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CVA in COVID-19 contexts: guidance from the CaLP network

This guidance document is intended to help organisations understand and prepare for likely impacts of COVID-19 on their work, consider whether CVA is right for the contexts in which they operate and - if so - the considerations at each stage of the programme cycle for how to deliver safely and effectively.

It is a summary of the key points from the many resources you shared on CVA and COVID through this document. This is a living document and we will continue to update this summary as new resources are added.

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I. What might COVID-19 mean for the settings in which we work?

The rich world has been laser focused on itself to date and contingency plans for low income settings have been limited. The recommendations - stay home, keep your distance, stock up on food and basic items - aren't broadly applicable in most humanitarian contexts. Social policy and government advice will need to look different in these settings.

We should prepare for significant needs, and soon. There is consensus that when COVID-19 starts to spread in low income settings, densely populated areas (including camps), lack of facilities for hand-washing and weak health systems will contribute to more rapid spread and likely higher fatality rate than we have seen elsewhere. "Poverty can fuel contagion, but contagion can also create or deepen impoverishment[1]."

Containment measures and their economic fallout are likely to hurt more than the disease itself, and for longer. Unfortunately, the better we are at slowing down the spread with the preventive measures, the longer the economic impact will last (from individual to company levels). The broader economic impacts will be harder to grasp and are likely to last over a long period of time. As we saw in the West Africa Ebola epidemic, the economic impacts caused more deaths than the disease itself. Broad layoffs, restrictions on movement and market access will affect many households' income and coping strategies, including households who were relatively well off before the pandemic. "The COVID-19 pandemic will have devastating consequences on people's livelihoods and employment, especially in post-fragile, crisis and post-crisis environments"[2]. As well as short term support we need to consider how to provide support to those affected over the longer term.

CVA is seen by some as a safer option for providing rapid relief where conditions allow. We are seeing some organisations switch from in kind assistance to CVA which allows more remote delivery, less clustering at distribution sites and can reduce transmission risk. See the programme considerations below to understand whether CVA is right for the settings in which you work and how to deliver it in ways which minimise risk.

Working with and alongside social protection systems can be a good way to mitigate the economic impacts of COVID-19 on the most vulnerable. "Countries with viable social protection systems may be able to extend them temporarily to take account of this new threat. Where systems do not exist, this is an opportunity to develop them. Finally, limited safety nets in low-income countries reinforce the need for decent employment standards to offer protection for the most vulnerable workers. Measures targeted at informal workers can be effective in increasing the number of women and men able to sustain escapes from poverty"[3]. We see an expansion of government-led social transfers to mitigate the impacts of COVID-19: "*As of 20 March 2020, a total of 45 countries have introduced, adapted or expanded social protection programs in*

[1] ODI Blog From Poverty to Pandemic implications
[2] Global Humanitarian Response Plan COVID-19, p.13
[3] Global Humanitarian Response Plan COVID-19

response to COVID-19. Responses are present in all regions, except Africa. A total of 13 new cash transfer programs have been introduced, like for example in Bolivia, India, Iran and Peru. A universal, one-off cash payment to all citizens will occur in Hong- Kong and Singapore. New in-kind schemes have also been launched, such as food vouchers in Taiwan and Seattle in the United States"[4]

II. Delivering CVA in COVID-19 settings: considerations around the programme cycle[5]

1. Preparedness

- Make contingency plans/preparedness plans, already think through what the pandemics and its implications may mean for:

  (1) ongoing programmes with CVA;

  (2) programmes with CVA that were in the feasibility or design phase;

  (3) whether some programmes could require a shift of transfer modality to CVA or the other way around depending on how the situation would evolve; and

  (4) whether CVA could be a good response option for future programmes, or not.

- A few weeks can be very useful in making the right preparations, especially as the situation unfolds at a variable pace, with variable implications but often with similar Government measures between the different contexts we work in.
- Make sure CVA feasibility and risk assessments and market monitoring are in place.
- Reach out to the cash working group (CWG) in the country to see whether they are already gathering knowledge on the topic.
- Reach out to the clusters/sectors (or make sure CWG does) as this crisis has a significant multi-sectoral dimension.
- "Work fast through your networks and known stakeholders to compile potential beneficiary lists now"[6]

[4] "living paper" of the World Bank on tracking social protection measures taken by governments, Zehra Rizvi
[5] Based on the CaLP Programme Quality Toolbox
[6] Mercycorps COVID and CVA tipsheet

- "Critical step is to facilitate, in collaboration with regulators (e.g. Central Banks) and the private sector, an increasing use of mobile money at discounted or waived transaction costs (not only in country contexts where this has already been practised)[7]"
- "Need for pre-positioned contracting of Mobile Network Operators (MNOs), strong multi-stakeholder framework agreements, e.g. as facilitated by private sector partners such as GSMA. It goes beyond advocating for but concerted multi-stakeholder approaches to providing mobile wallets, to enable and encourage related and critical services from mobile/digital literacy, mobile savings' groups to the required basics of improved connectivity, access to relevant mobile network infrastructure/ equipment."[8]
- "Start conversations with your FSPs now. No matter type: bank, hawala, mobile operator, etc. Have their official responses on hand and keep updated, in order to communicate with participants, donors, and whoever else. Contingency planning with existing FSPs is priority. Understand from FSPs:
    - Immediate changes to services (e.g. sanitization of ATMs/cash out points, reduced hours, access to certain geographic zones, etc.), less service points? Increased service rates?
    - How will your current contract be affected? (i.e. potential inability to fulfil)
    - If working with formal FSPs, force majeure clauses may be enacted. Revisit and clarify those terms with your provider just in case.
    - Have you considered scenarios if your FSP's liquidity is suddenly limited? If capital controls are put into place? Or banks are closed?
    - What are their contingency plans if client movement is limited? (i.e. limited access to cash out points, KYC checks/enrolment points, etc.)
    - What are the triggers - if any - to relax KYC? What are alternative forms of accepted verification besides physical verification?"[9]
- Your ability to verify individuals for the opening of new accounts or enrol into your programming may be limited.Think through this scenario with your payment provider as soon as you can[10].
- Conduct outreach with Internet Service Providers to ensure increased demand for network traffic can be facilitated.
- Conduct outreach with MNOs to negotiate reduced or waived data bundle fees.
- See the West Africa Regional Cash Working Group mapping of FSPs as per early April for reference on how FSPs were listed, with their capacity, prices, etc at the onset of the spread of COVID-19 in that part of the world[11].
- Preventive cash transfers might be considered at a stage where lockdowns and other restrictive measures have not yet been imposed, for vulnerable households to be able to stock up on some basic items, and to help them prepare for medium to longer periods without, or with reduced, income.

[7] Kathryn Taetzsch, WVI, D-group post
[8] Kathryn Taetzsch, WVI, D-group post
[9] MercyCorps COVID-19 CVA Payments and Digital Data management
[10] ibid
[11] FSPs mapping for West Africa, by the Regional CWG, as of 6 April 2020, *link available soon.*

- As the lead of the Cash Working Group for the BAY states in Nigeria stressed " as soon as a case is recorded we can expect the same response we have seen elsewhere in the country: markets and banks closed, flights grounded and land borders closed."[12]

2. Situation Analysis

Needs assessment

When assessing needs, keep in mind that:

- This crisis has many unknowns. We will need to maintain flexibility to learn and adapt as we go – while we can take lessons from other epidemics, there are many dimensions we might not be able to foresee at this stage.
- This is a crisis of unknown duration that will certainly have long-lasting impacts – we should prepare for sustained responses and for regular re-assessing of the situation and needs.
- This is a fast-evolving crisis, the situation changes every day, and so do decisions by employers/measures imposed by different governments/etc, altering people's realities immensely. Those who might not be in need today, might find themselves in need later due to a sudden loss of income or livelihoods for instance.
- Assess the financial barriers that people are facing due to the pandemic (costs related to healthcare, loss of income, etc). Understand the impact of increased health needs coupled with the general trend of income loss which can lead to increased financial barriers[13].
- With regards to health related expenditures: "it is likely that patients will still have formal or informal expenditures related to COVID-19 treatment or for essential health services, be it in a health facility or at home, or related to indirect costs". While part of the treatment may be covered, the patients might be "charged for other admission costs, still leading to catastrophic expenditures". "Health expenditures can also be related to indirect costs, such as non-medical hospitalization costs, transport or costs for a caretaker who accompanies the patient. Asking families to care for COVID-19 patients at home will lead to income loss"[14].
- Assess how people typically access cash and whether this may change with the characteristics of this crisis (e.g. limitation of movement) and whether they are familiar with potentially more appropriate transfer mechanisms such as e-payments.
- Assess how complementary financial flows may be affected e.g. saving groups[15]. Importance to look at the possible provision of CVA "within the broader landscape of

[12] CaLP and CashCap blog, Covid 19 and CVA how are operational actors actors responding
[13] Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic
[14] Ibid
[15] SEEP, Saving Groups and COVID-19, *link available soon*

financial assistance, including remittances, social transfers, and person-to-person giving, which reach people affected by crisis"[16]

- "Scale back to remote data collection wherever possible to limit the frequency, proximity, and quantity of person-to-person contact"[17]. Consider ways to ensure that remote data collection and management do not undermine programme quality.[18]

Market assessment

"The combination of the increased health needs related to the epidemic, combined with the public health measures to mitigate or contain the epidemic will lead to significant disruption in production, and reduced access to goods and services"[19].

Consider the following when assessing market functionality and access:

- Markets for basic goods may find themselves under pressure, assess the functioning of the supply chain.
- Supply chains for markets or services (e.g. food, medicine, etc): is there a dependency on supplies from countries that stop production due to the pandemic? Will logistics companies stop working? Will merchants, health workers and other key workers be barred from or stop coming to work?
- "Prices, stocks, supply chains of key commodities and services (in countries already affected by chronic inflation such as Venezuela, Libya, South Sudan and Yemen, such market monitoring is critical)"[20].
- Access of people to markets and services: people may be less willing or less able to get to crowded markets in pandemic settings. Ensure CVA programmes will not contribute to increased transmission by necessitating recipients to use crowded markets.
- In case of total movement limitations, with no access to markets, assess whether alternative systems are emerging (e.g. home deliveries, community shopping groups).
- Access, and access needs, need to be closely assessed, and this may change over time e.g. as more countries go into lockdown, limiting movement, and people go into quarantine.
- Understand whether alternative supply lines are created, e.g. by a Government.
- Assess whether the informal market or services are more, or less, impacted by the crisis (e.g. if the formal market or services shut).
- Look at "Urban VS rural areas. Levels of liquidities in remote locations and monetization of local economy"[21]

[16] CaLP/IARAN Future of Financial Assistance report
[17] Mercy Corps tip sheet
[18] https://www.calpnetwork.org/wp-content/uploads/2020/01/remotecashprojectguidancefinal.pdf
[19] Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic
[20] ICRC Tip sheet on CVA and COVID-19, also available in French
[21] CaLP Lessons learnt from Ebola in West Africa

- "Impact and causes of impact of the epidemics on markets systems (price but also access to markets) and livelihoods"[22].
- "smallest businesses tend to rely on face-to-face interactions, they are the most likely to suffer a loss of customers and income, which can have ramifications on food security as well as access to other basic needs such as cleaning products and clean water"[23].

Markets of services more specifically:

- Assess whether essential health services are maintained during the COVID-19 epidemic[24].

Financial Service Provider (FSP) assessment

When mapping your FSP options, give extra thought to:

- Business continuity capabilities in an environment where services are being discontinued as a preventive measure against further spread of the virus (in addition to solid presence and reach, availability, ability to operate partly remotely, good network, cash out points, etc).
- Assess the " Flexibility and will of service providers to continue or open services in affected areas"[25]
- Ability to provide a service that requires less contact between the provider and the beneficiary e.g. electronic or mobile transfer options, contactless payments, etc.
- Or ability to provide guarantees for distribution or retrieval of cash transfers e.g. more retrieval points, ability to sequence payments on longer periods, etc, to prevent large crowds; ensuring availability of hand sanitizing at ATMs, etc.
- "Anticipate increased caseloads and potential adjustments to transfer dates/amounts".
- "Remember that access and regulation may change along as the crisis evolves"[26].
- "Keep up-to-date on shifting government regulations or mandates coming from Ministries of ICT or Central Banks - as this may affect KYC requirements, promotion of cashless payments, adjusting transaction limits, etc. These are indications that infrastructure AND regulatory environments are shifting to become more favourable for digital payment options, including mobile money and new digital financial services"[27]
- "Talk to the FSP at capital and payout locations, as this may vary by location"[28].

[22] CaLP Lessons learnt from Ebola in West Africa
[23] MERS Guidance in Response to COVID-19
[24] Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic
[25] CaLP Lessons learnt from Ebola in West Africa
[26] CARE Tip Sheet CVA during COVID-19
[27] MercyCorps COVID-19 CVA Payments and Digital Data management
[28] CARE Tip Sheet CVA during COVID-19

- "Coordination is critical to facilitate discussions with the private sector. This means strong connection between CWG/Government, CWG/HCT, HCT/Government, and donors also have a key role to play"[29].

Working with Social Protection systems and other financial flows

- In most crisis contexts, humanitarian funding represents a tiny proportion of overall financial flows[30]. Understand what types of financial assistance people have access to and how humanitarian CVA could work with or alongside these for greater impact[31].
- Assess whether (1) there is a social protection system that provides sufficient cover for healthcare needs and loss of employment, whether (2) it has been put in place or expanded for COVID-19, and who is covered (as many Governments are currently doing[32]) or will be put in place soon, or could be put in place soon, or whether (3) there is nothing of that sort that the Government can or will do, and people will stay uncovered.
- Applying the five lessons from Universal Basic Income programmes may be useful in working with new or expanded government social protection schemes: (i) they do not tend to result in inflation, (ii) strength of delivery systems is key, (iii) communication is critical, (iv) needs to fit with existing schemes, (v) crises expose gaps in social protection systems. In addition, (vi) consider how government systems are being affected.
- "Social safety nets are expanded for the most vulnerable to the pandemic" is cited as an enabling factor in the fight against the impact of the pandemic on deterioration of human assets and right by the Global Humanitarian Response Plan[33].
- "Particular attention should be paid to existing social safety nets who could be supported"[34].

Where Governments are responding with an expansion of their social protection programmes:

- As a humanitarian actor, and as a community of humanitarian actors, be ready to adapt to their ways of working. Governments' "cash transfers often differ from the programmes we administer. The differences are neither huge nor insurmountable, however. They range from targeting systems and selection criteria, payment providers, degree of conditionality, and monitoring frameworks. Some governments may require that we harmonise with some combination of these specifications, or outright adopt their programme design to the extent that this is possible to ensure consistency and uniform impact"[35].
- Readiness of humanitarian actors to adapt and be consistent with Government programmes to ensure harmonization: "Governments may require that aid agencies align with their own programme designs and specifications to ensure that service provision is

[29] Nathalie Klein, West Africa Ebola, Lessons learnt
[30] https://www.odi.org/blogs/tip-iceberg-why-99-humanitarian-resources-crises-are-ignored
[31] CaLP/ IARAN: Future of Financial Assistance
[32] Ugo Gentilini: Lessons for using universal basic income during a pandemic
[33] Global Humanitarian Response Plan COVID-19
[34] ICRC Tip sheet on CVA and COVID-19
[35] Mercy Corps, Tip sheet on CVA and Social Protection systems during COVID-19, *link available soon*

consistent and properly regulated". We need to be ready if and when that does occur, especially if you envision operating at scale.

- When preparing to adapt your programmes, bear in mind the following usual characteristics of Governments' cash transfers: (1) "Outside of South America, most governments typically prefer unconditional cash transfers"; (2) "The transfer values that governments use are often lower than or very different to the transfer values that aid agencies provide"; (3) "The way that governments target may also differ substantially from the community focused way you and your team typically conduct participant selection", there may be opportunities to fill in gaps; (4) you may be asked to work in areas different than the ones you've been working in; (5) "Identify what FSP/payment provider/transfer mechanism(s) the government has prepared for SSN payments"[36].
- For such a public health crisis, it is vital to ensure harmonization with the Government's lead. Humanitarian actors should align their standard operating procedures to those of the Government which is centralizing the response. Humanitarian actors will still advocate for humanitarian access, can influence, etc. This is also an opportunity for joint work[37].

Risk and opportunity assessment

- Context: Assess the "Acceptance of the modality by government and communities in the specific context, considering analysis of social risks or opportunities created by the use of CVA"[38]
- Assess the risks for your own staff.

Protection risks and benefits for the beneficiaries:

- Assess the "Impact of the epidemics on different groups and need assessments for different target groups: children and their caregivers, orphans, gender analysis, survivors, affected families"[39].
- "Conduct a protection analysis on security for the beneficiaries."[40]
- Think through the implications of the pandemic on gender dynamics (e.g. women may be exposed to greater health risks as the ones nursing sick family members or as the majority of healthcare workers), and see how this may be addressed in your programme, e.g. targeting cash transfers at women may be more effective if intended primarily for healthcare.[41]
- The pressures specific to this crisis, and the confinement, may exacerbate GBV.[42] Assess whether cash transfers/the injection of a source of money in the household could help reduce such risks.

[36] Mercy Corps, Tip sheet on CVA and Social Protection systems during COVID-19, link available soon
[37] Nathalie Klein, Ebola Lessons learnt, interview in April 2020.
[38] CaLP Lessons learnt from Ebola in West Africa
[39] Ibid
[40] CaLP Lessons learnt from Ebola in West Africa
[41] Gender Implications of Covid-19 Outbreaks in Development and Humanitarian Settings
[42] Addressing Gender-Based Violence Risks in COVID-19

- "At context-specific levels, make sure you understand how to use a gender-sensitive approach to CVA to address challenges and take advantage of opportunities during the evolution of the crisis" "Remember that women in isolation will be more prone to violence"[43]. "Use the CVA and GBV Compendium"[44]

3. Response Analysis

Market Analysis

- Collection of information may have to be done in a more remote way.
- "Where possible, remotely conduct/revise market functionality/assessment to make well informed decisions on modality and mechanism changes. Review your market assessment and monitoring set up and make sure your latest market information – including prices - is available, updatable remotely"[45]
- Include consideration of alternate markets that may have emerged (e.g. home delivery systems, community shopping groups, etc)
- "Start identifying actors upstream in the retail supply chain (e.g. distributors, wholesalers) that can either maintain the flow of goods or even be used to replace existing retailers in case their operations are disrupted"[46]
- "Ensure solid links and exchange of information with relevant national authorities on imports, prices, supply chain, etc"[47]

Vulnerability Analysis

- People who were already vulnerable, in fragile contexts, might face increased vulnerabilities.
- "We are still learning about how COVID-2019 affects people, (...) it is not yet clear how it will affect people with HIV and children with acute malnutrition"[48].
- "The effect of these measures will be felt greatly by households that are already vulnerable, including the refugee and IDP communities, where many families rely on cash income from various informal sources including labour employment outside camps. These communities will not have the means to prepare or stock up before the lockdowns"[49].
- Understand what other COVID-19 related needs people are facing, in addition to cash.

[43] CARE Tip Sheet CVA during COVID-19
[44] CVA and GBV Compendium also available in French, Spanish and Arabic.
[45] WFP guidance for CVA in COVID-affected contexts
[46] ibid
[47] ibid
[48] Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic
[49] Ibid

- Vulnerable people affected by COVID-19 or in quarantine may not be able to leave their homes (e.g. to retrieve cash, or make payments) or maybe stigmatized. There is need to adapt programming around this.
- "this disease is exposing how vulnerable the elderly and chronically ill population are not only to the disease but to accessing goods and services vital for them to survive whilst isolated"[50].
- "Explore potential for alternate methods for beneficiary identification, such as: (1) Advertise/send SMS/other forms of community outreach with basic criteria, and instructions for people to call for Vulnerability Assessment by phone; (2) One team member goes door-to-door and collects phone numbers in target neighborhood for follow-up Vulnerability Assessments by phone"[51]
- "Train field teams within organizations to identify the households among your current beneficiary caseload who are particularly at risk of contracting COVID-19 because of their age and pre-existing health conditions"[52].
- "Maintain an approach to conduct assessments outside of homes, at a distance (approx 2 m)"[53]
- *In Iran "UNHCR will assist refugee households with a member having contracted COVID-19, those at specific risk (those with underlying conditions, elder) and those with immediate income loss combined with specific protection vulnerabilities" (...) with cash "to address the negative economic impact of COVID-19 due to mandatory social distancing for a prolonged period and cover basic shelter, nutritional and hygiene needs*"[54].

CVA Appropriateness and Feasibility Analysis

- CVA can address the financial barriers faced by affected households (be they to cover costs for access to healthcare, cost of basic living supplies, make up for a loss of income, etc).
- CVA can be particularly appropriate to support livelihoods and support quarantined households[55].
- The mortality rate and the rate of contagion are important factors to inform response option analysis and CVA appropriateness. If strict quarantine measures are in place, and access to markets is limited, CVA use may be very limited, though helpful on some specific outcomes as shared before (to limit impact on livelihoods or negative coping strategies, pay rent, and support access to services that could still run without encouraging close contacts).[56]
- "Multi-purpose cash transfers to meet basic needs for vulnerable households that have lost income due to lockdown measures, or because they are quarantined and/or otherwise

[50] MERS Guidance in Response to COVID-19
[51] CCI Guidance on Minimum Standards for MPCA during COVID-19 working document
[52] ICRC Tip sheet on CVA and COVID-19
[53] ICRC Tip sheet on CVA and COVID-19
[54] UNHCR Cash assistance and COVID-19: Emerging field practices, link available soon
[55] CaLP West Africa Ebola learning and outcome analysis
[56] ibid

caring for a sick household member, will improve their ability to access health services." "However, additional measures will have to be put in place to reduce catastrophic health expenditures, often related to admission".[57]

- Scale-up of social assistance systems, and cash transfer programmes with complementary livelihood assistance (including adaptations for remote digital trade/marketing), particularly for rural crop and livestock workers and producers, small/medium businesses, refugees, IDPs, migrants and host populations, and other food-insecure population groups"[58] cited by the Global Humanitarian Response Plan as what needs to be accelerated to prevent (1) the deterioration of human assets and rights, social cohesion and livelihoods; and (2) protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic.
- Some of the following applications of CVA were used for the Ebola response[59]in West Africa: (1) support for transport to health facilities; (2) Support for families of those affected during treatment of COVID-19 affected member and for the affected member when resettling; (3) Rent payment; (4) Support to increase livelihood opportunities; (5) Support to affected households' recovery and decrease stigmatization; (6) cash-like interventions for payment/incentives to health workers, including mobilizers working on case management and body management; and (7) revitalization of markets and local economy. These are merely examples, cash and voucher transfers could be used in many other ways depending on the specific needs identified.
- Cash transfers, vouchers or in-kind may also need to be provided for measures that require households to purchase products such as for disinfecting surfaces and hand hygiene.
- If implementing a programme with health outcomes "Financing options to anticipate and/or compensate the loss of revenue and cope with increased expenditures include front-loading budgets and pre-fund/pay public and private providers. This can also be done through contracting and reimbursement mechanisms, including health emergency equity funds or voucher systems. These can be complemented by targeted cash assistance to patients and caretakers for indirect health care related costs"[60].

To make CVA possible in case of market vulnerability:

- "Market support interventions (eg: preventing the shortage of life-saving commodities) should be considered as they can contribute to limiting the spread of COVID-19, and at a later stage, cushion the impact of the pandemic on affected households and systems"[61].
- "Support businesses to innovate on how they can reach their customers and provide their products/services safely and minimise the cost of doing so" and "work with local market

[57] Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic
[58] Global Humanitarian Response Plan COVID-19
[59] CaLP Lessons learnt from Ebola in West Africa
[60] Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic
[61] ICRC Tip sheet on CVA and COVID-19

actors and government to support suppliers in new ways to distribute stock safely and ensure replenishment in the supply chains"[62].

Some things you could keep in mind are the following:

- When possible, opt for simple transfer modalities (no overburdening with components that will be difficult to put in place and increase risks e.g. vouchers, or difficult to verify down the lines, e.g. conditionalities).
- Rely on "systems and approaches you are confident will work. Avoid introducing new pilots, systems, technologies or approaches unless a clearly identified need cannot be met any other way. The context is fluid; when there is uncertainty in a community, people want to use dependable services they know and trust"[63]
- "When there is uncertainty in a community, people want to use services they know and trust. Introducing new tools requires sensitization, capacity building, and (often) additional procurement, which you may not be able to conduct as usual"[64].
- However, also note that crises often represent opportunities for new ways of working, for progress on certain fronts. Where feasible it may be an opportunity to expand use of digital payments, for instance if FSPs increase coverage, etc. In the case of the Ebola response in West Africa, deliveries through digital payments were minor, but the willingness and steps to use such mechanisms left a sustainable path for increased use in the following years and up to now[65].

Ensure safe practices to prevent contagion:

- "Integrate access to information on COVID-19 into your CVA process: during registration, distributions and monitoring; text message alerts that promote behavior change. Use marketplaces, shops and vendors to share sensitization messages on how the virus spreads and how the risk of infection can be mitigated, realizing that some of the WHO recommended measures might be difficult to implement in some contexts"[66]. Promote "public health messages to slow or stop the spread of the virus"[67].
- Ensure the least and safest contact between the provider and the beneficiary (e.g. providers wearing masks and gloves and practicing basic hygiene behaviours like handwashing).
- All involved in the delivery of CVA are "expected to implement the basic preventive measures to reduce the risk of transmission"[68].
- Make sure that "beneficiaries can access items safely".[69]

[62] MERS Guidance in Response to COVID-19 (Standards 4 and 5)
[63] Mercy Corps tip sheet
[64] ICRC Tip sheet on CVA and COVID-19
[65] Nathalie Klein, West Africa Ebola Lessons Learnt, interview in April 2020.
[66] Ibid
[67] Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic
[68] Ibid
[69] Ibid

- Reduce queuing and clustering at distribution sites, cash retrieval points or payment points, and ensure adequate distancing.
- Clean contact surfaces, eg ATM keypads, between each use. “contact surfaces of ATM machines should be regularly disinfected and ensure that users keep 1.5 meter distance between them”.[70]
- Encourage and facilitate hand-washing at distribution points, cash retrieval points or payment points.
- Plan for the implementation of such preventive measures to cause delays in your processes (compared to your regular ways of working) as it requires additional set-ups and time from all involved.[71]

Considerations in selecting the delivery mechanism:

- “Recognize that physical currency can play a role in the chain of virus transmission (...) Make sure all staff regularly wash their hands with soap and clean water (or with hand-sanitizers) when handling paper money, cards and vouchers. Ask FSPs, and other partners, to use new banknotes or disinfect the ones they are using in our cash distributions”[72].
- Consider mobile or electronic transfer mechanisms that most reduce the contact the beneficiary needs to have to receive and use its transfer (while ensuring that this doesn’t create further exclusion for groups that are already more vulnerable like the elderly or disabled persons).
- “Where feasible use mobile or electronic contact less payments”[73].
- Learning from the West Africa Ebola response: “With inadequate facilities and a limited number of service providers, the potential for e-transfers was in fact very limited and not a viable mechanism for reaching most beneficiaries. Consequently, direct cash was used as the delivery mechanism for 93 percent of the unconditional cash transfers across Liberia and Sierra Leone”[74] However the steps set for digital cash deliveries during the crisis response allowed for an increased use of such transfer mechanisms in the region in the following years.
- In Rwanda, “moving toward a total close down, UNHCR is in discussion with the FSP to increase the amount of point of sales devices in the camps to promote the use of digital cash, with no extra cost to the beneficiaries. It is also exploring making the cards contactless during the pandemic to further minimize contact”[75].

[70] Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic
[71] Danish Refugee Council, presentation at West Africa Regional CWG meeting on 1 April 2020.
[72] Ibid
[73] Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic
[74] CaLP/ USAID Harnessing Digital Technology for Cash Transfer Programming in the Ebola Response
[75] UNHCR Cash assistance and COVID-19: Emerging field practices, *link available soon*

4. Programme design

Business continuity considerations for implementing organizations

- Where project staff movement is constrained, remote management and delivery options and techniques should be considered[76]
- Increased importance of strengthening partnerships with local partners and NGOs, building on the capacity, experience and knowledge, in crisis-affected areas.
- Increased demand may put pressure on partners and staff in country. It will be easier for organizations where investments have been made in capacity-building at country level (and now, increased importance of access to resources and e-learning tools).
- "Identify aspects of your programme which are difficult to conduct remotely or with limited mobility, and consult with donors to scrap them. This may include in-person verification, verification writ large, or detailed complaints monitoring. You may be constrained by lack of staff, or intermittent connectivity, for instance. Focus on the core aspects of your programme and do those as best you can"[77]
- "Assess the criticality of your programmes and conduct a prioritization" "Adjust ongoing programmes and design new ones"[78].

Targeting

- Current caseloads in humanitarian contexts likely to remain or be made more vulnerable by the economic situation (loss of casual labor opportunities, loss of income related to small businesses, etc)
- In locations that are very crowded, urban settings or refugee camps, the most vulnerable are likely to fall ill to COVID-19 and have less access to healthcare and other types of support.
- New caseloads might arise including: (1) those that were just above the poverty threshold that find themselves with a loss of income, and thereby start adopting negative coping mechanisms until falling in a situation of high vulnerability; (2) those that may be victims of consequences of the pandemic (civil unrest, etc).
- Need to support those who can't afford to stay without income for a long time.
- Targeting made more difficult by limitations on movement of project staff and implementing partners.

[76] NRC Cash Transfers in Remote Emergency Programming
[77] Mercy Corps tip sheet
[78] Danish Refugee Council, presentation at West Africa Regional CWG meeting on 1 April 2020.

Selection of the delivery mechanism

- As mentioned in the section above, prioritise delivery mechanisms that allow for the least contact where possible.
- "Assess the potentiality of diversifying transfer mechanisms within the same modality (...) to reduce pressure on certain outlets, or vice versa"[79]
- "Where contextually feasible, quickly assess and contract additional service providers to allow beneficiaries shorter transit time and more options for locations to redeem their assistance (e.g. adding cash out agents, banks, mobile network operator cash points, retailers etc)"[80]
- "Stagger delivery of CVA to reduce individual mobility, and congestion in market places and stores. (...) If doing card-based payments, then stagger distributions to cohorts over several days. Research has shown that transfers are put to use on the day of the transfer" [81]

Transfer value, frequency and duration

- Transfer value: "Increase the frequency of price monitoring surveys focusing on basic goods included in your (S)MEB. You may need to adjust your transfer values if there is significant and consistent price change"[82]
- Multi-purpose cash transfers may allow to prepare the most vulnerable households to prepare for medium/long periods without, or with reduced, income.
- MEB for Multi-purpose cash transfers: "Coordinate with cash working group and sectors to work with the existing or adapt the MEB value for Covid-19 crisis"[83]
- Transfer value may have to cater for inflation.
- "UNHCR Ethiopia is adjusting the transfer value for cash assistance to refugees in urban settings to cover for additional soap, sanitizer and water in light of COVID-19. The transfer will include a two-month advance payment with a top-up coupled with information campaigns to ensure that refugee cash recipients are aware of the COVID-related impacts and can plan accordingly"[84].
- Frequency: "If your context allows for limited mobility of individuals and regular food supplies, regular monthly transfer schedules can continue. However, if you expect more stringent mobility restrictions to come into effect, consider conducting lump-sum transfers instead, which will allow households to purchase goods while they can still access markets with relative ease. This would involve collapsing monthly transfers into a single up-front transfer"[85]

[79] WFP guidance for CVA in COVID-affected contexts
[80] ibid
[81] Mercy Corps tip sheet
[82] Mercy Corps tip sheet
[83] Plan International, Covid-19 adaptations to CVA interventions
[84] UNHCR Cash assistance and COVID-19: Emerging field practices, *link available soon*
[85] ibid

- You may even need to consider an upfront/"preventive" transfer before limitations of movement, issues with liquidity, or restrictions in cash out and purchases.
- "if you expect more stringent mobility restrictions to come into effect, consider conducting lump-sum transfers instead, which will allow households to purchase goods while they can still access markets with relative ease. This would involve combining monthly transfers into a single up-front transfer"[86].
- "The response is very context-specific. We are pursuing a range of approaches from increasing the transfer value, frontloading of payments (...) to testing of new technology such as contactless biometrics"[87]
- Some operational actors are also planning changes in frequency from monthly transfers to transfers covering for two months.[88]
- If changes in the frequency are made, ensure effective communication about the period the transfer is intended to cover.
- Duration: difficult to assess. The recovery phase may be a long way off, with limited to non-existent options for affected populations to recover their livelihoods/sources of income.

Selection/developing project indicators

- Consider remote monitoring options when developing key CVA-related interventions and related indicators to monitor process, activity, output and outcome level[89].

5. Implementation

Registration and data protection

- Registration needs to consider issues of preventing crowding, queuing with sufficient distance between each person, or alternative methods.
- Hand sanitizers or hand washing facilities must be made available before any contact between a person registering and a beneficiary; devices must be cleaned each time (e.g. fingerprint collector device).
- "where not absolutely critical, in contamination risk contexts, avoid biometric data collection" or in an active contamination context "avoid registration/data collection exercises all together"[90]
- "UNHCR Bangladesh, Ethiopia, Zambia and Malawi have piloted contactless biometrics through a newly developed BIMS iris scanner and experimented with using it in a zero-

[86] ICRC Tip sheet on CVA and COVID-19
[87] CaLP and CashCap blog, Covid 19 and CVA how are operational actors actors responding
[88] Ibid
[89] See for example NRC remote cash programming guidance
[90] WFP guidance for CVA in COVID-affected contexts

contact way" with the advantage of "Completely reduces the risk of COVID-19 transmission through contact"[91].

Delivery

- Access to distribution points, cash retrieval points or payment points may evolve rapidly (e.g. curfews, lockdowns, quarantines, etc).
- You may need to consider remote delivery options[92].
- "If a recipient household is self-isolating, they may not be able to reach markets and/or cash-out points. Think about if/how you can enhance your communication strategies to understand if/how a household is self-isolating, and contact them to identify if they have nominated a proxy."[93]

- Preventive measures:

  (1) "making awareness and prevention guidance available at all sites in the field, including registration, distribution, CVA outlets (e.g. banks, cash out points, retailers) in local languages"[94]

  "If you conduct physical distributions, then be sure to establish and clearly communicate protocols for handwashing, social distancing and premises/equipment cleaning"[95]

  (2) "make sure that all staff follow general COVID-19 guidance carefully - including hand washing, equipment cleaning, and proximity to program participants, stakeholders, and other members of staff"[96]

  (3) Avoiding crowding and "ensure adequate space is available to keep a 1-meter distance between beneficiaries and between beneficiaries and staff from organization/partner organization/service provider"[97]. 1.5 to 2-meter distance may be preferable when feasible.

  (4) "as people with symptoms pose the highest risk for transmission, beneficiaries coming to the distribution can be screened for increased temperatures (using contactless thermometers) and Respiratory Tract Infection symptoms and guided to a separate delivery point with more strict measures"[98].

[91] UNHCR Cash assistance and COVID-19: Emerging field practices*, link available soon*
[92] NRC remote cash programming guidance
[93] Mercy Corps tip sheet
[94] WFP guidance for CVA in COVID-affected contexts
[95] Mercy Corps tip sheet
[96] ibid
[97] WFP guidance for CVA in COVID-affected contexts
[98] Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic

(5) Ensure that people with symptoms can "have a substitute to collect the assistance on their behalf, so they can stay home".

(6) If measures like the above are not possible, "look at alternative transfer methods (for example block or household level distributions)"[99].

(7) Additional possibility to "Encourage CVA recipients to buy items which might increase the natural body defense mechanisms (e.g. citrus fruits and vegetable)" and preventive items "(e.g. clean water and hygiene items)"[100].

Communication and accountability

- Importance of regular communication with communities on the preventive measures to reduce the risk of COVID-19 transmission.
- Importance of hotlines for beneficiaries to call or other similar feedback mechanisms that don't include direct contact (but take into risk assessment the risk of not being able to do face to face follow-up/monitoring with beneficiaries)[101].
- Importance to indicate a channel for COVID-19 related questions: "Indicate that if people do have specific questions on COVID-19 they can call (provision of key messages as outlined by WHO and also share contact details for relevant government hotlines)"[102]
- The IFRC Community Engagement Hub has useful COVID-specific resources to support communication and accountability in COVID settings

6. Monitoring

Process and output monitoring, Market monitoring, Outcome monitoring

- Likelihood of having to do remote monitoring - in part or in full (depending on movement limitation in country, presence of staff in areas of intervention, etc).
- At a distribution or cash out point "Monitor whether attendance rate is lower than usual/ if teams are findings that households are uncomfortable to engage"[103]
- This crisis may require a higher capacity to adapt and adjust programmes, let monitoring continuously inform adaptiveness. Document and share lessons learned in a timely manner to the wider community of practice.

Please continue to share resources, tips, learning and key questions on d-groups and through the google sheet.

[99] ICRC Tip sheet on CVA and COVID-19
[100] ICRC Tip sheet on CVA and COVID-19
[101] See, for example, IFRC COVID community engagement hub
[102] CCI Guidance on Minimum Standards for MPCA during COVID-19 working document
[103] CCI Guidance on Minimum Standards for MPCA during COVID-19 working document