

Guideline on cash and voucher assistance (CVA) in Response to COVID 19 Rohingya humanitarian crisis response

Cox's Bazar, Bangladesh

April 2020

This document intends to provide guidance on how to design and implement Cash and Voucher Assistance (CVA) programme in response to the current COVID 19 crisis. The document makes specific focus on aspects of CVA programming, management and avoidance of risks of contamination of the corona virus.

It is a compilation of information from sources that currently are available and relevant to the Cox's Bazar and Bangladesh contexts. This document should be used as a living document and will be revised and updated when necessary. Any advice, inputs and comments are warmly welcomed.

SCOPE

This guideline is prepared to assist agencies and organizations to uniformly adopt CVA transfers in line with the prevailing directives and advisories of the Government of Bangladesh and World Health Organization in the context of COVID 19 pandemic. The use of this guideline is foreseen to be applicable for both host community and Rohingya refugee population within the broader scope of COVID 19 response by the humanitarian actors and government.

ASSESSMENTS AND DATA COLLECTION

Conducting rapid assessments¹ to know the initial impacts of COVID 19 could be a logical start to respond to the crisis. In view of the nature of this crisis however, such assessments must maintain flexibility to learn and adapt as situation evolves. There are several unknown aspects of the crisis including its duration and potential scale of impacts on social and economic dimensions within the communities. This may even demand frequent re-assessments and monitoring of the situation and adapting responses accordingly. While conducting assessments, following should be considered:

- Adopt remote data collection wherever possible to limit the frequency, proximity, and quantity of person-to-person contact².
- Consider ways to ensure that remote data collection and management do not undermine programme quality.
- Avoid any form of mass gathering for the assessment e.g. focus group discussions or similar. Shift to assessments using mobile phone or similar contacts feasible for the context.
- Monitor respondent behavior particularly if s/he feel comfortable being approached.

MARKET ASSESSMENT (RAPID)

As markets are important in the design of CVA activities, understanding several aspects of the system is essential for response planning. The fact that COVID19 has impacted almost all livelihood and related economic activities, assessment of market is even more crucial to gauge

¹ <https://reliefweb.int/report/bangladesh/acaps-covid-19-rohingya-response-risk-report-19-march-2020>

² <https://www.nrc.no/what-we-do/themes-in-the-field/cash-and-vouchers/remote-cash-project-guidelines-and-toolkit/>

the feasibility of CVA interventions in the given community. Some of the key aspects of market dynamics to be assessed include:

- Are markets still functional? If so, what types of services/business are operational in the market still functional (e.g. food, medicine, etc.)?
- Have supplies of essential goods resuming in these markets? Or has there been any change in functioning including alternatives?
- How are supply chain actors (consumers, producers, traders, transporters) perceiving the risks of COVID 19 in terms of its impacts? Has there been changes in prices?
- Assess whether any mitigation measures been used including adopting alternative systems (e.g. home deliveries, community shopping groups) to avoid risks of overcrowding of market?
- Consider the affects to the vulnerable households and individual such as - are they able to access markets? Do they feel safe enough to travel and access the markets?

TARGETING

- In the situation of limited access to conduct targeting exercise, alternative approach to targeting be adopted including remote working with local authorities, CBOs and through other secondary sources of information.
- Such targeting however, should prioritize those made more vulnerable due to COVID 19 including: (1) those that were already below poverty line and now find themselves with a loss of income opportunities have begun adopting harsher negative coping mechanisms; (2) those that may be victims of consequences of the pandemic (e.g. lockdown, lack of income opportunities etc.).
- The use of existing or secondary sources of information / data is recommended for initial targeting including those from government entities. Further refinement and verifications by agencies are recommended to avoid duplication and exclusions as applicable.
- It is imperative to support those who can not sustain without external support.

COORDINATION

- Coordinate with relevant government authorities and other coordination bodies such as the health authorities and interagency coordination bodies such as Transfers Working Group (TWG) and the inter-sector coordination group (ISCG).
- Contact specific donors or collaborating partner to understand how flexible they are on programme changing, prioritizing etc.
- Update the TWG of any CVA activity changes and any new initiatives to help inter-agency learning.
- Ensure dissemination of preventive guidance and tools within the organizations.
- Consider use of common cash transfer platforms including combining/merging cash distribution schedules for agencies to reduce crowds and minimize risk of transmission.

CASH AND VOUCHER ASSISTANCE PROGRAMMING

- In general, and when possible, introduce remote programming to minimize person-to-person contact and through virtual contacts or meetings as much as possible.
- Focus on the core aspects of your programme such as cash /voucher distributions and do those as best you can. Look for alternatives for those aspects of your programme, which are difficult to conduct remotely or with limited mobility (e.g. vouchers may be difficult to implement remotely) and reduce or cancel non-critical activities.

- Diversification of assistance modalities suitable to the context.
- Consider shifting between modalities (e.g. conditional to unconditional cash transfers or vice versa) depending on supply chain and market conditions if a single modality could cause overcrowding in distribution and/or redemption sites.
- If needed, add new cash and/or voucher assistance outlets to avoid crowding.
- If the programme includes multiple cycles of assistance, consider if it could be an opportunity to at one go reduced the number of distribution and instead increase the amount given.

CASH AND VOUCHER ASSISTANCE TRANSFER MODALITIES, VALUE AND DELIVERY MECHANISM

MODALITIES

When possible, opt for simple transfer modalities (e.g. multipurpose cash assistance). The vouchers or cards that are difficult to verify down the lines etc. should be planned only if feasible in the context. Prioritize modalities to reduce queuing and clustering at distribution sites and ensure adequate distancing when needed.

TRANSFER VALUE

The Government of Bangladesh norms shall be followed to ascertain transfer value as follows³:

SL	Areas/Locations	Total BDT
A	Approved for Cox's Bazar & Chittagong Hill Tracts (CHT) - 75% of total MEB	5,500

- For other types of cash transfers (e.g. conditional cash transfers like cash for work or cash for skill training), an hourly rate of BDT 50 or a daily rate of BDT 350 for unskilled workers to be applied as specified in the approved guidance on Rohingya Volunteer incentives 2018⁴.
- Transfer values maybe reviewed to include new/increased needs for household wellbeing, such as top-up for additional NFI needs like soap, detergents, disinfectants as well as health related costs, medical fees etc.

DELIVERY MECHANISM

- Given that the COVID 19 context remains unpredictable, rely on systems and approaches for transfers that have been tested in the community and have confidence to use. Avoid introducing new pilots, systems, technologies or approaches unless a clearly identified need cannot be met any other way.
- If possible, consider mobile money transfer (MMT) or other available forms of electronic transfer mechanisms that reduces the extent of physical contacts that the beneficiary needs 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). Using this solution, money can be transferred almost anywhere within the country, even when there are no banks nearby. Besides being secure mode of cash transfer, it enables cashless and contactless payments which reduces the risks of corona contamination. An

³ <https://www.humanitarianresponse.info/en/operations/bangladesh/document/bangladesh-multi-purpose-cash-grant-mpcg-operational-guidelines-2018>

⁴ <https://www.humanitarianresponse.info/en/operations/bangladesh/document/bangladesh-revised-cash-work-cfw-daily-wage-rate-2018-operational>

early contact with potential financial / technical service providers (FSPs) be established and rates negotiated for possible use of their services to deliver cash. The system can be operational only when a 3rd party agreement with the service provider is signed and necessary orientation provided to the beneficiaries on the process. The service providers such as bKash, Rocket, Nagad are some of the popular providers within urban and rural Bangladesh.

- Utilize contactless payment mechanisms including removal of biometric (fingerprint) authentication for processing payments, where necessary.
- Other forms of delivery mechanism could be utilized as long as these could be executed within the WHO guidelines for COVID19 that requires maintenance of proper social distancing, provision for hygiene and sanitation facilities besides following core humanitarian standards (CHS).
- In cases of inadequate facilities and a limited number of service providers, the potential for e-transfers could be very limited and may not be a viable mechanism for reaching most beneficiaries. In such cases direct cash transfer is recommended ensuring that person to person contacts are minimized by applying WHO guidelines on hygiene and social distancing.

HYGIENE AND PHYSICAL DISTANCING

HYGIENE

- Ensure that all staff receive hygiene training/ awareness sessions on COVID19.
- Make sure that appropriate awareness and prevention guidance are available at each location as part of the CVA.
- Make available handwashing stations and/or hand sanitizer to staff and beneficiaries on those sites and ensure service providers follow this advice. If needed, make sure that masks are available.
- Avail audio messages for dissemination of good hygiene practices.
- Regular disinfection of surfaces such as tables, doors, shelves, money counting machines etc.
- Consider providing short brief on basic hygiene and hand out WHO materials if available.

SAFETY AND DISTANCING AT DISTRIBUTION SITES

- Reducing the numbers of mobilized populations. If possible, assign limited number of people to specific times.
- Ensure adequate space is available to keep a minimum of 1-meter distance between beneficiaries and between beneficiaries and staff.
- Monitor whether recipients of cash/vouchers are findings that HHs are uncomfortable to engage with staff.
- Ensure the least and safest contact between the provider and the beneficiary (e.g. providers wearing masks and gloves and practicing proper hygiene).
- Encourage and facilitate handwashing at distribution points and clean contact surfaces (desks, phone etc.).