

CVA in COVID-19 contexts: guidance from the CaLP network

This 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. The below 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.

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 impacts caused more deaths than the disease 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. 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 https://www.odi.org/blogs/16754-pandemics-poverty-implications-coronavirus-furthest-behind?utm_campaign=1348895_ODI%20newsletter%2020%20March&utm_medium=email&utm_source=Overseas%20Development%20Institute&utm_country=&dm_i=4O2W,SWTB,3CCRP3,3H9Z5,1

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”². 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”³

Delivering CVA in COVID-19 settings: considerations around the programme cycle

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.
- Make sure CVA feasibility and risk assessments and market monitoring are in place.
- 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”](#)⁴

² ibid

³ “living paper” of the World Bank on tracking social protection measures taken by governments, Zehra Rizvi

⁴ [Mercycorps COVID and CVA tipsheet](#) here under referred to as Mercy Corps tip sheet

- “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)⁵”
- “Need for pre-positioned contracting of 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.”⁶
- “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”⁷. Understand from FSPs:
 - What are any immediate changes to services? (e.g. sanitization of ATMs / cash out points, reduced hours, access to certain geographic zones, etc.) Will there be 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? (Some countries already have these in place.) What are alternative forms of accepted verification besides physical verification?
- Your ability to verify individuals to open new accounts or enrol into your programming may be limited. Think through this scenario with your payment provider as soon as you can⁸.
- Conduct outreach with ISPs (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

Situation Analysis

Needs assessment

⁵ Kathryn Taetzsch, WVI, D-group post

⁶ ibid

⁷ [MercyCorps COVID-19 CVA Payments and Digital Data management](#)

⁸ ibid

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.
- 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.
- Assess the financial barriers that people are facing due to the pandemic (costs related to healthcare, loss of income, etc).
- 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.
- "[Scale back to remote data collection wherever possible to limit the frequency, proximity, and quantity of person-to-person contact](#)"⁹. Consider ways to ensure that remote data collection and management do not undermine programme quality.¹⁰

Market assessment

Consider the following when assessing market functionality and access:

- Markets for basic goods may find themselves under pressure.
- 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? May logistics companies stop working? Will merchants, health workers and other key workers be barred from or stop coming to work?
- 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.
- Understand whether alternative supply lines are created, e.g. by a Government.

⁹ [Mercy Corps tip sheet](#)

¹⁰ <https://www.calpnetwork.org/wp-content/uploads/2020/01/remotecashprojectguidancefinal.pdf>

- Assess whether the informal market or services are more, or less, impacted by the crisis (e.g. if the formal market or services shut).

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, ability to operate partly remotely, etc)
- 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.
- 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”.
- “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”¹¹

Working with Social Protection systems and other financial flows

- In most crisis contexts, humanitarian funding represents a tiny proportion of overall financial flows¹². Understand what types of financial assistance people have access to and how humanitarian CVA could work with or alongside these for greater impact¹³.
- 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 for COVID-19 (as many Governments are currently doing¹⁴) 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 these [five lessons from UBI programmes](#) may be useful in working with new or expanded government social protection schemes: (i) inflation does not tend to result, (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.

Risk and opportunity assessment

¹¹ [MercyCorps COVID-19 CVA Payments and Digital Data management](#)

¹² <https://www.odi.org/blogs/tip-iceberg-why-99-humanitarian-resources-crises-are-ignored>

¹³ CaLP/ IARAN: [Future of Financial Assistance](#)

¹⁴ Ugo Gentilini: https://www.brookings.edu/blog/future-development/2020/03/13/5-lessons-for-using-universal-basic-income-during-a-pandemic/?cid=dec_tt_data_en_ext.

Protection risks and benefits for the beneficiaries:

- 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.¹⁵
- The pressures specific to this crisis, and the confinement, may exacerbate GBV.¹⁶ Assess whether cash transfers/the injection of a source of money in the household could help reduce such risks.

Opportunities:

- Assess whether there is a social protection/social safety nets programme in place, if the government has launched or expanded one in response to the pandemic (and who is covered), and possible linkages to humanitarian CVA. (See specific section below)

Response Analysis

Market Analysis

- Collection of information may have to be done in a more remote way.
- [“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”¹⁷](#)
- 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”¹⁸](#)
- [“Ensure solid links and exchange of information with relevant national authorities on imports, prices, supply chain, etc”¹⁹](#)

Vulnerability Analysis

- Understand what other COVID-19 related needs people are facing, in addition to cash.
- People who were already vulnerable, in fragile contexts, might face increased vulnerabilities.

¹⁵ [Gender Implications of Covid-19 Outbreaks in Development and Humanitarian Settings](#)

¹⁶ [Addressing Gender-Based Violence Risks in COVID-19](#)

¹⁷ [WFP guidance for CVA in COVID-affected contexts](#) here under referred to as WFP guidance

¹⁸ *ibid*

¹⁹ *ibid*

- 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.
- [“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”](#)²⁰
- “Maintain approach to conduct assessments outside of homes, at a distance (approx 2 m)”²¹

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 households²².
- 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)²³

Some things you could keep in mind are the following:

- 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).

Ensure safe practices at distribution sites to prevent contagion:

- Ensure the least and safest contact between the provider and the beneficiary (e.g. providers wearing masks and gloves and practicing proper hygiene);
- Reduce queuing and clustering at distribution sites, and ensure adequate distancing.
- Clean contact surfaces, eg ATM keypads, between each use.
- Encourage and facilitate hand-washing at distribution points.

²⁰ [CCI Guidance on Minimum Standards for MPCA during COVID-19 working document](#) here under referred to as CCI guidance

²¹ [ibid](#)

²² CaLP Ebola learning and [outcome analysis](#)

²³ [ibid](#)

Considerations in selecting the delivery mechanism:

- 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).
- 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”²⁴
- Learning from the 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 Liberia and Sierra Leone”²⁵

Programme design

Business continuity considerations for implementing partners

- Where project staff movement is constrained, [remote management and delivery](#) options and techniques should be considered²⁶
- 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”²⁷

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)

²⁴ Mercy Corps tip sheet

²⁵ [CaLP/ USAID Harnessing Digital Technology for Cash Transfer Programming in the Ebola Response](#)

²⁶ [NRC Cash Transfers in Remote Emergency Programming](#)

²⁷ Mercy Corps tip sheet

- 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.
- 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, prioritise 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”²⁸
- “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)”²⁹
- “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”³⁰

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”³¹
- 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”³²
- If changes in the frequency are made, ensure effective communication about the period the transfer is intended to cover.

²⁸ WFP guidance

²⁹ ibid

³⁰ Mercy Corps tip sheet

³¹ ibid

³² ibid

- 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 level³³.

Implementation

Registration and data protection

- Registration needs to consider issues of preventing crowding, queuing with sufficient distance between each person, or alternative methods.
- 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”³⁴

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](#)³⁵.
- “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.”³⁶

- 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”³⁷

³³ See for example [NRC remote cash programming guidance](#)

³⁴ WFP guidance

³⁵ NRC remote cash programming guidance

³⁶ Mercy Corps tip sheet

³⁷ WFP guidance

“If you conduct physical distributions, then be sure to establish and clearly communicate protocols for handwashing, social distancing and premises/equipment cleaning”³⁸

(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”³⁹

(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 organization/service provider”⁴⁰

Communication and accountability

- 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)⁴¹.
- Importance to indicate a channel for COVID-19 related questions: “Indicate that if people do have specific questions on COVID-19 they can call (the IIC can provide the key messages as outlined by WHO and also share contact details for relevant government hotlines)”⁴²
- The [IFRC Community Engagement Hub](#) has useful COVID-specific resources to support communication and accountability in COVID settings

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”⁴³

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

³⁸ Mercy Corps tip sheet

³⁹ ibid

⁴⁰ WFP guidance

⁴¹ See, for example, [IFRC COVID community engagement hub](#)

⁴² CCI guidance

⁴³ CCI guidance

