

## Cash and Voucher Assistance

This document is intended to provide guidance to country programs and partners for adapting Cash and Voucher Assistance (CVA) programs to minimize the potential spread of COVID-19 and continue to effectively meet humanitarian needs.

## PRINCIPLES FOR COVID-RELATED GUIDANCE

In undertaking programming activities, CRS project staff and partners should:

▶ *Ask ourselves how critical it is* to carry out the activity against risk to staff, partners and participants.

▶ *Adopt a “Do No Harm” approach.* CRS and partners need to understand how COVID-19 is transmitted and implement general basic preventative measure to both protect themselves and reduce the risk of spreading the virus during program implementation (See [WHO, COVID 19](#)). These measures include the following for all people with whom we work, including CRS staff, partners, volunteers, program participants and community members, service providers, vendors, etc.

- ♦ **Maintain physical distancing.**
- ♦ **Follow recommended hygiene practices**, especially hand washing, cough etiquette and not touching your eyes, mouth and nose.
- ♦ **Do not participate in program activities when feeling unwell.** Anyone who is feeling unwell should stay home; if exhibiting signs/symptoms of COVID-19, they should follow Ministry of Health (MOH) protocols for seeking medical support/advice (e.g., calling before seeking medical care).

People should operate under the assumption that anyone they encounter is a suspected COVID-19 case. Maintain transparent communication with communities about activities, changes, and the community’s comfort level and needs related to the health implications of continued programming.

▶ *Keep up-to-date on and follow WHO and Government/Ministry of Health (MOH) protocols and messaging around COVID-19.*

- ♦ **Follow government restrictions** and request authorization for carrying out essential services/activities, as needed;
- ♦ **Work with local health actors/cluster** to ensure health messaging related to COVID-19 is consistent and contextualized.

▶ *Adapt programming guidance to your context and be ready to further adjust as the situation evolves.* Elements of the guidance may need to be modified based upon community risk levels, types of programming undertaken, perceptions, local capacities, operating environment and feedback from donors.

This document provides additional recommendations from CRS, to be used in conjunction with and to supplement guidance provided by Inter-Agency Standing Committee (IASC), WHO, and the local MOH as relevant. **Please note that this guidance may be updated periodically and check on [CRS Covid 19 Resources for Partners](#) website to ensure that you have the latest version.**

**Disclaimer:** CRS COVID-19 program resources and guidance are developed after consideration of international guidance from relevant international organizations such as the World Health Organization (WHO), Inter-Agency Standing Committee (IASC), and other humanitarian bodies. CRS COVID-19 program resources and guidelines are updated regularly as new information becomes available. Partner and peer organizations wishing to refer to and use CRS resources and guidance should ensure that they are also referring to the latest information available from WHO and IASC.

**REMEMBER:** The response to COVID-19 will vary depending on country context, capacity, and the market situation. For support in adapting existing, or designing new CVA programs, please contact your CRS contact person, if relevant.

The most critical considerations for adapting CVA programs in the context of COVID-19 is to **identify priority needs**; **understand risks**; and **communicate any changes and adjustments clearly**, while ensuring **Do No Harm**.

## PRIOR TO CASH OR VOUCHER DISBURSEMENTS

### ► *Communicate with your donor*

- ♦ Check with your donor about what you are seeing and any proposed changes to your program. Donors are indicating they will be flexible in allowing changes.
- ♦ There may be significant budget implications if you have to adapt your program design. For example, you may need to increase your transfer value for CVA programs, or switch between modalities if there are significant supply chain disruptions or market access issues.
- ♦ Any change in scope or activities will usually require explicit donor approval.

### ► *Adjust your assessment and monitoring approach*

- ♦ Use remote means to collect basic assessment information that will help inform your decision making. Phone calls, SMS, or social media channels could be used to contact community focal points and/or vendors in local markets to understand market availability and prices.
- ♦ Use remote means to collect post-distribution monitoring (PDM) data wherever possible (e.g., phone call, SMS, social media channels) to understand household access to markets, perceptions of risk and safety, and continued appropriateness and relevance of assistance and modalities used.

### ► *Make design revisions*

- ♦ Review your modality
  - Revisit your decision making on modality choice to determine if your current design remains safe and the most appropriate means of delivering assistance. You may find that the situation has changed based on government regulations, new risks, and/or changing market conditions. The same should apply for programs distributing in-kind also.
- ♦ Re-assess your targeting criteria
  - Review and adapt your **beneficiary targeting criteria** to account for groups that may be newly vulnerable or have increased vulnerability as a result of the pandemic (i.e., people who have lost income as a result of the outbreak due to self-isolation or movement restrictions). As COVID-19 spreads globally, vulnerable adults and children – including but not limited to people living in conflict areas, women and girls, people with disabilities, minority groups, people living in institutions,

refugees, IDPs and the extreme poor – may be disproportionately affected by the disease and its after-effects.

- Analyze how targeting criteria will affect community dynamics and ensure a ‘do no harm’ approach is utilized in targeting and selection.
- Monitor what changes and adjustments the Government may be making to its social protection programs in response to COVID19 and consider making relevant adjustments to your programs (e.g., if governments are reducing or suspending payments, or increasing or expanding coverage).
- Continue to review your targeting strategy and maintain flexibility as the situation develops
- ◆ Re-assess your transfer value
  - **Adjust your transfer value** so it accounts for additional needs resulting from the crisis. For example: include provisions for additional hygiene items or potential price increases for critical items such as food, transport costs to access health services etc.
  - If households are no longer able to generate income (e.g., due to movement restrictions, closure of businesses, market down turns etc.) they may be able to meet fewer of their needs than before, so you may need to increase your transfer value. You should re-visit your previous assumptions and gap analysis of what proportion of the Minimum Expenditure Basket (MEB) households can cover. For the most vulnerable who are self-isolating or in self-quarantine you can assume they are unable to access any previous income sources, hence you may need to cover 100% of the needs gap (if there are no other government provisions in place).
- ◆ Re-assess conditionality (“for work” programming)
  - In consultation with communities and donors, **temporarily suspend or remove conditions** in order to reduce the need for participants to congregate in close proximity and for program staff to more frequently monitor.
  - Focus on critical work. If conditions are essential then try to ensure it directly relates to COVID-19 prevention or response (e.g. hygiene, sanitation, maintaining essential services/infrastructure etc.).
  - If work is required, review how it can be spaced out over time to prevent people congregating in one place. Maintain guidance on physical distancing throughout and ensure appropriate sanitation facilities are in place at work locations, in line with WHO / Government messaging.

### ► *Prepare Staff and Volunteers*

- ◆ Orient staff members and volunteers on:
  - Community engagement practices;
  - COVID-19 transmission, prevention measures, signs/symptoms and MOH protocols for seeking medical support/advice; and
  - Good hygiene and handwashing practices.
- ◆ Provide staff with easy access to handwashing/disinfection materials while in the field.
- ◆ Ensure that any staff members and volunteers showing signs/symptoms or reporting coming into contact with someone with symptoms (including

members of their household) do not engage with other staff/communities. Encourage symptomatic staff/volunteers to seek medical support/advice as per MOH protocols.

- ♦ All staff should adhere to a **Safeguarding Code of Conduct** which clearly delineated Dos and Don'ts behaviors. Both staff and participants should know how to safely report safeguarding violations.

#### ► *Adjust your CVA Community Engagement Strategy*

- ♦ Develop a clear communication strategy that accounts for reaching diverse groups and vulnerable or marginalized populations to communicate any changes in your programming related to registration, selection, transfer value, disbursement mechanisms, feedback and complaints etc.
- ♦ Integrate access to information on COVID-19, including information on basic hygiene, prevention measures and access to healthcare in line with Government, WHO, and/or Health Cluster guidelines in your context.
- ♦ Provide practical information in local languages, in a timely manner in accessible formats including for those with disabilities.
- ♦ Ensure all staff are aware of referral pathways in the local context and know what the local protocols are for people with suspected or confirmed cases of COVID-19. See Covid-19 Safe and Dignified Programming Guidance posted on the CRS COVID-19 Resources for Partners web page for more information.
- ♦ Community participation should be utilized to explore how different modalities may affect protection and do no harm concerns, including gender and disability considerations. Consult with community members on potential unintended impacts to mitigate risks for vulnerable groups.
- ♦ Promote and strengthen feedback response mechanisms that use SMS and phone calls to avoid the need for face-to-face interaction. Encourage feedback on the quality and effectiveness of your intervention and be ready to adapt your approaches as needed to the changing context.

#### ► *Make arrangements for those self-quarantining and self-isolating*

- ♦ Where recipient households are self-isolating or quarantining, ensure alternative distribution modalities are in place that would not require them to go in person to distributions points, markets and/or cash out points.
- ♦ Have a clear process for participants to nominate a substitute person to receive and use the transfer, on their behalf, and incorporate remote monitoring mechanisms to verify households have actually received their full entitlement and been able to use it.

## DURING IMPLEMENTATION

#### ► *CVA start-up (Registration):*

- ♦ Use registration methods that do not require large gatherings (e.g., no more than 10 people), for example household, neighborhood or community-level registration, or remote (phone call) verification of people identified through community mechanisms.
- ♦ Confirm and test contact details (e.g., working telephone numbers) for key community contacts and participants to facilitate work and communication further down the line.
- ♦ Depending on program context, you might be able to combine registration and distribution activities at the same time to limit the number of human-to-

### ► *CVA Implementation (Distributions):*

- ♦ Amend approaches to avoid large groups gathering. See the IASC Interim Recommendations for Adjusting Food Distribution Standard Operating Procedures in the Context of COVID-19 Outbreak (developed by WFP) for more information on managing distributions and possible adjustments.
- ♦ Prioritize digital delivery mechanisms (wherever feasible and appropriate)
- ♦ If you do not anticipate significant supply issues in local markets, provide multiple tranches in one payment to reduce the frequency of people congregating while continuing to cover needs. If you anticipate supply constraints in local markets, then provide smaller, more frequent payments digitally.
- ♦ Consider spreading distribution and disbursement activities over longer time periods and allocating time slots/days to households to receive assistance to reduce potential risks of over-crowding at both distribution sites and markets.
- ♦ Identify the risks related to the outbreak that may result in movement restrictions, self-isolation and more restrictive measures by the government and adapt your distribution approaches accordingly.

### ► *Other large gatherings (focus groups, sensitization sessions or program communication events where information on targeting criteria and selection process, entitlement, distribution process, how to share feedback etc. is shared)*

- ♦ Consider if this communication can be done in another way. For example, using SMS, voice messages, phone call, social media, or in smaller groups (size of groups should be based on local government recommendation). You may be able to share messaging in public places that people still need, and are able, to go to (e.g., water points). Ensure physical distancing of at least 1 meter or more, based on local government recommendations, whenever small groups are gathered. Try to hold meetings outdoors, whenever possible. Otherwise, find a location that will provide enough space to maintain physical distance.
- ♦ Review any other points of contact your program participants are required to have with program staff and third parties (e.g., vendors, Financial Service Providers) and keep these to the most essential.

### ► *Market monitoring*

- ♦ Regularly monitor the availability and price of critical goods and services for your target population, as well as the diversity and number of vendors in your areas of intervention.
- ♦ In your market monitoring, include the collection of basic trader information including any changes in government rules or policies that are impacting markets, as well as capacity and supply chain concerns.
- ♦ Consider setting up remote market monitoring by providing traders and communities with mobile phone credit to share information on a regular basis.

## Annex 1: Cash-Specific Considerations

<b>Review your Delivery Mechanism for Cash</b>	<ul style="list-style-type: none"> <li>• Review your current cash delivery mechanism and anticipate potential impacts of the COVID-19 situation on the ability of households to continue to access assistance through this channel.</li> <li>• If preparing for, or planning, cash transfers consider digital cash delivery mechanisms (e.g., mobile money, pre-paid cards). If the infrastructure is present and program participants are familiar with these delivery mechanisms this limits the need for participants to repeatedly attend distributions to receive their entitlement (for regular or multi-tranche cash transfers).</li> <li>• Where cash-out locations are overcrowded, try to work with your contracted FSP to identify options for staggering disbursement schedules, and/or scaling up staff/agents/cash-out points to reduce crowds.</li> <li>• It is important that participants with restricted mobility are adequately accounted for and able to continue to access their entitlements. The number of people requiring additional support may increase to include those who are unable to move to distribution or cash-out points, and markets, due to self-isolation and self-quarantine measures.</li> </ul>
<b>Engage with Financial Service Providers (FSP)</b>	<ul style="list-style-type: none"> <li>• Train staff and agents of FSPs on COVID-19 prevention messaging on hygiene, physical distancing, sanitation of surfaces etc. in line with Government and/or WHO recommendations.</li> <li>• Work with FSPs to jointly identify the main risks in their operations delivering cash to participants and agree on risk mitigation protocols. For example, hand washing with soap and water or alcohol-based solutions; regularly cleaning common surfaces and cash out locations; clean any devices, pens or other equipment between participant use; use of gloves by staff/agents; having physical distancing measures in place for queuing etc.</li> <li>• If needed, provide items for basic hygiene and prevention measures to FSP agent branches and locations for participants and FSP staff to use before and after the transaction process.</li> <li>• Discuss with FSPs their own business continuity plans to anticipate any potential disruption to their services that might impact the program. They may need support to maintain their operations and adjust procedures to reduce risk of exposure for participants and their staff.</li> </ul>
<b>Advocacy</b>	<ul style="list-style-type: none"> <li>• Engage with other cash actors and the Cash Working Group (if present) to anticipate potential risks for ongoing cash programming, and common mitigation strategies.</li> <li>• Consider if collective, or individual organization-led, advocacy is relevant around discounting or waiving transaction fees or addressing other barriers preventing people from accessing lower-risk delivery mechanisms (e.g., mobile money or digital cash payments).</li> </ul>

### Example of Cash Program Changes

BEFORE	AFTER
<ol style="list-style-type: none"> <li>1. Monthly Multi-Purpose Cash Transfers in Envelopes for Conflict Affected Households</li> <li>2. 40 USD equivalent to cover 50% of food, water and transport needs</li> <li>3. Targeted to IDP Households</li> </ol>	<ol style="list-style-type: none"> <li>1. Agree on community engagement strategy, and provide key hygiene and prevention messages in line with Ministry of Health (MOH)/WHO guidance</li> <li>2. Shift to e-payments OR reduce frequency of cash distributions and ensure adequate hygiene and physical distancing at distributions</li> <li>3. Increase USD amount to 80 USD to cover 90% of food, additional hygiene items, and rent (for those who lose income)</li> <li>4. Widen targeting criteria to include most vulnerable COVID-19 affected households</li> </ol>



## Annex 2: Voucher-Specific Considerations

<b>Communicate with program vendors</b>	<ul style="list-style-type: none"> <li>• Discuss with your vendors to understand if they are seeing, or anticipating, any issues with re-stocking, capacity or supply chains and why. Discuss if vendors need additional support to meet future demand.</li> <li>• Orient your vendors on the standard messaging and instructions from WHO and/or Government Health Authorities (e.g., encourage hand washing and use of hand sanitizer if available, clean public spaces regularly, clean any devices/pens between participant use, introduce physical distancing measures etc.).</li> <li>• Consider equipping program vendors with extra phone credit to reduce need for in person monitoring and feedback.</li> </ul>
<b>Voucher distribution and redemption</b>	<ul style="list-style-type: none"> <li>• For non-fair voucher programs (e.g., regular markets), provide items (e.g., hand sanitizer and gloves for vendors, hand-washing stations) at vendor shops for use before and after the transaction process, as well as offering vendors support in ensuring physical distancing measures.</li> <li>• If you are planning voucher fairs, check with local authorities and agree any adjustments needed. Only proceed with fairs if there is no alternative and account for protocols in the IASC Interim Recommendations for Adjusting Food Distribution Standard Operating Procedures in the Context of COVID-19 Outbreak (developed by WFP)</li> <li>• Ensure WHO/Health authority messaging is displayed in vendor shops (e.g., through posters), in local languages concerning handwashing and physical distancing. Conduct spot checks with vendors to monitor changes in behaviors/practices and compliance with guidelines.</li> </ul>
<b>Re-Consider your voucher design</b>	<ul style="list-style-type: none"> <li>• Consider diversifying your pool of voucher vendors, particularly focusing on smaller vendors that are closest to target communities.</li> <li>• If price increases are happening, you may need to recalculate your transfer value to ensure your voucher value adequately covers the needs targeted.</li> <li>• If the primary objective of your voucher program is related to basic needs (e.g., food, household items, etc.) consider removing restrictions to enable more flexibility for households in changing circumstances (i.e., vouchers are redeemable for any items available with select vendors) and couple with messaging on prioritization of hygiene items and utilization of these items.</li> </ul>
<b>Consider your voucher mechanism</b>	<ul style="list-style-type: none"> <li>• If you have the option to shift to electronic vouchers, consider using electronic vouchers (instead of paper) that can be credited remotely to participants for programs with multiple/repeat transfers. Try to stagger disbursements to reduce crowding in shops.</li> <li>• If paper vouchers are the only option, consider reducing the number of voucher distributions and staggering redemption periods to reduce crowding in shops. Ensure proper handwashing after voucher transactions.</li> </ul>
<b>Vendor Payments</b>	<ul style="list-style-type: none"> <li>• Review vendor payment procedures and adjust to ensure regular payments can be maintained.</li> <li>• Consider if increasing the frequency of payment to vendors would help ease any supply issues.</li> <li>• In high risk areas, explore temporary alternative options for voucher vendors to submit payment documents (e.g., sending photos of invoices or receipts to process payments, instead of requiring physical submission) if relevant.</li> </ul>

## Example Voucher Program Changes

### BEFORE

1. Paper value voucher program for food and NFI kits for newly arrived IDP households
2. 4 vendors participating in central market serving surrounding communities
3. 50 USD value – choice of items
4. Targeting IDP households only

### AFTER

1. Agree on community engagement/comms strategy, including vendors
2. Discuss supply situation with your vendors
3. Include additional local level vendors to reduce movement needed to larger markets
4. Use e-vouchers to disburse assistance and remove restrictions on items that can be purchased.
5. Include messaging on prioritization of hygiene items.
6. Increase transfer value to 70 USD to include essential hygiene items
7. Sensitize vendors on hygiene and prevention measures and if possible provide hand sanitizer for use in their shops
8. Widen targeting criteria to include most vulnerable COVID19 affected households