

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 impoverishment¹."

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 impact was much more severe than the sanitary crisis 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.

¹ [ODI Blog From Poverty to Pandemic implications](#)

² Global Humanitarian Response Plan, p.13, <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

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 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 cycle⁵

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.

³ Global Humanitarian Response Plan, <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

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](#)

- 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
- “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 enroll into your programming may be limited. Think through this scenario with your payment provider as soon as you can¹⁰.
- 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.

⁶ [Mercy Corps COVID and CVA tipsheet, 17 March 2020](#)

⁷ Kathryn Taetzsch, WVI, D-group post, March 2020

⁸ Kathryn Taetzsch, WVI, D-group post, March 2020

⁹ [Mercy Corps COVID-19 CVA Payments and Digital Data management, 19 March 2020](#)

¹⁰ *ibid*

- “Undertake an updated mapping and analysis of Financial Service Providers: There is a need for actors to work together to undertake constant mapping and analysis of risk in the FSP system and identify any measures or advocacy that may be needed”¹¹.
- 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 world¹².
- 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.
- 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.”¹³
- Readiness to rapidly review of the Minimum Expenditure Basket (MEB) or Survival MEB (SMEB) and the recommended cash transfer amounts¹⁴.

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.
- It is a crisis that might come in waves, hence the importance to also think in the longer-term (sustainable approaches, building capacities, etc).
- 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.

¹¹ [The Cash Consortium of Yemen \(CCY\): Statement on likely impacts of COVID-19 on Humanitarian Cash Transfers in Yemen, April 2020](#)

¹² [FSPs mapping for West Africa](#), by the Regional CWG, as of 6 April 2020.

¹³ [CaLP and CashCap blog: “Covid 19 and CVA how are operational actors responding”, 30 March 2020](#)

¹⁴ [The Cash Consortium of Yemen \(CCY\): Statement on likely impacts of COVID-19 on Humanitarian Cash Transfers in Yemen, April 2020](#)

- 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 barriers¹⁵.
- 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”¹⁶.
- Assess the implications of lockdowns in “high density areas, refugee camps, for day laborers, for seasonal agriculturalists, for domestic workers or for those who depend on active and consuming middle and high income classes for their livelihoods”, “Populations that could previously just get by are losing their livelihoods as businesses shut down and movement is restricted”, “stockpiling of essential commodities is a distant dream for the majority of the population that lives from day to day”¹⁷
- “Unlike most humanitarian crises, assets and infrastructure have not been lost; (...) What have been (and will continue to be) devastated are incomes, livelihoods and the rhythms of normal life”.¹⁸
- “It is a hammer blow for millions more who can only eat if they earn a wage”.¹⁹
- “WFP analysis shows that, due to the Coronavirus, an *additional* 130 million people could be pushed to the brink of starvation by the end of 2020”²⁰.
- 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 groups²¹. Importance to look at the possible provision of CVA “within the broader landscape of financial assistance, including remittances, social transfers, and person-to-person giving, which reach people affected by crisis”²²
- Monitor the possible reduction of flow in remittances due to economic standstill in countries where remittance flows are emitted (e.g. expected significant reduction in remittances flows to Yemen). “Global remittances are projected to decline sharply by

¹⁵ [Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic, April 2020](#)

¹⁶ [Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic](#)

¹⁷ CaLP blog [“Impossible choices: questioning assumptions behind lockdown in low income and fragile contexts”](#), 8 April 2020.

¹⁸ [MiC Statement COVID-19, 16 April 2020](#)

¹⁹ WFP Senior economist, Arif Husain, [BBC article World Risks ‘Biblical famines’ due to pandemic, 22 April 2020](#)

²⁰ [2020 Global report on food crises](#), April 2020

²¹ [SEEP, Saving Groups and COVID-19](#), April 2020

²² [CaLP/IARAN Future of Financial Assistance report](#)

about 20 percent in 2020 due to the economic crisis induced by the COVID-19 pandemic and shutdown. The projected fall, which would be the sharpest decline in recent history, is largely due to a fall in the wages and employment of migrant workers, who tend to be more vulnerable to loss of employment and wages during an economic crisis in a host country.”²³ “This will likely have a direct impact upon the most vulnerable households, removing a critical support system”²⁴.

- “Scale back to remote data collection wherever possible to limit the frequency, proximity, and quantity of person-to-person contact”²⁵. Consider ways to ensure that remote data collection and management do not undermine programme quality.²⁶

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”²⁷.

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)”²⁸.
- 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.

²³ [World Bank Predicts Sharpest Decline of Remittances in Recent History](#), 22 April 2020

²⁴ [The Cash Consortium of Yemen \(CCY\): Statement on likely impacts of COVID-19 on Humanitarian Cash Transfers in Yemen, April 2020](#)

²⁵ [Mercy Corps tip sheet, 17 March 2020](#)

²⁶ [NRC Cash transfers in remote emergency programming, August 2016](#)

²⁷ [Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic, April 2020](#)

²⁸ [ICRC Tip sheet on CVA and COVID-19](#), 21 March 2020, also available in [French](#)

- 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”²⁹
- “Impact and causes of impact of the epidemics on markets systems (price but also access to markets) and livelihoods”³⁰.
- “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”³¹.

Markets of services more specifically:

- Assess whether essential health services are maintained during the COVID-19 epidemic³².

Collection of information on markets:

- Collection of information may have to be done in a more remote way.
- “Leverage your networks, and gather information about important markets, using phones or other remote means, even on an informal basis”³³.
- “Gather existing market data from multiple relevant sources, determine data gaps” and “Identify opportunities for shared data gathering with other organizations”³⁴.

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”³⁵ e.g. In Iraq, multiple Hawala agents cannot fulfil demand due to the reduction in cross border remittances and general disruption to the banking system³⁶.
- 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.

²⁹ [CaLP Lessons learnt from Ebola](#) in West Africa, 2018

³⁰ [CaLP Lessons learnt from Ebola](#) in West Africa, 2018

³¹ [MERS Guidance in Response to COVID-19, 30 March 2020](#)

³² [Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic, April 2020](#)

³³ [MERS Guidance in Response to COVID-19, 10 April 2020](#)

³⁴ [MERS Guidance in Response to COVID-19, 10 April 2020](#)

³⁵ [CaLP Lessons learnt from Ebola](#) in West Africa, 2018

³⁶ [The Cash Consortium of Yemen \(CCY\): Statement on likely impacts of COVID-19 on Humanitarian Cash Transfers in Yemen, April 2020](#)

- 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”³⁷.
- “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”³⁸
- “Talk to the FSP at capital and payout locations, as this may vary by location”³⁹.
- “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”⁴⁰.

Working with Social Protection systems and other financial flows

- In most crisis contexts, humanitarian funding represents a tiny proportion of overall financial flows⁴¹. Understand what types of financial assistance people have access to and how humanitarian CVA could work with or alongside these for greater impact⁴².
- 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 doing⁴³) 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 Plan⁴⁴.

³⁷ [CARE TIP Sheet cash and voucher assistance during COVID-19 available in Spanish, French, and Arabic](#)

³⁸ [Mercy Corps COVID-19 CVA Payments and Digital Data management, 19 March 2020](#)

³⁹ [CARE Tip Sheet CVA during COVID-19, available in Spanish, French, and Arabic](#)

⁴⁰ Nathalie Klein, West Africa Ebola, Lessons learnt

⁴¹ ODI blog, [Tip of the iceberg: why 99 percent of humanitarian resources in crises are ignored, November 2019.](#)

⁴² CaLP/ IARAN: [Future of Financial Assistance](#)

⁴³ Gentilini Ugo, [Lessons for using universal basic income during a pandemic, 13 March 2020](#)

⁴⁴ Global Humanitarian Response Plan, <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

- “Particular attention should be paid to existing social safety nets which could be supported”⁴⁵.
- Where government social safety nets exist: humanitarian CVA could be used for specific groups/top-ups.
- Where social safety nets are nascent or non-existing: humanitarian CVA could be used for delivery and coverage expansion⁴⁶.
- “Act in the short-term and think in the medium/long-term”⁴⁷.

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”⁴⁸.
- 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 consistent and properly regulated”. We need to be ready if and when that does occur, especially if you envision operating at scale⁴⁹.
- “As a principle, agencies implementing cash and in-kind transfers should support and seek to align with government social protection response to COVID-19 as far as possible, where feasible and appropriate”⁵⁰. 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”⁵¹.
- 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

⁴⁵ [ICRC Tip sheet on CVA and COVID-19](#), 21 March 2020, also available in [French](#)

⁴⁶ CaLP and Grand-Bargain sub group on [linking social protection and humanitarian cash series](#) webinar of 16 April, on lessons learned and opportunities in a pandemic, [recording](#) and [slide presentation](#).

⁴⁷ Ibid

⁴⁸ [Mercy Corps, Tip sheet on CVA and Social Protection systems during COVID-19](#), 31 March 2020.

⁴⁹ [Mercy Corps, Tip sheet on CVA and Social Protection systems during COVID-19](#), 31 March 2020.

⁵⁰ [CCD Social Protection Working Group: Advocacy in Response to COVID-19, April 2020](#)

⁵¹ [Mercy Corps, Tip sheet on CVA and Social Protection systems during COVID-19](#), 31 March 2020.

Government which is centralizing the response. Humanitarian actors will still advocate for humanitarian access, can influence, etc. This is also an opportunity for joint work⁵².

Risk and opportunity assessment

- Assess the risks for your own staff.

Contextual, Programmatic, Institutional and Market-related risks:

- 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”⁵³
- CWG in South Sudan published a great Risk Matrix for CVA in COVID-19⁵⁴.

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”⁵⁵.
- “Conduct a protection analysis on security for the beneficiaries.”⁵⁶
- 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.⁵⁷
- The pressures specific to this crisis, and the confinement, may exacerbate GBV.⁵⁸ Assess whether cash transfers/the injection of a source of money in the household could help reduce such risks.
- “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”⁵⁹. “Use the CVA and GBV Compendium”⁶⁰

⁵² Nathalie Klein, Ebola Lessons learnt, interview in April 2020.

⁵³ [CaLP Lessons learnt from Ebola](#) in West Africa

⁵⁴ [South Sudan CWG Risk Matrix for CVA in COVID-19](#), 13 April 2020

⁵⁵ [CaLP Lessons learnt from Ebola](#) in West Africa, 2018

⁵⁶ [CaLP Lessons learnt from Ebola](#) in West Africa, 2018

⁵⁷ [Gender Implications of Covid-19 Outbreaks in Development and Humanitarian Settings](#)

⁵⁸ [Addressing Gender-Based Violence Risks in COVID-19](#)

⁵⁹ [CARE Tip Sheet CVA during COVID-19](#)

⁶⁰ [CVA and GBV Compendium](#) also available in French, Spanish and Arabic.

Coordination

- Coordination will be key throughout; from the preparedness phase to monitoring, evaluating and re-adapting.
- “The far reach of this epidemic means that resources will be stretched beyond anything we have previously experienced. It is essential that aid and development organizations share information and coordinate efforts at a higher level than seen previously in order to preserve resources”⁶¹.

Active role of CWG and key importance of bridging with clusters most engaged/impacted by pandemic:

- Crisis has very strong cross-sector features (Health, WASH, Protection, Logistics/(Supply), etc) together with an overall heavy impact on economics/livelihoods.
- Strong recommendations for CWGs to reach out to all relevant clusters/sectors and vice-versa, and work together, including on joint advocacy.
- Delivering CVA to mitigate negative impacts on household income and livelihoods “requires cluster partners to consider whether current or planned CVA needs to be adapted to the new COVID-19 context, and how CVA can help delivering future programmes to address the COVID-19 pandemic and its consequences. As CVA cuts across sectors and can help deliver outcomes in a majority of them, it is necessary to work across sectors and together with the CWG for optimal results”⁶².
- Advocate together to the Government for an exemption of restrictions according to needs e.g. permission to reach a cash-out for beneficiaries, ensuring FSPs can access targeted geographical locations, etc.

Market data and analysis:

- “working with governments; as well as gathering harmonized data on market context and sharing widely so that appropriate market-based interventions can take place safely”⁶³
- Establish systems and forums now to enable the sharing of market data: There is a need to put in place systems and resources now to enable transparency and information sharing on the functionality of key supply chains (regular sharing of VAM and FAO reports, data collected by the logistic cluster on prepositioning of key commodities)”⁶⁴.

Linking with Governments, with social protection systems, and development actors:

- “Coordination can be an important entry point and opportunity to strengthen partnership with the national lead for response”⁶⁵.

⁶¹ [MERS Guidance in Response to COVID-19, 10 April 2020](#)

⁶² [COVID-19 Implications for Programming of Cash and Voucher Assistance for Education in Emergencies, April 2020](#)

⁶³ [MERS Guidance in Response to COVID-19, 10 April 2020](#)

⁶⁴ [The Cash Consortium of Yemen \(CCY\): Statement on likely impacts of COVID-19 on Humanitarian Cash Transfers in Yemen, April 2020](#)

⁶⁵ CaLP and Grand-Bargain sub group on [linking social protection and humanitarian cash series](#) webinar of 16 April, on lessons learned and opportunities in a pandemic, [recording](#) and [slide presentation](#).

- “New opportunity to improve ways of working together, as humanitarian and development actors, to learn how to link humanitarian response to social protection systems and to contribute to the strengthening of the shock responsive element of social protection systems”⁶⁶
- “Explore how humanitarian and development actors can coordinate now and in the future to better assist those affected by co-variate shocks”⁶⁷.

3. Response Analysis

Market Analysis

- “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”⁶⁸
- 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”⁶⁹
- “Ensure solid links and exchange of information with relevant national authorities on imports, prices, supply chain, etc”⁷⁰
- “All humanitarian programs should consult technical staff who can provide livelihoods and market advice”⁷¹

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”⁷².
- “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

⁶⁶ CaLP Blog [“Impossible choices: questioning assumptions behind lockdown in low income and fragile contexts”](#), 8 April 2020.

⁶⁷ CaLP Blog [“Impossible choices: questioning assumptions behind lockdown in low income and fragile contexts”](#), 8 April 2020.

⁶⁸ [WFP guidance for CVA in COVID-affected contexts, March 2020](#)

⁶⁹ *ibid*

⁷⁰ *ibid*

⁷¹ [MERS Guidance in Response to COVID-19, 10 April 2020](#) (Core Standard 1)

⁷² [Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic, April 2020](#)

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”⁷³.

- Understand what other COVID-19 related needs people are facing, in addition to cash.
- 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”⁷⁴.
- “It is important for inclusive cash transfer programming that beneficiaries with restricted mobility are adequately accounted for”⁷⁵.

Identification during COVID-19:

- “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”⁷⁶
- “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”⁷⁷.
- “Maintain an approach to conduct assessments outside of homes, at a distance (approx 2 m)”⁷⁸
- 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”⁷⁹.

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 households⁸⁰.

⁷³ Ibid

⁷⁴ [MERS Guidance in Response to COVID-19, March 2020](#)

⁷⁵ CaLP West Africa Ebola learning and [outcome analysis, April 2018](#)

⁷⁶ [CCI Guidance on Minimum Standards for MPCA during COVID-19 working document](#)

⁷⁷ [ICRC Tip sheet on CVA and COVID-19](#), 21 March 2020, also available in [French](#)

⁷⁸ [ICRC Tip sheet on CVA and COVID-19](#), 21 March 2020, also available in [French](#)

⁷⁹ [UNHCR Cash assistance and COVID-19: Emerging field practices](#), April 2020

⁸⁰ CaLP West Africa Ebola learning and [outcome analysis, April 2018](#)

- 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).⁸¹
- “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 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”.⁸²
- 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 groups⁸³ 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.
- “CVA is seen by many as well placed to mitigate the negative impact of the COVID-19 pandemic on household income and livelihoods, as well as a safer option than in-kind for providing rapid relief during the pandemic where conditions allow”⁸⁴.
- 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”⁸⁵.
- Top-ups to multi-purpose cash can be considered to cover for specific sectoral needs that have been exacerbated by the pandemic e.g. “considering delivery of education-related top-ups of MPC, to cover new education expenses incurred because of new methods of remote learning, or related to resuming education after the lockdown ends” as “when the

⁸¹ CaLP West Africa Ebola learning and [outcome analysis, April 2018](#)

⁸² [Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic, April 2020](#)

⁸³ Global Humanitarian Response Plan, <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

⁸⁴ [COVID-19 Implications for Programming of Cash and Voucher Assistance for Education in Emergencies, April 2020](#)

⁸⁵ [Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic, April 2020](#)

lockdown will be lifted, it is likely that more households will be under the poverty line than before”⁸⁶.

- Some of the following applications of CVA were used for the Ebola response⁸⁷ 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.
- CVA as replacement for school feeding: “If it is feasible and appropriate, provide CVA in replacement of school feeding, if possible through collaboration with a social safety net”⁸⁸.

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”⁸⁹.
- “we should now, more than ever, be framing these responses within a markets lens”⁹⁰
- “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 actors and government to support suppliers in new ways to distribute stock safely and ensure replenishment in the supply chains”⁹¹.
- “Identify where market actors are already making positive changes and find ways to reinforce this behavior”⁹²
- The market approach should follow *Do No Harm* principles. With monitoring of market functioning and prices, the right market impact questions should be asked around the transfer modalities used in each location and moment of the response. “Humanitarian action at this time should not make it harder for traders to resume operations or for small businesses to reopen”. E.g. with in-kind food aid being delivered that could “lengthen the impact of the economic crisis”.

Some things you could keep in mind are the following:

⁸⁶ [COVID-19 Implications for Programming of Cash and Voucher Assistance for Education in Emergencies, April 2020](#)

⁸⁷ [CaLP Lessons learnt from Ebola](#) in West Africa, 2018

⁸⁸ [WFP, FAO, UNICEF interim guidance note on Mitigating the Effects of the COVID-19 Pandemic on Food and Nutrition of Schoolchildren, 7 April 2020](#)

⁸⁹ [ICRC Tip sheet on CVA and COVID-19](#), 21 March 2020, also available in [French](#)

⁹⁰ [MiC Statement COVID-19, 16 April 2020](#)

⁹¹ [MERS Guidance in Response to COVID-19, March 2020](#) (Standards 4 and 5)

⁹² [MERS Guidance in Response to COVID-19, 10 April 2020](#) (Core Standard 1)

- 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”⁹³
- “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”⁹⁴.
- 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 now⁹⁵.

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”⁹⁶. Promote “public health messages to slow or stop the spread of the virus”⁹⁷. For examples of messaging to beneficiaries see resources 1 and 2 used by the Cash Consortium for Iraq⁹⁸.
- Ensure the least and safest contact between the provider and the beneficiary (e.g. providers wearing masks and gloves and practicing basic hygiene behaviors like handwashing).
- All involved in the delivery of CVA are “expected to implement the basic preventive measures to reduce the risk of transmission”⁹⁹.
- Make sure that “beneficiaries can access items safely”.¹⁰⁰

⁹³ [Mercy Corps tip sheet, 17 March 2020](#)

⁹⁴ [ICRC Tip sheet on CVA and COVID-19](#), 21 March 2020, also available in [French](#)

⁹⁵ Nathalie Klein, West Africa Ebola Lessons Learnt, interview in April 2020.

⁹⁶ Ibid

⁹⁷ [Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic, April 2020](#)

⁹⁸ [Cash Consortium for Iraq \(CCI\) Minimum Standards for Multi-Purpose Cash Assistance Distributions](#), 13 April 2020

⁹⁹ Ibid

¹⁰⁰ Ibid

- Reduce queuing and clustering at distribution sites, cash retrieval points or payment points, and ensure adequate distancing. Stress that “only one person should attend (present themselves) for the household”¹⁰¹
- 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”.¹⁰²
- 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.¹⁰³

Considerations in selecting the delivery mechanism:

- As stressed throughout the Global Health guidance¹⁰⁴, what is key for any delivery mechanism is making sure that the health/sanitary preventive measures to reduce COVID-19 transmission are being applied.
- “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”¹⁰⁵.
- 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”¹⁰⁶. These types of payments can help avoid “distribution”-like settings at the moment when the cash is being handed out, can give more flexibility to recipients and can help stagger more easily the retrieval/payment process.
- 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

¹⁰¹ [Cash Consortium for Iraq \(CCI\) Minimum Standards for Multi-Purpose Cash Assistance Distributions](#), 13 April 2020

¹⁰² [Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic, April 2020](#)

¹⁰³ Danish Refugee Council [presentation at West Africa Regional CWG meeting on 1 April 2020](#).

¹⁰⁴ [Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic, April 2020](#)

¹⁰⁵ Ibid

¹⁰⁶ [Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic, April 2020](#)

Liberia and Sierra Leone”¹⁰⁷ 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”¹⁰⁸.

4. Programme design

Business continuity considerations for implementing organizations

- Where project staff movement is constrained, remote management and delivery options and techniques should be considered¹⁰⁹
- 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”¹¹⁰
- “Assess the criticality of your programmes and conduct a prioritization” “Adjust ongoing programmes and design new ones”¹¹¹.

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.

¹⁰⁷ [CaLP/USAID Harnessing Digital Technology for Cash Transfer Programming in the Ebola Response, September 2017](#)

¹⁰⁸ [UNHCR Cash assistance and COVID-19: Emerging field practices](#), April 2020

¹⁰⁹ [NRC Cash Transfers in Remote Emergency Programming, August 2016](#)

¹¹⁰ [Mercy Corps tip sheet, 17 March 2020](#)

¹¹¹ Danish Refugee Council [presentation at West Africa Regional CWG meeting on 1 April 2020](#).

- 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.

Selection of the delivery mechanism

- As mentioned in the section above, prioritize 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”¹¹²
- “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)”¹¹³
- “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”¹¹⁴

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”¹¹⁵
- 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”¹¹⁶ e.g. “Considering the inclusion or revision of education-related expenses in the MEB”¹¹⁷
- 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

¹¹² [WFP guidance for CVA in COVID-affected contexts, March 2020](#)

¹¹³ [ibid](#)

¹¹⁴ [Mercy Corps tip sheet, 17 March 2020](#)

¹¹⁵ [Mercy Corps tip sheet, 17 March 2020](#)

¹¹⁶ [Plan International, Covid-19 adaptations to CVA interventions, March 2020](#)

¹¹⁷ [COVID-19 Implications for Programming of Cash and Voucher Assistance for Education in Emergencies, April 2020](#)

campaigns to ensure that refugee cash recipients are aware of the COVID-related impacts and can plan accordingly”¹¹⁸.

- **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”¹¹⁹
- 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”¹²⁰.
- “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”¹²¹
- Some operational actors are also planning changes in frequency from monthly transfers to transfers covering for two months.¹²²
- 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 level¹²³.

5. Implementation

Registration and data protection

- Registration needs to consider issues of preventing crowding, queuing with sufficient distance between each person, or alternative methods.

¹¹⁸ [UNHCR Cash assistance and COVID-19: Emerging field practices](#), April 2020

¹¹⁹ [UNHCR Cash assistance and COVID-19: Emerging field practices](#), April 2020

¹²⁰ [ICRC Tip sheet on CVA and COVID-19](#), 21 March 2020, also available in [French](#)

¹²¹ [CaLP and CashCap blog, Covid 19 and CVA how are operational actors responding, 30 March 2020](#)

¹²² [Ibid](#)

¹²³ See for example [NRC remote cash programming guidance](#)

- 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”¹²⁴
- “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-contact way” with the advantage of “Completely reduces the risk of COVID-19 transmission through contact”¹²⁵.

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](#)¹²⁶.
- “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.”¹²⁷

- 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”¹²⁸

“If you conduct physical distributions, then be sure to establish and clearly communicate protocols for handwashing, social distancing and premises/equipment cleaning”¹²⁹

(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”¹³⁰

(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

¹²⁴ [WFP guidance for CVA in COVID-affected contexts](#), March 2020

¹²⁵ [UNHCR Cash assistance and COVID-19: Emerging field practices](#), April 2020

¹²⁶ [NRC remote cash programming guidance, August 2016](#)

¹²⁷ [Mercy Corps tip sheet, 17 March 2020](#)

¹²⁸ [WFP guidance for CVA in COVID-affected contexts, March 2020](#)

¹²⁹ [Mercy Corps tip sheet, 17 March 2020](#)

¹³⁰ *ibid*

organization/service provider¹³¹. 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”¹³².

(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)”¹³³.

(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)”¹³⁴.

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)¹³⁵.
- 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)”¹³⁶
- The [IFRC Community Engagement Hub](#) has useful COVID-specific resources to support communication and accountability in COVID settings.
- “Feedback mechanisms which will be essential for accountable assistance, may also help support better design of appropriate services in these new and complex operating environments”¹³⁷.

¹³¹ [WFP guidance for CVA in COVID-affected contexts, March 2020](#)

¹³² [Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic, April 2020](#)

¹³³ [ICRC Tip sheet on CVA and COVID-19, 21 March 2020](#), also available in [French](#)

¹³⁴ [ICRC Tip sheet on CVA and COVID-19, 21 March 2020](#), also available in [French](#)

¹³⁵ See, for example, [IFRC COVID community engagement hub](#)

¹³⁶ [CCI Guidance on Minimum Standards for MPCA during COVID-19 working document](#)

¹³⁷ [CCD Social Protection Working Group: Advocacy in Response to COVID-19, April 2020](#)

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”¹³⁸
- 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.
- Market monitoring: “increasing market monitoring and preparing for remote market monitoring” “There is likely going to be a need for real-time information on market prices to inform programming and ensure that cash remains an appropriate response modality in the COVID-19 response”. “(...) there is likely a need to increase the frequency of data collection and analysis from monthly to potentially weekly monitoring”¹³⁹.

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

¹³⁸ [CCI Guidance on Minimum Standards for MPCA during COVID-19 working document](#)

¹³⁹ [The Cash Consortium of Yemen \(CCY\): Statement on likely impacts of COVID-19 on Humanitarian Cash Transfers in Yemen, April 2020](#)

ANNEX 1: List of resources

BBC article World Risks 'Biblical famines' due to pandemic, 22 April 2020

CaLP and Grand-Bargain sub group on linking social protection and humanitarian cash series webinar of 16 April 2020, on lessons learned and opportunities in a pandemic, recording and slide presentation.

CaLP and CashCap blog: "Covid 19 and CVA how are operational actors responding", 30 March 2020

CaLP blog "Impossible choices: questioning assumptions behind lockdown in low income and fragile contexts", 8 April 2020.

CaLP/IARAN Future of Financial Assistance report

CaLP Lessons learnt from Ebola in West Africa, 2018

CaLP Programme Quality Toolbox

CaLP/USAID Harnessing Digital Technology for Cash Transfer Programming in the Ebola Response, September 2017

CaLP West Africa Ebola learning and outcome analysis, April 2018

CARE TIP Sheet cash and voucher assistance during COVID-19 available in Spanish, French, and Arabic

Cash Consortium of Yemen (CCY): Statement on likely impacts of COVID-19 on Humanitarian Cash Transfers in Yemen, April 2020

CCD Social Protection Working Group: Advocacy in Response to COVID-19, April 2020

Cash Consortium for Iraq (CCI) Minimum Standards for Multi-Purpose Cash Assistance Distributions, 13 April 2020

CVA and GBV Compendium also available in French, Spanish and Arabic.

Danish Refugee Council presentation at West Africa Regional CWG meeting on 1 April 2020

FSPs mapping for West Africa, by the Regional CWG, as of 6 April 2020.

GBV, Addressing Gender-Based Violence Risks in COVID-19

Gender Implications of Covid-19 Outbreaks in Development and Humanitarian Settings

Gentilini Ugo, Lessons for using universal basic income during a pandemic, 13 March 2020

Global Education Cluster: COVID-19 Implications for Programming of Cash and Voucher Assistance for Education in Emergencies, April 2020

Global Health Cluster Guidance note on the role of CVA to reduce financial barriers in the response to the COVID-19 pandemic, April 2020

Global Humanitarian Response Plan, <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

2020 Global report on food crises, April 2020

ICRC Tip sheet on CVA and COVID-19, 21 March 2020, also available in [French](#)

Mercy Corps COVID and CVA tipsheet, 17 March 2020

Mercy Corps COVID-19 CVA Payments and Digital Data management, 19 March 2020

Mercy Corps, Tip sheet on CVA and Social Protection systems during COVID-19, 31 March 2020.

MERS Guidance in Response to COVID-19, 30 March 2020

MERS Guidance in Response to COVID-19, 10 April 2020

MiC Statement COVID-19, 16 April 2020

NRC Cash transfers in remote emergency programming, August 2016

ODI Blog, From Poverty to Pandemic implications

ODI blog, Tip of the iceberg: why 99 percent of humanitarian resources in crises are ignored, November 2019.

Plan International, Covid-19 adaptations to CVA interventions, March 2020

[SEEP, Saving Groups and COVID-19](#), April 2020

South Sudan CWG Risk Matrix for CVA in COVID-19, 13 April 2020

UNHCR Cash assistance and COVID-19: Emerging field practices, April 2020

WFP guidance for CVA in COVID-affected contexts, March 2020

WFP, FAO, UNICEF interim guidance note on Mitigating the Effects of the COVID-19 Pandemic on Food and Nutrition of Schoolchildren, 7 April 2020

World Bank Predicts Sharpest Decline of Remittances in Recent History, 22 April 2020