

CVA and COVID19 TipSheet

April 2020

While the Gaza Strip has not experienced a violent outbreak of COVID19 cases, secondary and indirect effects of the measures necessary to prevent the spread of the virus have impacted the regular humanitarian work implemented in the area.

This note aims at collecting learning, practices and initiatives from both context-specific and global levels, with the purpose of supporting Cash and Voucher Assistance (CVA) actors in Gaza:

- to adapt their current programmes and to explore possibilities of using them to mitigate the spread in the context and COVID19;
- to consider ways in which CVA can support COVID19 response at the current stage.

The note is meant to be a living document which will continuously develop as the crisis keeps unfolding. Contribution from all members of the CVA community in Gaza is crucial to ensure appropriateness and the relevance of the information included.

Adaptation of current programming, as well as set-up of new and targeted actions, must be designed in line with the health authorities' recommendations to prevent and contain the spread of the virus. Additionally, Protection aspects must be always taken into consideration to ensure *Do No Harm* principle.

1. Programme Adaptation

a) Targeting and Monitoring

- Use remote data collection modalities to ensure reduction of contacts and exposure between people, including both staff and beneficiaries.
- Strengthen information sharing and cross-checking to reduce need for field activities and avoid duplications. Several databases with relevant information are available both at authorities and at humanitarian community levels.
- Consider utilizing secondary data and existing databases for rapid targeting.
- If in-person data collections are necessary ensure physical distancing, provide PPE to the staff involved, and make use of the assessment meeting to spread messages and reliable information about COVID19.
- Ensure inclusion of the most vulnerable, including the elderly and persons with disabilities, in your data collection, especially if conducted remotely, and develop a strategy to target them.

b) Delivery mechanisms

- Mix of modalities, and mix of mechanisms within each modality, must be taken into consideration. This is in order to:
 - 1) avoid gathering and crowds,
 - 2) reach the most vulnerable with more suitable methodologies,
 - 3) reduce the impact of restrictions by diversifying the options.

- Consider the use of electronic payments (ATM cards, Vouchers, etc) to reduce exposition to potentially infected surfaces and to avoid crowdedness at distribution points.
- Explore the possibility of issuing PIN codes instead of magnetic card (cardless option).
- If looking at electronic payments, work to avoid exclusion of some vulnerable categories (elderlies, PwD, etc). Adapt tools and messaging to include everyone.
- Build on the existing relationships with your FSP to explore possibilities of adapting, adjusting and scaling up systems to ensure time and safe delivery of assistance. FSPs options in Gaza are quite limited, which allows to benefit from other partners experiences.
- Initial discussions among CWG member to evaluate the following methodologies (alternative to the regular utilization of banks), voucher remain a viable option:

Option	Pros	Cons	Consideration
<u>Cash in Hand</u> (either “House to House” or in Office)	<ul style="list-style-type: none"> • the whole distribution process is internal to the organization, no need to contract external FSP. • Allows for reaching the most vulnerable (including for movement restrictions) safely and quickly. • Relevant authorities, including MoA and MoSD, seems in favor of exploring this option and would provide support in liaising with government. 	<ul style="list-style-type: none"> • Require big efforts in term of staffing, timing, logistic arrangement, security measures. • Staff might be unable to move around to distribute if restrictions are increased. • It is considered riskier in the Gaza context and might not be well accepted by some authorities. 	<ul style="list-style-type: none"> • If doing cash in hand, preventive measures will have to be put in place for the staff • Effective in reducing households’ outdoor movements and...reducing the risk of spreading the virus • Effective because it decreases the risk of crowding if done from house to house
<u>ATM cards</u>	<ul style="list-style-type: none"> • PMA and BoP confirmed ATMs will remain accessible and “with funds” in any scenario. • Can reduce the risk of gathering and crowd at encashment points (still to be considered the distribution of cards) 	<ul style="list-style-type: none"> • The activation process is very long and require multiple banking processes (opening accounts) which might be difficult given the partial operations in the banks. • Physical distribution of cards might be hampered by movement restrictions. 	<ul style="list-style-type: none"> • Since the virus may stay on surfaces for several hours and maybe days, messaging around preventive measures will have to take place before distribution – including washing hands, and cleaning of ATM’s after usage. •
<u>Currency Exchange offices</u>	<ul style="list-style-type: none"> • Might be less affected by official restrictions. 	<ul style="list-style-type: none"> • Issues with potential “affiliation” to groups/parties + KYC 	<ul style="list-style-type: none"> • How to plan distributions to stagger them over

	<ul style="list-style-type: none"> • Much easier to deal with in term of contracting 	<p>regulations. This may result in severe risks for beneficiaries, Currency Exchange offices themselves and, also, INGOs.</p> <ul style="list-style-type: none"> • Risk of causing gathering at distribution points (heath risk). 	<p>several days to reduce the risk of congregation.</p>
<p><u>Financial Inclusion Account</u> (حساب الشمول المالي)</p>	<ul style="list-style-type: none"> • Allows beneficiaries to become actual clients of banks • Provide ATM cards to account holder • Aligns with nationals Social Protection mechanisms 	<ul style="list-style-type: none"> • Activation process for large numbers may be long, especially during lockdown period. • Requires physical presence at the bank for opening, but process can be organized and facilitated by NGO 	<ul style="list-style-type: none"> • To be considered as a longer-term solution.

c) Distribution and Assistance

- Cluster different payments for different months in fewer instalments to reduce beneficiaries/staff movements, exposure to the virus, and workload of organizations.
- Consider the adjustment of transfer values to cover unforeseen needs such as hygiene and cleaning items. Increase can be both one-shot or for a limited number of instalments.
- Evaluate the possibility of relaxing restrictions attached to the assistance distributed in order to allow HHs to have increased flexibility to choose their more pressing needs. Think “good enough approach.”
- Consider adapting distribution protocols to avoid forcing people to use public transportation and spend long hours outside and/or in crowded places.
- If distributions in person are unavoidable, ensure respect of physical distancing and provide hand washing/hand sanitizers tools.
- Conduct messaging and awareness raising activities along with the cash distribution. Using current distribution lists and messaging procedures (to inform about delivery) to spread reliable information and news about COVID19 prevention and response.
- Use and share materials from the weekly-updated “COVID-19 Risk Communications and Engagement Plan (RCCE)”. Make sure field staff is familiar with the materials and the methods for disseminating it.
- Sensitize HHs receiving cash about COVID19 prevention/mitigation measures, especially in relation to going out to spend the assistance. Avoid having cash distribution as a push factor for people to go out without considering safety behaviours.

- Include health related component along with CVA distributions (Cash+). E.g. delivery of PPE for beneficiaries to allow them to safely access cash out points and markets.

2. CVA during COVID19

“It is important to remember that even though the COVID-19 pandemic is most immediately a health crisis, the secondary and broader effects will be financial and economic.”¹

- COVID19 is going to have serious repercussions on HHs, both those already vulnerable and those who risk falling into vulnerability: HHs with members (especially bread-winners) in quarantine facilities, HHs in quarantine due to a member contracting or suspected of contracting COVID-19, HHs impacted by government-mandated distancing measures, HHs whose livelihoods depend on movements which has been restricted, such as farmers and fishermen, HHs whose livelihoods are tied to markets which might be disrupted due to potential supply chain changes, HH whose purchasing power has been reduced due to the loss of income.
- Markets are currently functional across the Gaza Strip, level of integration remains high and preliminary data are showing very limited impact on prices for the moment. Current CVA programming should continue to avoid leaving vulnerable HHs without assistance and to support families to transition this crisis.
- Monitor the market(s) relevant to the objective of each programme to timely adapt if any change occurs. The CWG set up a Market Monitoring TF to lead this process and results will be regularly shared with the group, reach out for information and to contribute.
- CVA can be fundamental to support vulnerable families who have lost their livelihoods due to contagion-containment measures (including those with family members in quarantine facilities and those whose livelihoods were in the informal sector). If funds are available, consider expanding your programmes to include those at risk of falling into poverty (prevention).
- Explore the possibility of re-focusing your sectorial CVA towards new emerging needs, such as Health, hygiene and cleaning (WASH) and/or Multi-Purpose Cash Assistance (MPCA).
- If necessary, re-evaluate targeting criteria to better suit the current context.
- Relaxation or elimination (MPCA) of conditionality and restrictions should be considered to allow the coverage of larger needs and to ensure single HHs better prioritize their needs in during this rapidly changing context.
- Cash for Health and Cash for WASH (hygiene and cleaning materials, as per recommendations of relevant Clusters), especially through vouchers, which allow for higher control of quality, can be considered for specific cases; both as stand-alone interventions and as expansion/top-up of existing ones.

¹ Markets in Crises (MiC), Statement on COVID-19, April 16, 2020.

https://seepnetwork.org/files/galleries/MiC_Statement_COVID-19.pdf



- Protection and Gender concerns can be exacerbated by lockdown measures, loss of income, and uncertainty regarding the future development of the crisis. Cash has proved extremely effective (integrated with other services) to respond to Protection concerns, especially those linked to economic hardship. Consider continuing/setting-up targeted CVA programming.
- Ensure high levels of flexibility in programme design in order to be able to adapt to the rapidly changing context.
- Strengthen alignment of CVA programming with existing and new Social Protection schemes. Alignment can take place through different aspect of programming, including targeting, transfer values and distribution methodologies.

A variety of resources have been produced globally to provide guidance on the use of CVA in the COVID19 context. A list of resources can be found at this [link](#).