

**Guidance for National Societies**

**COVID-19 Sensitive Cash and  
Voucher Assistance (CVA)  
Across the Project Cycle**



## Guidance for National Societies

### COVID-19 Sensitive Cash and Voucher Assistance (CVA) Across the Project Cycle

#### Background

The COVID-19 pandemic is having an impact not only on the health of people around the world but is significantly constraining people's ability to meet their basic needs and impairing their economic resilience. CVA can also enable access to key basic services such as health, education, water, etc. and support vulnerable households to address other costs such as rent, utilities, transport and fees, as well as contribute to protecting and restoring people's livelihoods.

In a disaster of unprecedented needs and context that has many movement and access restrictions, CVA be a safer and efficient modality than in-kind, where conditions allow.

This guidance is intended to complement the Red Cross and Red Crescent Movement (the Movement) **Cash in Emergencies (CiE) Toolkit** and follows the same project cycle steps: Preparedness, Assessment, Response Analysis, Implementation, M&E. It does not duplicate the existing tools and guidance but provides tips and considerations at each stage of the CiE project cycle, for a COVID-19 sensitive CVA response.

It also accompanies the **Guidance for National Societies on Adapting RAM and MAG During COVID-19**.

Overall, the purpose of this guidance is intended to help National Societies (NS) consider how their current or planned CVA may need to be adapted or modified during COVID-19.

Each country will have different set of COVID-19 restrictions and measures in place defined by its government. Similarly, each country may be experiencing a different level of threat or intensity of the emergency and its impact, at any given time. Therefore, the contents of this guidance can be adapted based on local context.



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## Assessment

CVA emergency assessment is important in order to understand the general context of the COVID-19 pandemic (who is most affected, which areas etc.); priority multi-sector needs of the affected population; the capacity and any disruption of markets and financial services; and people's access to these. An understanding and analysis of the risks in relation to providing CVA in the context of COVID-19 is also essential. Any decision to do cash needs to be followed up with a COVID-19 sensitive response analysis.

### Remember:

- The crisis is rapidly evolving and changing every day. It is important to remain flexible and adaptable, both in terms of both the data collected and approach taken, based on the changing needs and context.
- The duration of the pandemic is still unknown, and it may come in waves. Assessments may need regularly revisiting or updating as the environment changes. Response options should aim to consider both immediate and longer-term needs.

# 1

### Plan and prepare

Refer to the Cash in Emergencies tool '[Roadmap for assessment planning and preparation](#)' for general guidance, factoring in the following:

- Based on your context, consider how safe or necessary it is to collect household level primary data. It is likely you will need to rely more on, or only use, secondary data for certain durations of the emergency. Your NS CVA preparedness documents may also contain useful secondary data. Refer to '[1 2 3 secondary data sources](#)'
- Remote data collection should be used as much as possible, if needing to limit physical proximity and person-to-person contact.

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- However, assess the risk of relying on remote collection or secondary data in terms of possible loss of programme quality, e.g. you may lose direct observation that is common during face to face surveys; sensitive issues may be underreported.
- To balance these risks, collect data from a variety of sources to enable greater triangulation. Consider ways to spot check or verify data, e.g. a small percentage of households could still be assessed directly.
- Update lists of key stakeholders who can provide information helpful for assessments and determining cash feasibility. This may include new stakeholders you had not previously thought to engage with. Refer to **'Key stakeholders matrix template'**
- Ensure you include government and local authorities amongst key stakeholders, not only to understand their position on CVA in the current context, but to understand any social protection programming they have underway or are adapting for the crisis
- Choice of assessment tools and approach taken is likely to vary, e.g. considering more mobile data collection. If mobile data is being collected, consider where it is being stored and who has access, as well as increased data protection considerations for any new tools/approach used.

## 2

### Needs and community assessment

Refer to **Cash in Emergencies tool 'Roadmap for community assessment'** for general guidance, factoring in the following:

- As COVID-19 does not affect all groups the same (e.g. elderly, men, women, children, ethnic groups, chronically ill), it is important to assess the impact of the pandemic on different relevant groups, beyond the household unit, in order to fully understand needs and vulnerability.
- Including an age, gender and diversity lens to assessment and response analysis is important during COVID-19 (e.g. there is evidence this crisis, is exacerbating Gender Based Violence (GBV), particularly due to lockdowns). Assess if cash helps reduce such risks or unintentionally puts women at risk or harm. Also ask the same for child protection.
- In particular, the elderly and chronically ill are seen to be most vulnerable to the COVID-19 and their needs should be considered, not just in terms of health status but also access to goods and services vital for their survival, particularly if self-isolating.
- Assess if people's access to and use of cash has changed since the crisis. This is highly likely given lockdowns, closure of banks, disruption to businesses, loss of income and jobs, etc.

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- Re-assess the acceptance of CVA modalities by households and communities, as this may also have changed alongside any change in access/movement restrictions. Assess whether people are familiar with, or willing to receive, more appropriate transfer mechanisms such as e-payments.
- Analyse the implications of any lockdowns and how this is affecting, or has changed, people's access to, frequency and preferences for cash. Vulnerable people may not be able to leave their homes or may be stigmatized. In particular, note differences between rural and urban settings, for different types of workers (informal, formal etc.) as well as those with pre-existing vulnerability.
- Specifically assess people's access to markets, as this may be limited due to lockdown status, if a household is self-isolating, or fear of public places, etc.
- Re-assess or compile a COVID-19 specific Minimum Expenditure Basket (MEB), to understand households' priority food, non-food and services needed in the current context. This information can be captured through secondary data, if necessary (e.g. national expenditure surveys or through the CWG, if there is one in place)
- Health-related expenditures in particular are likely to be higher for households who have directly experienced COVID-19 or for other health related costs, such as treatment of diseases or conditions that may make them susceptible to the virus. As such, consider both formal and informal expenditures related to COVID-19 and indirect costs (e.g. family members who have care for COVID-19 patients at home may lose income)
- Assess how financial flows within communities may have been affected, (e.g. savings, remittances, person to person giving, social transfers)
- Conducting focus groups to gather information for the community level tool may no longer be possible, due to limitations of numbers allowed in gatherings. Along with the **household interview tool**, **community data** may need to be gathered remotely or through secondary data.

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# 3

#### Rapid market assessment

Refer to **Cash in Emergencies tool 'Roadmap for rapid market assessment'** for general guidance, factoring in the following:

- Market assessments for cash feasibility should be conducted or revised, to make informed decisions on modality or mechanism choice or changes. Where necessary, COVID-19 sensitive market assessments will likely need to be conducted through secondary data, and more remotely, than normal.
- Consider both how basic goods and services have been affected – particularly if there is a dependency on other countries for supplies, that have been significantly or more affected by the pandemic.
- Use of market maps (based on secondary data/analysis) are a good way to capture top-level information and trends, if direct assessment in market places with traders is not possible.
- Continue to involve Logistics and draw upon their pre-existing information and knowledge of local markets and commodity supply lines, if direct access is not possible.
- Gather existing data from multiple relevant sources and leverage networks and information about markets as much as possible, outside of the usual trader and key informant questionnaires. Consider data sharing opportunities with other organisations.
- Gather information on prices, stocks, and supply chains of both key commodities and services. In particular, for countries that are already affected by chronic inflation, this is critical.
- In cases with full lockdown and movement restrictions, assess if alternative systems are emerging (e.g. home deliveries, community shopping groups).
- Compare urban vs. rural markets; also assess if informal markets and services have been shut down or if they continue, when others don't or have been negatively affected.
- Specifically consider how restrictions on cross-border and internal movement have produced shortages or are at risk of availability issues and related price increases.
- Advocate to local authorities about establishing safe market access, that ensures appropriate COVID-19 health and hygiene measures are in place.

#### Relevant links

- [Guidance for National Societies on Adapting RAM and MAG during COVID-19](#)
- [Guidance on Safe Market Access During COVID-19](#)

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# 4

## Service providers, organizational capacity and risk analysis

Refer to **Cash in Emergencies tool 'Roadmap for service providers, organizational capacity and risk analysis'** for general guidance, factoring in the following:

Overall, any information gathered during the Preparedness phase on financial service providers (FSPs), NS organizational capacity and cash feasibility risk analysis can be useful here but should be updated and contextualised for the current crisis.

- Undertake an updated **FSP assessment** not only on capacities, but adding the following factors to consider:
  - Ability to provide services that require less contact
  - Ability to provide guarantees for safer distribution or encashment
  - Flexibility and willingness to continue or open services in affected areas
  - Any mitigation measures
  - Business continuity capabilities in an environment where many services are being discontinued
- Information gathered on FSPs is likely to be desk based, through telephone interviews or secondary data.
- The revised FSP assessment should be consolidated with new information gathered from communities about their current access to and use of FSPs (collected under Step 2).
- Update or complete the NS operational readiness, capacity and gaps analysis for CVA implementation, found under the CiE Preparedness phase. Refer to **CTP preparedness self assessment template**.
- An updated risk analysis for determining CVA feasibility should be conducted, related to COVID-19.

#### Relevant links

- [Guidance for National Societies on Working with FSPs during COVID-19](#)

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## Response Analysis

Information gathered during assessments should directly inform your response analysis (i.e. determining the response options that are most appropriate and feasible against your objective to address emergency needs). Any existing cash response analysis will now need updating, in light of the new needs and context. It may be that you will need to consider different modalities or delivery mechanism than previously, due to COVID-19.

# 1

### Feasibility, modality and mechanism selection

Refer to **Cash in Emergencies tool 'Roadmap for service providers, organizational capacity and risk analysis'** for general guidance, factoring in the following:

- CVA remains relevant, as it can address the financial barriers faced by households in relation to COVID-19, in a flexible manner, allowing them to prioritise needs (e.g cost of basic supplies, to cover a gap due to loss of income, increased health care costs, etc).
- Multipurpose cash remains a relevant modality to consider, where appropriate, due to the multi-sector needs of this crisis (e.g in addition to basic supplies ; paying rent, access to health care, changes in school attendance etc, may all be priority household needs, particularly if households have lost or had income decreased).
- Where full lockdowns or strict quarantine measures are in place, and access to markets is restricted, the feasibility of cash may be limited.
- Policies and practices of local government may have changed. Re-assess their response option preferences or ensure this is included in any new analysis.
- Factors to consider in relation to modality options analysis:
  - You may need to shift existing modalities to minimise person-to-person contact.
  - Top-up payments to existing unconditional or multipurpose cash transfers could be provided, to cover additional costs related to COVID-19 (e.g access to health services, resuming education following lockdown)



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- Consider both emergency and recovery response options. Refer to **Cash Intervention Options**. The pandemic and its impact may continue for a while and go through distinct phases, e.g. pre-lockdown, lockdown, post-lockdown. When lockdowns lift, it is likely more households will be under the survival threshold than before.
- Limit or avoid conditionalities, particularly those that involve gatherings of people (unless directly related to reducing the spread of COVID-19)
- If your programme uses voucher fairs, assess the risks involved or consider switching to a simpler modality, to avoid large gatherings.
- If doing by-hand cash distributions, consider switching to paper vouchers or electronic vouchers, as physical cash can be a vector of transmission. Laminating paper vouchers means they can be disinfected before distributing.
- Factors to consider in relation to delivery mechanism analysis:
  - Prioritize delivery mechanisms that allow for the least contact where possible.
  - Rely on systems and approaches you are confident will work. Due to uncertainty, people may want services they know and trust.
  - Introducing new tools requires sensitization, capacity building and (often) procurement, which you may not be able to conduct as usual.
  - However, where feasible, use of digital transfers and mobile money may be worth considering in contexts with movement or access issues, and where remote programming may be necessary.
  - Assess the potential to diversify transfer mechanisms within the same modality, to spread out the risk, and reduce pressure on specific providers or outlets.
- Update any existing **risk analysis** for the new context or undertake if planning a new CVA programme. In particular, consideration of protection-related risks (particularly around increased GBV and child protection issues, due to quarantines) are key additions for the current context. Out of the three types of risk (contextual, programmatic and insitutional), contextual risks will have changed substantially.
- Any community participation undertaken in risk analysis may be limited, due to the restrictions. In these cases, you may need to rely on secondary information.
- COVID-19 sensitive CVA programmes may impact cost-efficiency (e.g you may decide to shift delivery mechanism and procure new items). Cost efficiency should remain a factor in informing decisions, but should be balanced against approaches that ensure the security and safety of people, partners, NS staff and volunteers.

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# 2

#### Transfer value

Refer to **Cash in Emergencies tool 'Roadmap for decisions on the value and frequency of the transfer'** for general guidance, factoring in the following:

- Existing transfer values, based on a Minimum Expenditure Basket (MEB) may need updating. Reasons include: monthly expenditures may have changed, market prices may have increased (based on your market monitoring (see Section on M&E). Also, the gap between affected population's needs and their capacity to provide for themselves may have increased, due to the impact of lockdowns and quarantines, loss of income and use of negative coping mechanisms.
- Education and health expenditures specifically may need to be added to your MEB.
- When calculating the transfer value, it is important to continue to distinguish between recurrent and one-off expenditures. For example, health expenditures may be one-off, but given the context, are more likely to be necessary expenditures to add into your MEB.
- Harmonise, or coordinate with, any government social safety net transfer values, as many governments are adapting their social protection programmes for humanitarian purposes in response to COVID-19 [[See separate Guidance for Working with Social Protection during COVID-19](#)]
- If strict movement restrictions are likely to come into place, consider providing lump sum transfers, which would allow households to purchase goods while they can still easily access markets. Alternatively, in contexts with less strict, but still restricted movements, consider doing fewer installments (e.g. every two months instead of monthly). Lump sum transfers may also be useful if FSPs are likely to experience liquidity issues once restrictions start, to help ensure they can transfer full entitlements with ease.
- If changes to frequency are made, remember to communicate to people that period the transfer is intended to cover in your BCA. (see Section on Implementation).
- Duration of assistance may be difficult to plan for given the unknown length of the crisis. The Movement would recommend at least 3 months of multipurpose cash to ensure that people have sufficient in the immediate future. Of course consider needs and the objectives of your programme and ensuring people will have enough to meet their immediate and essential needs for a sufficient period.

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# 3

#### Targeting

Refer to **Cash in Emergencies tool 'Roadmap for targeting decisions'** for general guidance, factoring in the following:

- Disease status is not directly relational to the need for cash. Targeting should continue to be based on needs in relation to the objective of your cash transfer.
- Community based targeting is likely to be more difficult in contexts with movement restrictions, therefore you should rely either on categorical targeting or self-targeting.
- Current CVA caseloads are likely to remain relevant in terms of vulnerability, or even become more vulnerable, due to the crisis (e.g economic impact will lead to increased poverty rates). Also, the most vulnerable are more likely to fall ill, due to living conditions and access to healthcare.
- Train volunteers/field staff to identify households among your existing caseload who are particularly at risk of contracting COVID-19 because of their age or pre-existing health conditions. Consider a top-up transfer or in-kind distribution to these households (e.g for hygiene items).



## Implementation

# 1

#### Programme set-up

Refer to **Cash in Emergencies tool 'Roadmap for programme set-up'** for general guidance, factoring in the following:

- As the scale of needs for COVID-19 is high, restrictions may be in place and NS resources are likely to be stretched, concentrate on core aspects of your planned intervention and do these well. The Plan of Action (PoA) could include adjustments to existing CVA activities (if they fall in the same geographical area as COVID-19 needs) or a prioritization of those that are most critical. Alternatively, your CVA response may need to include a new programme, with a different modality and/or delivery mechanism more appropriate to the situation.

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- Keep indicators in the PoA simple, so they are measurable under the current evolving situation. For multipurpose cash, ensure indicators are able to capture secondary impacts, as COVID-19 is a multi-layered pandemic.
- CVA roles and responsibilities may differ from existing SOPs (where these exist) or division of tasks, due to NS resources being stretched in this emergency. Revise these where necessary and assign CVA COVID-19 related roles or tasks.
- NS staff should ensure they take part in relevant coordination forums for this emergency, such as Food Security, Health, Education clusters, even remotely if possible. As a minimum, a CVA cash focal point should attend Cash Working Groups, where these exist. This is important to stay abreast of plans and responses, share relevant COVID-19 information and good practice.
- Coordinate with the government to seek opportunities to align with the social protection response to COVID-19. Refer to [Guidance on Working with Social Protection during COVID-19](#) for more info.
- Working in coordination with other humanitarian agencies and using collaborative approaches and systems should be used where possible, for this emergency. This could specifically help address issues of remote management and stretched resources.

#### Relevant links

- [Guidance on Advocating around Social Protection and Cash during COVID-19](#)
- [Guidance for Implementing Social Protection and Cash during COVID-19](#)
- [Guidance for National Societies on Working through Cash Collaborative Approaches during COVID-19](#)

## 2

### Community Engagement and Accountability (CEA)

Refer to [Cash in Emergencies tool 'Roadmap for beneficiary communication and accountability'](#) for general guidance, factoring in the following:

- Communication and accountability is even more important during COVID-19 as a new modality, delivery mechanism or ways of working (e.g. remote) may have been put in place.
- Update or design a new CEA plan, as channels, tools and messages are likely to be significantly different for COVID-19 to any usual CVA programming.
- Training and using local staff and volunteers will be essential in situations with movement restrictions and remote ways of working. Provide staff and volunteers with key WHO and Movement messages to disseminate. Refer to [Watsan Mission Assistant](#).

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- Discuss with other Movement members the possibility of incentive payments to volunteers involved in sensitization campaigns.
- Ensure you keep communication channels open and wide. Make sure you have working telephone numbers for your CVA focal point, key informants, community gate keepers and service providers so you can contact them, if physical meeting is not possible.
- Integrate access to information on COVID-19 (as well as standard messaging on the CVA project) into your CVA process – during registration, distributions and monitoring.
- Use market places, shops and vendors to share sensitization messages on how the virus spreads and how the risk of mitigation can be mitigated.
- Direct face-to-face communication may not be possible, so consider other tools like SMS text message alerts.
- If a targeted household is self-isolating they may not be able to reach markets and/or encashment points. Consider if you can enhance your communication strategies to understand how and if a household is self-isolating, and to contact them to identify if they have nominated a proxy (See also sub-step: Registration and Identification).
- Consider encouraging people to buy items which may increase their natural body defence mechanism (e.g. citrus fruits and vegetables) and prevention strategies (e.g. clean water and hygiene items).
- Having a Feedback and Complaints Mechanism (CRM), such as a hotline, will be an essential CEA tool in this situation, particularly if direct contact is limited. However, risk analysis should take into consideration around risk of loss of quality or accuracy from lack of face-to-face interaction and follow up with people.
- Consider having a referral system in place for health or protection related COVID-19 questions, such as providing a different number they can call, and also sharing contact details for relevant government hotlines.

#### Relevant links

Also see Risk Communication, Community Engagement and Accountability (RCCE) documents on the [IFRC Community Engagement Hub](#)

- [How to include marginalized and vulnerable people in RCCE](#)
- [Guidance for NS on safe and remote RCCE during COVID-19](#)
- [Interagency tips for engaging communities in low resource settings, remotely and in-person](#)

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# 3

#### Service provider selection

Refer to **Cash in Emergencies tool 'Roadmap for service provider selection and contracting'** for general guidance, factoring in the following:

- It is likely you will need to consider a different delivery mechanism for COVID-19 CVA, whilst still following all the standard **FSP analysis and contracting steps**.
- If setting up a new delivery mechanism, factor in that FSP procurement takes time. Do as much related to this step as you can in preparation, before activities start (ideally during the CiE Preparedness stage and certainly under Assessment stage).
- Consider collaborating with humanitarian agencies by using their delivery mechanism, if quicker than setting up a NS mechanism.
- Using the government social protection delivery mechanism (if efficient and reliable) may be helpful to save time.

#### Relevant links

- [Guidance for National Societies on Working with FSPs during COVID-19](#)

# 4

#### Registration and identification

Refer to **Cash in Emergencies tool 'Roadmap for registration and identification'** for general guidance, factoring in the following:

- Revise and adapt vulnerability criteria. Use community leaders where possible to collect information.
- Reduce or adapt authentication/identification requirements. Explore options that minimise physical contact, such as bar codes, photos or SMS. It is not recommended to use biometrics.
- Work closely with local actors and consider having them as observers/verifiers.
- If you are still conducting physical registration, avoid large gatherings and establish clear protocols for hand hygiene, social distancing (minimum two metres between people) and premises/equipment cleaning. If you can't ensure these protocols, look at alternative ways to register people.

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- Train staff/volunteers in the new registration protocols and clearly disseminate awareness and prevention information to people at sites.
- Emphasize only one person per household should come to registrations.
- Alternative methods for registration would be through telephone registration, with people being informed to call the NS either through community outreach, SMS, or one volunteer conducting door-to-door visits to gather phone numbers.
- Consider establishing a proxy process for self-isolating households who cannot come to physical registrations in person.

# 5

## Distribution and encashment

Refer to Cash in Emergencies tool '**Roadmap for distribution and encashment**' for general guidance, factoring in the following:

- Access to distribution points and encashment points may evolve rapidly, due to lockdowns etc. Consider remote delivery options where possible (e.g. mobile money).
- If you are still conducting physical distributions, avoid large gatherings and establish clear protocols for hand hygiene, social distancing (minimum two metres between people) and premises/equipment cleaning. If you can't ensure these protocols, look at alternative transfer methods.
- Train staff/volunteers in the new distribution protocols and clearly disseminate awareness and prevention information to people at sites. Consider including WHO and Movement messaging also [Link to <https://ifrcwatsanmissionassistant.wordpress.com/covid-19/>]
- Emphasize only one person per household should come to distributions.
- Avoid collecting fingerprints or signatures from household members receiving CVA.
- Consider staggering delivery of transfers (if physical) or loading cycles (if card or phone based) to reduce individual mobility and congestion in market places and shops.

### Relevant links

- [Livelihoods Resource Centre - Guidance distributions in COVID-19 contexts](#)

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## Monitoring & Evaluation

Refer to Cash in Emergencies tools '[Roadmap for M&E planning](#)', '[Roadmap for programme monitoring](#)', '[Roadmap for market monitoring](#)'

- As with cash assessments, it is likely you will need to consider remote monitoring, either partly or fully. This will depend on the level of movement restriction/lockdown in your context.
- Monitoring can be extremely helpful to inform the adaptiveness that is necessary for COVID sensitive CVA and can be used to feedback into and improve approaches and activities.
- Consider streamlining or adapting the indicators you collect to monitor process, outputs and outcomes of your CVA, in line with a more remote approach.
- Increase the frequency of market monitoring (with existing secondary data and primary data if needed), focusing on basic goods in your MEB. Based on your context, consider shifting from monthly to weekly market monitoring/analysis.
- You may need to adjust your transfer values if there are significant and consistent price changes.
- For countries with chronic inflation (e.g. Venezuela, Libya, South Sudan and Yemen), market monitoring is critical.

### Relevant links

- [Guidance for National Societies on Conducting M&E for COVID-19 CVA](#)