

# TIPSHEET: Cash and Voucher Assistance and COVID-19 (V1 – March 21<sup>st</sup>, 2020)

This tipsheet serves as guidance to help field teams think through different ways:

- 1) to mitigate the spread of COVID-19 through ongoing Cash and Voucher Assistance (CVA);
- 2) inform the adaptation of CVA in the context of COVID-19;
- 3) promote sensitivity to evolving markets dynamics.

This tipsheet is inspired by the “Shield & Sword strategy” developed to tackle previous outbreaks such as cholera. The primary objective at this stage of the pandemic is the SHIELD: measures to prevent the spread of COVID-19. The next version of this tipsheet will expand more on how CVA can contribute to early measures to address the impact of COVID-19 (eg: for healthcare, loss of lives & livelihoods).

This tipsheet focuses specifically on CVA and is meant to complement other reference guidance: it is general, but we will work with you to tailor advice to your specific context and needs. This tipsheet identifies some of the main identified risks involved with CVA that should be considered before adapting or stopping an ongoing or planned intervention. Such difficult decisions should always factor in our humanitarian mandate to assist affected people (eg: if you decide not to distribute cash, vouchers or inputs for the upcoming planting season in many countries, the effects of a failed or poor agriculture campaign should be considered).

For wider questions on ICRC’s use of CVA in general, or in relation to COVID-19, please contact Alexandre Gachoud (agachoud@icrc.org) or Jo Burton (joburton@icrc.org).

## 1. Adapting ongoing cash & voucher interventions

### 1.1 Design and Objective

➤ **Focus on the core aspects of your planned intervention and do them well.** Aspects of your interventions (eg: transfer of a cash grant or part of a Micro Economic Initiative grant; more focus on the “cash” aspect rather than the “work” one in cash-for-work interventions) that can reduce the exposure and vulnerability of conflict affected people should be prioritized over the next 2 months, if the seasonal calendar allows for this (eg: planting season).

➤ **Recognize that physical currency can play a role in the chain of virus transmission and assess the risks.** Make sure all staff regularly wash their hands with soap and clean water (or with hand-sanitizers) when handling paper money, cards and vouchers. Ask our financial service providers (FSP) to use new banknotes or disinfect the ones they are using in our cash distributions. Consider using a different delivery mechanism such as mobile money or banking cards. Consider also switching to paper vouchers (eg: for a one-off distribution) or electronic ones (where available). Laminating paper vouchers means they can be disinfected before handing over to affected households receiving assistance. However, laminated vouchers also means potential risks for bacteria to remain between the paper and plastic layers unless thoroughly disinfected.

➤ **If your programme relies on voucher fairs, assess the risks involved:** consider extending the period of the fair or switching to a simpler modality (eg: unconditional cash transfers using mobile money ideally) to avoid large gatherings.

➤ **Keep communication channels open:** make sure you have working telephone numbers for your focal point at the National Society, key informants, community gate keepers and service providers so you can contact them even if physical meetings are not possible. Mobile data restrictions in some sites hosting displaced population camps present a challenge to host communities, displaced people and aid agencies: staying informed and life-saving health interventions require rapid and effective communication.

- **Train your field teams to identify the households among your caseload who are particularly at risk of contracting COVID-19 because of their age and pre-existing health conditions.** Consider a top-up transfer for hygiene items, or a complimentary in-kind distribution of a tailored home IPC (Infection Prevention and Control) kits: soap and/or hand sanitizer, detergent and chlorine-base products or alcohol-based disinfectant, gloves, mop and bucket or basin (in areas without running tap water, a bucket with tap can be added to be used as home handwashing facility and chlorine tablets). 🛡️ ✍️
- **Integrate access to information on COVID-19 into your CVA process:** during registration, distributions and monitoring; text message alerts that promote behavior change. Use marketplaces, shops and vendors to share sensitization messages on how the virus spreads and how the risk of infection can be mitigated, realizing that some of the WHO recommended measures might be difficult to implement in some contexts. 🛡️
- **Discuss with other Red Cross and Red Crescent Movement Members the possibility of incentive payment to Red Cross and Red Crescent National Societies volunteers involved in sensitization and sanitation campaigns:** volunteers using adequate protection could contribute to disinfecting places of gatherings (waiting wards in health centres, marketplaces,...). 🛡️ ✍️
- The humanitarian community in many countries is supporting Governments develop inter-sector preparedness and response plans for displaced populations and host communities: **ICRC colleagues must be informed of these initiatives and encourage other humanitarian actors to consider the implications on CVA and its potential contribution to reduce the spread of COVID-19.** ICRC colleagues should ensure they take part in coordination meetings of the food security cluster and cash working group (even remotely if possible) to stay abreast of plans and responses, share relevant COVID-19 related information and good practices. **Particular attention should be paid to existing social safety nets who could be supported.** 🛡️ ✍️

## 1.2 Implementation and delivery mechanisms

- **Rely on systems and approaches you are confident will work.** In case your current assistance process increases the risk of contamination of staff and conflict affected people, identify ways to mitigate these risks, but avoid piloting new systems or technologies unless a clearly identified need cannot be met any other way. When there is uncertainty in a community, people want to use services they know and trust. Introducing new tools requires sensitization, capacity building, and (often) additional procurement, which you may not be able to conduct as usual. 🛡️
- **If you conduct physical distributions, avoid large gatherings and establish clear protocols for hand hygiene, social distancing** (minimum 2 meters between people) **and premises/equipment cleaning.** If you can't ensure these in line with local protocols, look at alternative transfer methods (for example block or household level distributions). 🛡️
- 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 combining monthly transfers into a single up-front transfer. 🛡️ ✍️
- **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. Review your process for households to nominate a proxy to receive the transfer and use it, on their behalf. 🛡️ ✍️

### 1.3 Reconciliation, use of assistance and monitoring

➤ **Avoid collecting fingerprints or signatures from household members receiving CVA.** Why? If you are distributing cash to one or two people, with careful handwashing the risk of transmission through the pen or ink pad can be mitigated. If distributing to hundreds, this will be harder to manage. 🚫

<i>Mechanism</i>	<i>COVID-19 Concerns</i>	<i>COVID-19 mitigation strategies</i>
Direct cash (paper money)	Concerns about transmission of COVID-19 due to handling of paper money.  Concerns about collection of signatures or thumbprints (people using same pen or inkpad could lead to transmission)	Try and obtain new bank notes from ICRC bank. ICRC staff to regularly wash hands with soap and water when handling bank notes.  Have multiple pens at distribution points and don't reuse them (let people take them home)!
Cash over the counter via FSP (paper money)		ICRC to encourage bank staff to regularly wash hands with soap and water when handling bank notes.
Vouchers (paper)		Can laminate paper vouchers to make them easier to clean/disinfect during handling.  Have multiple pens at distribution points and don't reuse them (let people take them home)!
Vouchers (electronic, card based)	Concerns about transmission of COVID-19 due to handling of cards	Involve a cash & markets specialist to assess pros and cons and make a decision.
Mobile money	Limited risk, unless when new SIM cards are required	Involve a cash & markets specialist to assess pros and cons and make a decision.
Transfer to individual bank accounts		This has to be explored, but it might take longer and delay operations.

➤ **Stagger delivery of transfers to reduce individual mobility, and congestion in market places and stores.** If doing physical distributions, this means smaller distribution cohorts staggered over a longer period of time. If doing card-based payments, then stagger distributions to cohorts and allocate different specific days to collect their cash. Considering staff limitation, this might not be possible everywhere. 🚫

➤ **Install stations to wash or disinfects hands in marketplaces and stores** frequently used by displaced population receiving CVA. 🚫

➤ Encourage CVA recipients to **buy items which might increase the natural body defense mechanisms (e.g. citrus fruits and vegetable) and preventions strategies (e.g. clean water and hygiene items).** 🚫 ✂

➤ **Prioritize remote data collection (for example hotlines) and secondary data wherever possible to limit the frequency, proximity, and quantity of person-to-person contact.** 🚫

## 2. Specific elements to consider in CVA feasibility studies and market assessment in this pandemic context:

➤ In order to ensure that your assistance modality is still the most appropriate one, make sure you have considered and rapidly assessed the 3 key components of a CVA feasibility study: **Community, Markets and Service Providers/FSP.**

➤ Pay particular attention to:

\* the **prices, stocks, supply chains of key commodities and services** (in countries already affected by chronic inflation such as Venezuela, Libya, South Sudan and Yemen, such market monitoring is critical).

\* **physical access to marketplaces** (containment measures, self-isolation and fear or public places)

\* levels of liquidities and **circulation of cash** in a local economy. There are increasing evidence that banknotes are a vector for viruses: some countries such as Yemen and Kenya have started limiting the use of physical currency to prevent the spread of COVID-19.

- Consider the **scale of our intervention**: is there any risk that our assistance will negatively impact non-participants, due to constraints in supply and limited availability of certain goods?
- Increase the frequency of **price monitoring** (with existing secondary data and primary data if needed) focusing on basic goods included in your Minimum Expenditure Basket (MEB). You may need to adjust your transfer values if there is significant and consistent price change.
- If markets become inaccessible, you will need to consider other modalities.
- Before switching from an assistance modality to another one (eg: from in-kind to value-vouchers), make sure the potential new modality is also accepted by the government and local authorities.
- Map/update the **capacities and intervention of other actors in CVA, including government' safety nets**.
- **Service providers we work with**: ensure consistent messaging is being provided to participants they may directly interact with and consider developing messaging to share or put on display in their shops; assess their availability, network, cash out points, flexibility and willingness to continue or open services in affected areas; discuss their mitigation measures.
- **Market support interventions (eg: preventing the shortage of life-saving commodities) should be considered as they can contribute to limiting the spread of COVID-19**, and at a later stage, cushion the impact of the pandemic on affected households and systems.