MERCY CORPS

TIPSHEET: COVID-19 and CVA

This tipsheet serves as guidance to help field teams think through different ways to mitigate the spread and impact of Covid-19 through ongoing cash and voucher assistance (CVA), inform the adaption of CVA programming in the context of Covid-19, and promote sensitivity to changing market dynamics and prices.

This is a living document and subject to change and adaptation. We recommend frequent checks on the Digital Library and Hub COVID Info Center for the most up-to-date information. Since this guidance is generalized, we are ready to work with you to tailor advice. If you have questions or need support, please contact us:

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In addition, there is more specific CVA guidance on Payments and Digital Data Management accessible here, Door-to-Door Distributions here, and Social Protection Systems here. There is also a tipsheet on Group Distributions for CVA and Goods here.

As a final reminder, all team members must be sure to follow Mercy Corps' general COVID-19 guidance carefully, including: Annex 11 Working in the Field During an Infectious Disease Outbreak. This is intended to keep you, other team members, and program participants safe and healthy.

1. Approach

➢ **Scale back to remote data collection wherever possible to limit the frequency, proximity, and quantity of person-to-person contact.** Please do reach out to discuss how you can maintain data quality while conducting surveys remotely; we can help you think through the process, as well as more guidance for teams shifting to a remote data collection model. Also note that for those already using digital data collection systems (Ona or CommCare), it is possible to extend services to embed direct messaging to clients (e.g. SMS surveys, Interactive Voice Recordings, etc.). For those getting started for the first time, please contact us as you will likely be able to adapt existing form templates and training materials already in use by other teams.

➢ **Rely on systems and approaches you're 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. Remember that the introduction of new tools requires sensitization, capacity building, and (often) additional procurement, which you may not be able to conduct as usual.

➢ **Work fast through your networks and known stakeholders to compile potential beneficiary lists now.** This will let you continue working and delivering transfers for as long as possible. Focus on gathering names, locations and contact details for remote eligibility surveys further down the line. Do you have reliable contact information for the people you work with? Try to make sure you have working telephone numbers (primary and alternate numbers, if possible) so you can reach out if required.

➢ **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.

2. Programme Design

➢ **If your programme relies on voucher fairs, try to quickly pivot to a simpler modality such as unconditional cash transfers or labelled cash transfers instead.** If these aren't feasible either, then contact us directly to discuss alternatives.

➢ **If you conduct physical distributions, then be sure to establish and clearly communicate protocols for handwashing, social distancing and premises/equipment cleaning.** If you can't ensure these in line with local protocols, look at alternative transfer methods. Contact us directly if you have any questions.

➢ **Stagger delivery of CVA 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 over several days. Research has shown that transfers are put to use on the day of the 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.

➢ **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.

➢ 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. Get in touch if you'd like help to explore this type of adaptation.

➢ **If you would like to influence how transfers are spent, consider labelling transfers instead of restricting them.** A good example is cash for food or cash for household goods; communicating to households what they're encouraged to spend the money on often has a direct impact on spending patterns.

➢ **If you feel that a specific need is heightening contagion or risk to highly vulnerable households, talk to us about designing a transfer mechanism to meet that need.** This could include a top-up transfer for hygiene items, for instance. Reach out to us if you'd like to discuss.

➢ **Integrate access to information on Covid-19, including information on basic hygiene, any/all prevention measures, and access to healthcare.** Consider building out this effort. How do you program participants access trusted information? What are the questions/they have? What are the rumors that are circulating? Messaging is useful—at distributions, flyers at vendors/markets, text

message alerts—while you explore if/how you could promote or link into more substantive engagement, discussion, and behavior change. As soon as feasible; consult with the community representatives about your communication, as well as their own. To tackle a serious disease outbreak effectively, information must be community based. It is important to understand how affected populations understand concepts about the disease and its prevention.

➢ **Look at your existing data.** What do you already know about your households that might indicate they have pre-existing health conditions and/or family members within high-risk age brackets (ie. 65+)? Consider reaching out to them directly to understand their needs and create separate protocols for recipient households which may already be self-isolating.

3. Partnerships

➢ **Map local/international partners providing access to healthcare,** confirm if/how you can promote awareness of their services, in case program participants require specialized assistance. Consider establishing a data sharing agreement to facilitate referrals if required. We have developed templates you can use, to help speed up this process.

➢ **Promote partnership with your vendors/market actors to enable continued and responsible services. Lean on existing service providers to adapt joint response or contingency plans.** In places where you're partnered with a financial service provider (bank, MFI, IMTA), engage in conversation early and often to understand their mitigation measures as well as ensure consistent messaging is being provided to participants they may directly interact with. In places where there are established vendor networks, consider developing messaging to share or put on display in their shops. These stakeholders are equally affected and likely thinking through similar challenges regarding their customers. This will also enable you to track the degree to which stores remain open for business. If markets become inaccessible, you will need to consider other modalities.

➢ **Consider market functionality and supply chains utilized by vendors and communities.** Particularly in environments with constrained market functionality, check with vendors to ensure that wholesalers, transportation routes, and other components of the supply chain are functioning. Also consider the scale of MC's intervention: is our impact on the market sufficient to negatively impact non-participants, due to constraints in supply? Reach out to us if you have any concerns.