COVID-19 ADAPTATIONS TO CASH AND VOUCHER ASSISTANCE (CVA) INTERVENTIONS

The aim of this technical guidance is to support the team in designing and implementing CVA programmes in both development and humanitarian settings to adapt interventions in response to the Covid19 outbreak, in order to:

1. Support adequate prevention and response to Covid19, and
2. Ensure that the CVA needs of the affected population continue to be met.

The guidance will be updated regularly. For additional support please contact:

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COVID-19 outbreak requires additional actions in line with the guidelines for both in-kind food assistance and CVA especially on issues related to biometric registration being developed by WFP. This has been adapted from CaLP’s Lessons learnt from the Ebola crisis in West Africa and WFP’s guidance note on CVA.

PROGRAMME CYCLE CONSIDERATIONS

CVA Program Cycle

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<th>PREPAREDNESS</th>
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<tr>
<td><strong>Required actions</strong></td>
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| Map the scope of, and opportunities for CVA | • Coordinate across sectoral teams and projects to identify opportunities for using CVA as a modality instead of in-kind delivery  
• Identify opportunities to complement service-based delivery with CVA (e.g. including CVA in case management for GBV survivors or child protection) |
### Train key staff on the impact COVID-19 can pose to operations, and how CVA can be used in response

- Coordinate with the Global Hub (GH) CVA Team to see the possibility of remote capacity building support
- Refer to CaLP resources for info on [CVA in Covid contexts](https://www.calpnetwork.org/learning-tools/e-learning/)
- **WHO – the role of CVA to reduce financial barriers to healthcare, Covid Global HRP**
- Learn about the use of [CVA in previous epidemics, such as Ebola – including lessons on the impact on women’s livelihoods](https://www.calpnetwork.org/learning-tools/e-learning/)
- Register for free e-learning modules on general use of CVA in humanitarian response
- https://www.calpnetwork.org/learning-tools/e-learning/

### Agree a process for conducting assessments

- Identify local staff, partners or volunteers who can provide information from an operating area by phone without requiring a physical movement outside
- Identify key indicators to monitor through ongoing spot check assessments, e.g. prices and in demand products
- Continue to gather information on markets, gender analysis, potential protection risks (coordinate with gender focal point and protection team to incorporate CVA indicators into their assessments and vice versa)

### Coordinate with the Cash Working Group (also see coordination section below)

- Attend meetings to gather the most recent assessments from peer agencies and partners
- Find out what other agencies are planning to do, which service providers are functioning
- Discuss forming consortia for delivery of assistance

### Procure and develop framework agreements with Financial Service Providers (FSP) identifying clear roles and responsibilities.

- Logistic and finance department in coordination with CVA staff to conduct assessment of FSPs.
- Where crowding occurs at cash distribution / redemption sites, consider diversifying transfer mechanisms and contracting additional service providers (cash and vouchers/food outlets)
- Biometrics to be carefully avoided

### Identify potential implementing partners as required preferably a local NGO

- Consider women’s organisations and youth organisations with experience of financial inclusion or delivery of cash to marginalised and vulnerable people, e.g. those with low literacy

### Include CVA modalities in contingency plans, with clear roles and responsibilities

- Design response actions with CVA modalities, to avoid any mass gathering of beneficiaries and communities such as through mobile money. Prioritize electronic delivery mechanism than physical cash distribution due to possible contamination through cash.
- As far as possible, limit the field movement of the staff but use virtual or telephonic means.
- Keep close coordination between the different activity/modality managers to ensure pipeline reflects complementarities between food in-kind and CVA.
- Consider shifting between modalities depending on supply chain and market conditions – agree this with donors beforehand.
## COORDINATION & ADVOCACY

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<th>Required actions</th>
<th>Activities and opportunities for collaboration</th>
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<td>Approach Cash Working groups/Food Security Cluster with messages highlighting child protection risks present during COVID-19 outbreak and call for a CVA response with a focus on children and families affected.</td>
<td>• Coordinate and collaborate with Cash Working Groups, Food Security Cluster and health actors/cluster and protection working groups to adapt existing <strong>assessment and monitoring tools to include CVA</strong> concerns, such as child separation, safe programming risks and mitigating actions including options for virtual/electronic CVA transfers, remote monitoring and feedback mechanisms etc.</td>
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<td><strong>Market assessment and stakeholder analysis</strong> to see if CVA is feasible to respond to Covid-19 crisis.</td>
<td>• Lobby for <strong>social protection transfers to vulnerable families</strong> affected by COVID-19 to improve health, protection and wellbeing. • Advocate for a quick remote feasibility study including market assessment and stakeholder analysis to gauge if CVA is feasible to meet the needs and encourage people to stay indoors. • Explore the scope of joint feasibility study with other actors. Also, explore if the market assessments could be done remotely such as through phone or local partners to make well informed decision on modality and mechanism changes (i.e. VAM, remote market functionality index (MFI) etc. • Review your market assessment and monitoring set up and make sure your latest market information – including prices - is available, updatable remotely, and in sync with national plans if they exist.</td>
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<td><strong>Minimum Expenditure Basket determination</strong></td>
<td>• Coordinate with cash working group/food security cluster/WFP to determine the existing or adapt MEB value for Covid-19 crisis. A useful reference document developed by WFP is available here</td>
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## CASE MANAGEMENT

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<th>Opportunities for collaboration</th>
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<td><strong>Establish alternative mechanisms</strong> to ensure that communities facing restrictions on movement have continued access to child-friendly, holistic care for children experiencing violence, including child survivors.</td>
<td>• <strong>Revise or develop SOPs</strong> with the health sector and other relevant actors to ensure children at risk of violence and abuse as a result of the COVID-19 outbreak are identified (i.e. hospitals, health centres) and referred to appropriate services. • <strong>Payment / incentives</strong> to health workers, including mobilizers working on case management and body management through CVA is appropriate.</td>
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