

COVID-19 Pandemic Cash and Voucher Assistance for Protection Considerations

– April 2020, to be updated periodically

This guidance on Cash and Voucher Assistance (CVA) for Protection Outcomes during the COVID-19 pandemic has been prepared with input from members of the GPC Task Team on Cash for Protection. It is intended as a quick reference tool to support CVA and protection colleagues working directly with displaced and host clients to collaborate in the use of CVA for protection outcomes. This guidance addresses: **(1) CVA for protection outcomes within the protection sector and; (2) Ensuring safe delivery and use of CVA for protection outcomes within the protection sector.** This document will be updated periodically and will aim to broaden its scope over time. It should be read in conjunction with all [Global Protection Cluster COVID-19 guidance](#), including the GPC's COVID 19 Response and Preparedness Related Measures - [Protection Programming Guidance](#) and also existing general guidance on [Protection in Cash-Based Interventions](#).

Cash for Protection is a term used to describe the use of cash and voucher assistance to help achieve protection outcomes.

Key COVID-19 and CVA for Protection Considerations

CVA has the potential to support protection outcomes by:

- Efficiently reaching people in need faster and at lower cost than other forms of emergency assistance.
- Supporting individuals who have disclosed incidents of violence and have experienced protection risks derived from COVID-19 to recover, including accessing essential services.
- Supporting individuals/families whose primary income earner(s) are self-isolating/social distancing and/or have lost their livelihoods and/or income generating activities and are at heightened risk of negative coping mechanisms (such as child labor, transactional sex, etc.) or may face increased risks of or threat of eviction.
- Supporting a response to increased risk of violence within the home due to heightened economic, social and mental health stressors due to the current COVID-19 crisis and associated movement restrictions.
- Supporting families who are hosting additional dependents, including children, in their household due to family separation.
- Maintaining social networks and support systems --access to which reduces risks of violence for marginalized individuals, such as access to communication (such as CVA to purchase communication devices or phone credit) between isolated family members (for example where caregivers are separated from children), and to support the protection of humanitarian frontline staff, such as protection case workers, or health actors.

- Providing an opportunity to elevate humanitarian practice so that previous gaps in age-gender and disability sensitive-services can be addressed to do no harm and do better for crisis-affected populations.

CVA for protection outcomes within the COVID-19 response should:

- Be designed based on a [robust analysis of CVA-specific protection risks and benefits](#) in the COVID-19 crisis. This analysis should be based on affected individuals own identification of protection needs and benefits. Consultations should take necessary precautionary measures put in place to uphold public health guidelines, wherever possible taking place remotely.
- In order to leverage CVA for Protection outcomes, it is essential to understand pre-existing protection risks and violations, as well as those exacerbated or created by the COVID-19 crisis (such as risky coping strategies, child exploitation, sexual exploitation and sexual violence). This includes protection risks related to the disease itself, as well as risks which are a result of actions taken (or not taken) to halt the spread of the disease.
- Demonstrate a strong analysis of context, power, gender and how intersecting aspects of identity (such as age, sexual orientation, ability, ethnicity, linguistic, religious or indigenous background, etc.) may result in marginalization, discrimination, oppression, exclusion and protection violations and how CVA may alleviate or exacerbate these protection issues; these risks and incidents of violence will be exacerbated by the COVID-19 pandemic and disproportionately affect the most marginalized. This analysis should go beyond identifying typical “at risk” populations.
- Be implemented in a manner that reduces access barriers for affected populations and reduces as much as possible person to person contact to help halt the spread of the disease. Alternative digital and remote solutions, such as mobile money and phone-based case management support, should be used to diminish the possibility of transmission.
- Be carefully monitored to ensure that CVA referrals and transfers for protection cases help to resolve protection issues as intended and do not expose recipients to further harm. Embed monitoring of identified protection benefits into program monitoring processes and post-distribution monitoring (PDM) or similar tools.

Key Actions: Utilizing CVA to Contribute to Protection Outcomes Across the Protection Areas of Responsibility (AoRs)

- Use diverse channels to identify protection cases. For example, referrals between case management actors, WASH actors or health actors; referrals through existing community outreach networks, hotlines and Disabled Persons Organisations (DPO).
- CVA aimed at contributing to positive protection outcomes should always be designed as part of a context-specific range of components within broader protection programming, such as but not limited to case management, and led by Protection specialists in close collaboration with CVA actors.
- Adapt vulnerability criteria based on shifting vulnerabilities and protection risks during the COVID-19 crisis.
- Consider whether CVA will help create protection benefits for affected individuals and compare risks and benefits of cash, vouchers, in-kind, and no material intervention, e.g. limiting assistance to advocacy or services. Think about how to adapt case intake and assessments for CVA referrals

to a remote context via phone (if networks allow); otherwise conduct assessments in a building with high quality ventilation or in a safe and discreet place outside, if necessary.

- Where CVA is deemed appropriate, there is no “one size fits all” for delivery mechanisms, amount, duration and frequency of CVA for protection during the COVID-19 response, or any other response; assistance should be tailored to ensure safe transfers to diverse groups of beneficiaries vis-a-vis standing and joint guidance from protection specialists and CVA actors.
- CVA delivery should reduce the need for affected persons to leave their homes to collect and use CVA; older persons, persons with disabilities and individuals with underlying health conditions will be at increased risk of illness and mortality if they have to travel to collect and use CVA. Door-to-door distributions that adhere to a survivor-centered approach, maintain anonymity and confidentiality should be prioritized. Delivery mechanisms, such as mobile money, which reduce proximity, should be used wherever possible.
- Consider gender aspects (such as women’s and adolescent girls’ access to technology and markets, freedom of movement, times of day dedicated to care work, curfew, etc.) when considering times and locations of CVA distributions.
- In order to use CVA for protection outcomes, the appropriate financial and human resources are required - proactively include CVA for protection outcomes within funding proposals and staffing decisions.
- Ensure resources and time for training key stakeholders (consider remote capacity building, remote supervision, use of technology, etc.).
- Ensure data protection and adherence to protocols on data sharing and data storage when referring protection cases for CVA.
- Dissemination of information should be designed in line with universal design principles and be as inclusive as possible, transmitted through multiple modalities. Elderly persons, persons with disabilities and minority language speakers will face challenges accessing information on the CVA program and could be at risk of exclusion.
- A conflict-sensitive approach should be used to reduce the risk of increased social tensions which can be exacerbated due to the pandemic.

AoR - Specific Tips

Gender-based Violence (GBV):

- Ensure that qualified GBV staff (i.e. caseworkers) undertake individual case management assessments to identify how CVA can help respond to GBV; regularly assess survivors’ needs and risks and make anonymous and discrete CVA referrals, if appropriate.
- Deliver CVA for GBV outcomes (e.g. IPV, domestic violence, early marriage, SEA, etc.) as part of context-specific range services to support GBV response (e.g. case management, quality service delivery, behavior change activities, policy development and advocacy).
- Coordinate CVA referral closure among GBV specialists and CVA actors to arrive at a CVA exit strategy for each case;
- Carefully monitor CVA for GBV response within a package of services and assistance. Outcome monitoring should focus on the following outcomes: the reduction in risk of exposure to GBV (e.g. reduction in IPV); reduction or mitigation of risky coping strategies (e.g. reduction in sex work as a coping strategy or engaging in sex work in a safer manner than before); or access to services (e.g.

improved access to reproductive health services), as relevant to the programme objectives. Sensitive outcomes (such as the former two) should only be monitored by caseworkers or GBV specialists.

- Disseminate messaging about GBV response services only in locations where GBV response services have been established; develop the messaging/plan in collaboration with GBV specialists. CVA -- and livelihoods programming, can be important entry points for information dissemination on GBV response services, and feedback on safe and accessible assistance.

Adapted from [The Cash and GBV Compendium](#) and the [GPC-IASC Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response Tip Sheet](#). Also see the GPC [Gender-Based Violence And Cash-Based Interventions Tip-Sheet](#)

Child Protection (CP):

- Ensure that qualified CP staff (i.e. caseworkers) lead CVA for CP outcomes and undertake individual assessments to identify how CVA can help respond to CP concerns.
- Regularly assess CP needs and risks at the individual child and household levels.
- Provide CVA and NFI assistance to families with children whose income-generating opportunities have been affected by COVID-19 to reduce reliance on risky coping strategies.
- Anonymously and discretely refer CP cases to CVA referrals, where appropriate, according to the CP case management guidelines for COVID-19 crisis (forthcoming) in conjunction with agency-specific guidelines.
- Continually monitor contextual CP trends as these will evolve during the crisis; coordinate with CVA actors to flag new geographic areas or targeting criteria to complement already targeted or blanket cash transfers.
- Carefully monitor CVA referrals for CP outcomes within a larger package of services and assistance. Outcome monitoring should focus on the reduction in risk of exposure to CP concerns (e.g. reduction in child labour, abuse, etc.).

Other CP-specific resources adapted for the COVID-19 pandemic can be accessed via the CP Alliance page: [Protection of Children during the COVID-19 pandemic](#). See the GPC [Child Protection and Cash-Based Interventions Tip-Sheet](#) for more tips.

Housing, Land and Property (HLP):

- Provide unconditional cash assistance for the immediate short-term prevention of evictions. Evictions will increase and will exacerbate the risk of transmission among all parties involved in the eviction process, as well as other family members and community members.
- Provide CVA to offset utilities being cut off as households are unable to keep up with payments.
- Provide CVA to ensure that households can quickly access local services, materials, facilities,

and infrastructure that contribute to their right to adequate housing arrangements.

- Ensure that CVA provided to tenants is delivered in conjunction with information, counselling, and legal assistance *paired with* advocacy efforts that target landlords and government agencies on suspension of evictions and utility cutoffs.
- Use relocation as a last resort when evictions are unpreventable or there is significant risk related to individuals staying in their current household and ensure contingency plans for rehousing, including financial assistance.
- Anticipate an increase in cases requiring immediate financial support, counselling and legal support due to inheritance disputes and deaths caused by COVID-19.

Adapted from the [HLP in COVID - Global HLP AOR \(Working Document\)](#) and the [GPC HLP and CBI Tip Sheet](#);

Key Actions: Identifying & Mitigating Protection Risks Associated with CVA Where CVA is Designed to Contribute to Protection Outcomes

CVA is not inherently more risky than other modalities of assistance (e.g. in-kind). Protection risks associated with the introduction of CVA are related to context, age, gender and diversity. Proactively identifying any associated risks, mitigating these risks and monitoring perceived risks and the effectiveness of mitigation mechanisms, is imperative to ensure that affected persons intended to benefit from CVA are not exposed to harm.

In order to minimize risks and maximize benefits:

- Apply an age, gender and diversity lens to assessments, targeting, design, implementation, monitoring and accountability.
- Consider whether CVA will create or exacerbate protection risks and benefits for individuals, households and communities, and to what extent new risks could be mitigated by affected individuals, communities, humanitarian agencies and duty-bearers (governments) and/or by complementary program activities.
- Compare risks and benefits of cash, vouchers, in-kind, and no material intervention, e.g. limiting assistance to advocacy or services.
- Where it makes sense to proceed with CVA, establish risk mitigation mechanisms and ensure modality flexibility (CVA and/or in-kind) and delivery mechanisms flexibility (e.g. mobile money, cash in hand) to not only ameliorate potential problems with supply chains/ inflation/ security and safety, but also beneficiary preference - which may shift during the crisis.
- Cash and Protection colleagues should work together and engage via relevant working groups at the local, national, regional and global levels to communicate, collaborate and leverage complementary expertise, particularly during assessment, design and monitoring and evaluation. Include minimum protection questions throughout the program cycle.

- Train CVA staff and partners on psychological first aid, the prevention of sexual abuse and exploitation and child safeguarding, including on referral pathways to protection and psychological services.
- Address barriers to information on the CVA program. Any information dissemination should be designed in line with universal design principles as inclusive as possible, and through multiple modalities. Elderly persons, persons with disabilities, minority language speakers and other marginalized groups may face challenges accessing information on the CVA program and could be at risk of exclusion.
- Establish an accountability framework, not limited to the CVA component of programs, including a multi-channel complaints and feedback mechanisms.
- Consider personal data protection and the risks of sharing beneficiary data with government actors and/or the private sector, and incorporate data protection principles throughout the program cycle.

See the [ERC Tips for Protection in Cash-Based Interventions](#) and the [GPC-IASC Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response Tip Sheet](#) for more key actions.

In addition to those included above, here are other useful links:

CBI AND PROTECTION GUIDANCE & TOOLS

- [Guide for Protection in Cash-based Interventions. Also available in: FR](#)
 - [Tips for Protection in Cash-based Interventions. Also available in: FR](#)
 - [Key Recommendations for Protection in Cash-based Interventions. also available in: FR](#)
 - [Child Safeguarding in Cash Transfer Programming](#)
 - [Sphere Standards for COVID-19 Responses](#)
 - CaLP's [Programme Quality Toolbox](#)
 - CaLP's [thematic web page on CVA within the protection sector](#)
 - CaLP's [live CVA and COVID-19 guidance](#) available in [Arabic](#), [English](#), [French](#) and [Spanish](#)
 - [Compilation of CVA and COVID-19 Key Resources from the Cash Learning Partnership \(CaLP\)](#)
 - CaLP's [thematic webpage on gender and inclusion](#)
 - [The Cash and GBV Compendium](#) (link includes English, French, Spanish and Arabic).
 - The Cash and GBV Compendium training curriculum in [English](#), [French](#), [Spanish](#) and [Arabic](#).
 - WRC-IRC-Mercy Corps' [Cash and GBV Toolkit](#) ([French](#), [Arabic](#) and [Spanish](#) also available)
 - GPC [Mine Action And Cash-Based Interventions Tip-Sheet](#)
 - IRC's CVA Resources - COVID-19 Adaptation and Response: [Adaptation Guidance](#), [Distribution Guidance](#); and [Response Guidance](#);
 - WFP Guidance for [Cash-Based Transfers in the Context of the COVID-19 Outbreak](#)
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