

Voucher Programs

This document is intended to provide guidance to CRS country programs and partners to minimize the spread of COVID-19 during voucher distributions and redemption. It is a complement to the existing *CRS Recommendations—Guidance on Cash and Voucher Assistance (CVA) for COVID-19* posted on the [CRS COVID-19 Resources for Partners web page](#).

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.

GENERAL

► Use this guidance to *adapt the distribution and redemption process for ongoing voucher programs and in planning for new voucher programs* to minimize COVID-19 risks and keep recipients safe.

► Follow the *CRS Recommended Guidance for Distributions* posted on the [CRS COVID-19 Resources for Partners web page](#) for additional guidance on the voucher distribution process.

► Consult with government to *understand the restrictions in place* in your local context related to physical distancing, movement, hygiene and prevention, and gatherings. This should include any changes to the rules governing financial service providers in terms of their daily operations.

► *Consider the category your current operating context falls in relation to COVID-19 risks (moderate or high risk), and select your program adaptations accordingly**

- ◆ **High Risk:** Large-scale community transmission; healthcare staffing or supplies significantly impacted; multiple cases within communal settings (Outbreak context)**
- ◆ **Medium Risk:** Widespread and/or sustained community transmission with high likelihood, or confirmed exposure within communal settings with potential for rapid increase in suspected cases**
- ◆ **Low Risk:** Evidence of isolated cases or limited community transmission with case investigations underway; no evidence of exposure in large communal settings (e.g., healthcare facility, school, etc.)**

*When determining the level of risk that your current operating context falls in, consider that testing capacity often does not meet needs for testing and that known or reported cases are much lower than actual case numbers.

** Adapted from [CDC Guidance: Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](#)

PREPARATION OF VOUCHER DISTRIBUTION

► Decide on location and modality of voucher redemption: *CRS does not recommend holding a fair as it is difficult to maintain safe physical distancing and proper hygiene*. If you were planning a voucher fair, switch to an alternative modality, i.e., using vouchers redeemable at shops. If it is not possible to use shops, it is recommended to consider other alternatives, using CRS Recommended Guidance for Distributions posted on the [CRS COVID-19 Resources for Partners web page](#).

► The schedule for distributing vouchers must *consider timing of voucher redemption* (i.e., when consumers will be making purchases). If electronic vouchers are used, it is recommended to stagger voucher top-ups to regulate the flow of participants into contracted shops. Similarly, in the case of paper vouchers, it is recommended to stagger voucher distributions, to reduce crowding in shops.

► Planning voucher distribution to selected participants: *Eliminate gatherings to the extent possible.* Consult the CRS Recommended Guidance for Distributions posted on the [CRS COVID-19 Resources for Partners web page](#) if you must proceed with voucher distributions, and cluster participants into geographical locations, using the smallest unit possible (i.e., village, street, parish, etc.).

► *Prohibit (or discourage) elderly people, those with health concerns, or other vulnerable populations from attending voucher distributions* or going to markets at all. Allow them to designate substitute persons who can go to shops in their place, and then deliver purchased items to participants; or arrange for an in-kind distribution to their homes. Home delivery would require additional protection measures, such as having female staff or female community leader(s) present¹.

► *Prioritize the use of electronic vouchers wherever possible*, particularly if multiple distributions are planned for the same households or may be needed in future, as they allow remote top-ups. Also consider disabling PINs and promoting use of ‘contactless’ payments wherever possible (i.e., methods that prevent the need for participants to physically touch surfaces). Further guidance on alternative accountability measures to avoid touching common surfaces is forthcoming.

► *Support for high-risks Households* (HHs): Determine methods for protecting high risk HHs, such as:

- ♦ HHs where elderly, persons with pre-existing medical conditions and/or persons who are immuno-compromised would be collecting their cash transfer
- ♦ HHs where any member of the HH is showing signs/symptoms of COVID-19
- ♦ HHs that have difficulty accessing information or distribution points, such as people with disabilities and people with other medical conditions

This may include allowing these HHs to send substitute persons to receive or collect vouchers on their behalf or delivering vouchers at HH level. Home delivery would require additional protection measures, such as having female staff or female community leader(s) present. Publicize these methods prior to the distribution to ensure that those showing symptoms know they can still receive their disbursement without coming to the distribution.

COORDINATION AND CONTRACTING WITH VENDORS

► Try to *recruit more voucher vendors*, particularly focusing on smaller vendors and those that are closest to target communities.

► *Re-evaluate prices and consider adjusting transfer value* to ensure that voucher value adequately covers the needs targeted.

► *Provide a briefing to vendors on the COVID-19 prevention measures*, and agree on a plan to put those measures in practice in their shops (i.e., ensuring that the shop has hand-washing stations that are maintained and refilled, use of hand sanitizers, use of delimitation posts/ropes to facilitate physical distance in shops, etc.).

► *Agree with vendors on the best payment schedule* and inform them of any changes to required documentation. Consult with your donor and the forthcoming guidance on acceptable verification and accountability mechanisms for resource transfers. This guidance will outline acceptable alternatives to signatures, biometrics and PIN-entry to avoid touching common services and reduce transmission risks. If needed, make more frequent payments to vendors to reduce any challenges faced by liquidity to restock.

► *Budget accordingly.*

¹ Please contact Amy Anderson for further guidance amy.anderson@crs.org.

► *Orient vendors on any changes* on required documentation (invoicing procedure).

VOUCHER DISTRIBUTION FOLLOWING HYGIENE MEASURES

► For paper voucher distributions, *ensure the following are in place* at the site:

- ◆ Ensure community leaders are present to assist with smooth running of the distribution.
- ◆ Set up hand washing stations². Recommended locations include:
 - Distribution entrance and exit points, to protect staff/participants as they come into close proximity with one another
 - Next to the latrines/bathrooms and breastfeeding area(s)
- ◆ Assign dedicated staff member(s)/volunteer(s) to monitor handwashing stations—ensuring handwashing materials are replenished as needed and taps/spigots, cups, etc. used at the handwashing stations are regularly disinfected.
- ◆ Disinfect surfaces and equipment/materials that staff/volunteers and participants will use.
- ◆ Ensure everyone maintains recommended minimum distance between one another as per WHO and/or MoH guidelines
- ◆ Use a plexiglass barrier between the distribution agent and the participant if possible
- ◆ Have participants go through health screening before entering the distribution area. If separate government/NGO health staff not available, the implementing organization may opt to assign trained staff to provide health/hygiene messaging, as well as identify people having visible signs of infection.
- ◆ Have participants cleared during the health screening proceed to the distribution site. They should wash their hands:
 - At the entrance to the distribution point, before signing for/receiving assistance
 - Upon leaving the distribution site, after receiving their voucher
- ◆ Ensure staff/volunteers follow good hygiene and COVID-19 prevention protocols throughout the distribution; set regular hand washing times for staff/volunteers.
- ◆ Continuously disinfect surfaces and equipment/materials being used or touched by multiple participants and staff/volunteers (e.g., tables, phones/tablets, writing utensils, etc.)

► Once participants have received their vouchers, they are encouraged to walk away and *leave the distribution place*.

► *Refer to the CRS Recommended Guidance for Distributions* posted on the [CRS COVID-19 Resources for Partners web page](#) for additional considerations:

► *Apply CRS Guidance on Safe and Dignified Programming* under COVID-19 posted on the [CRS COVID-19 Resources for Partners web page](#) to avoid harm.

² In Uganda, the CRS team used a local washing station: tippy tap. Soap was the regular JIK (Sodium Hypochlorite) found in local shops. The recommended mix is: 5–6 mls (a teaspoon) of JIK in a 20 litres of water, ready to use for hand washing after 30 minutes.

VOUCHER REDEMPTION IN SHOPS—ADDITIONAL GUIDANCE

► *For vendors:*

- ◆ Ensure there are handwashing stations outside each participating vendor's shop, and a method for encouraging their use, such as a sign reminding participants to wash their hands before and after entering.
- ◆ Work with communities, market committees, local leaders, and vendors to have physical distancing measures in place within shops, and for queuing outside shops, ideally marked on the ground with paint or chalk to show proper distancing (1.5 – 2 meters). Maintain 1.5 – 2 meter distances between people (per Ministry of Health guidance) who are queuing in and outside the shop. Based on the space available, limit the number of customers who can enter the shop at any one time to ensure physical distancing can be enforced.
- ◆ Try to put measures in place for elderly/vulnerable people if they do not have substitute persons who can go on their behalf, e.g., designated shopping hours or days, or prioritizing these groups if there are queues.
- ◆ Vendors should wash hands or use hand sanitizer regularly, and at minimum before and after touching common surfaces.
- ◆ Vendors should disinfect common surfaces and public spaces regularly.
- ◆ Install physical barrier (e.g., transparent plexiglass) between vendor/store staff and customers to act as a physical barrier. This barrier should be cleaned frequently—particularly on the customer side, and customers should be instructed to avoid approaching the plexiglass too closely and shouldn't touch it.
- ◆ Discuss any anticipated issues with re-stocking, capacity or supply chains with the program.

► *For program staff* (e.g., program market assistants, monitors etc.):

- ◆ Ensure that WHO/Health authority messaging is displayed in vendor shops (e.g., through posters), in local languages concerning handwashing and physical distancing.
- ◆ Ensure that participants understand the risks of contamination of COVID-19 and respect prevention measures.
- ◆ Conduct spot checks with vendors to monitor changes in behaviors/practices and compliance with COVID-19 guidelines and existing organizational Safeguarding Policy.
- ◆ Facilitate focal point from communities and health officials to monitor that prevention measures of COVID-19 are in place at the shop.
- ◆ Reduce need for in person monitoring and feedback and use telephone where/when appropriate.
- ◆ Vendors and program participants should be provided with remote feedback mechanisms so they can report any safeguarding/fraud/abuse issues or other problems that occur connected to the voucher program.

POST-DISTRIBUTION MONITORING

► *Use remote monitoring mechanisms* to follow up with participants (e.g., phone call, SMS etc.). Refer to CRS COVID-19 MEAL Guidance posted on the CRS COVID-19 Resources for Partners web page for more information.