic actors to join us in forming a **pooled Lifeline Fund** that finances hospitals via **direct payments** to their unbanked staff and suppliers.

'Philanthropies can use their unique assets to cultivate more resources, smarter use of resources, and stronger actors in the humanitarian sector'

Conrad N Hilton Foundation

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