



Protection Sector Guidance Note on the Use of Cash for Emergency Protection Responses

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This document aims at providing guidance and minimum standard of intervention to protection partners providing cash assistance for emergency protection response. This guidance is based on acknowledged best practices and international guidelines. It was revised in 2020 to integrate lessons learned and arising needs related to multiple crisis that hit the country (health, socio-economic, the Beirut blast).

This document provides guidance specifically that applies for emergency cash assistance (ECA). It is expected from protection partners to follow this guidance note when providing such responses.

General Principles

Cash-Based Interventions (CBIs), including cash and vouchers, provide a flexible mechanism for delivery of assistance that enables persons of concerns to meet their needs with autonomy and dignity.

In the context of Lebanon, the CBIs are utilized to respond to different situations i) to address socio-economic vulnerability (MCAP – multipurpose cash program under the Basic Assistance sector), ii) to respond to a protection incident/situation or prevent protection risks (PCAP: Protection Cash Assistance Program for sustained assistance over a specific time period or ECA: Emergency Cash Assistance for one time assistance. These two cash modalities have been implemented under the Protection sector response strategy since the beginning of the Syrian refugee crisis. This guidance note only applies to ECA and not to other types of cash-based intervention.

As a protection tool, cash assistance should be understood as one modality of response, among several possible complementary interventions such as psychological support, legal assistance or finding an alternative shelter. Therefore, through direct assistance or case management, a holistic approach is recommended when providing emergency cash assistance to ensure that those concerned receive all services required to address their individual protection situation. Emergency cash assistance may be provided either to prevent or to mitigate the use of negative coping mechanisms or where a significant protection risk is likely to materialise. At the programmatic level, emergency cash assistance programmes implemented by Protection partners are designed to be complementary to the multi-purpose cash assistance programme (MCAP), which addresses long term socio-economic vulnerability and of the Protection Cash Assistance Programme (PCAP). The ECA programme aims to respond quickly to urgent protection needs on an exceptional basis and it is not designed to meet basic needs. In addition, ECA should not be used as a blanket response as it is designed to respond to an individual shock/incident.



Emergency Cash Assistance in the context of LCRP

Objectives

Emergency Cash Assistance (ECA) aims at addressing a situation that exposes an individual or household to serious harm / protection risk. The provision of ECA is a one-time intervention intended to address the critical protection situation.

Under ECA, a protection situation is defined as a singular unforeseen event or accumulation of factors which, as a result, exposes an individual to an immediate harm, violence, abuse, exploitation or severe form of discrimination. ECA is not a stand-alone remedy, but it should be part of a holistic approach and persons supported through ECA assistance should be referred to other services based on the need assessment. In the multi-faceted response, ECA is one tool amongst others to support refugees in addressing their protection needs.

As ECA is a one-off intervention, this response modality is not intended to assist refugees to meet their basic needs as a result of their socio-economic vulnerability; unless the inability to meet basic needs would result in serious harm and undermines fundamental human rights.¹ ECA addresses instances where socio-economic vulnerability interacts with and/or exacerbates a protection risk

Eligibility

ECA is intended to address a critical protection situation. Under ECA, a protection situation is defined as a singular unforeseen event or accumulation of factors which, as a result, exposes an individual to an immediate harm, violence, abuse, exploitation, and/or severe form of discrimination.

The eligibility criteria for ECA is based on three key cumulative criteria. Are eligible individuals/households who:

- 1. face a specific protection risk (as a result of a shock or accumulation of factors); and**
- 2. have limited coping mechanisms due to a specific vulnerability; and**
- 3. for whom a one-off payment of cash assistance may address or mitigate a serious and direct harm.**

Target Groups:	<ul style="list-style-type: none"> • Lebanese • Syrian Refugees • Palestine Refugees from Lebanon (PRL) / Palestine Refugees from Syria (PRS) • Other Vulnerable population groups
Limited coping mechanisms	<p>Persons/households with limited coping mechanisms may include those with;</p> <ul style="list-style-type: none"> • Specific vulnerabilities and needs; incl persons with disabilities, older persons at risk, female-headed households. • Limited personal financial resources / lack of access to income;

¹ For cases requiring longer term sustainable support, or assistance to meet basic needs, protection actors should refer cases to other sector for sustainable services (incl. Livelihoods, Food Security, Shelter). However, ECA may act as a temporary bridging mechanism before such services are provided in cases where the immediate needs are critical, and if unmet would result in serious harm.



	<ul style="list-style-type: none"> Limited familial or community support networks;
Protection risks	<p>Protection risks may include:</p> <ul style="list-style-type: none"> Risk of abuse and exploitation, including sexual abuse and trafficking; Legal and physical safety related risks (incl. due to severely damaged or lost shelter); Risk of child labour and worst form of child labour (WFCL); Risk of sexual and gender-based violence including child marriage; Risk of coercion; Risk of family separation; Risk of discrimination; Risk of resorting to negative coping mechanisms; Risk of deterioration of existing serious medical conditions; Risk of aggravated MHPSS issues;

During the Covid-19 outbreak, the existing ECA criteria should be applied, however it is anticipated that a higher number of protection cases will be linked to the adverse impact of the health crisis. During the COVID-19 crisis it is anticipated that ECA may be used to support in the following instances:

- Suspected or confirmed COVID-19 cases and others in in self-isolation who do not benefit from provision of WASH, shelter kits, Core Relief Items, hygiene kits or food parcels or for whom the other assistance provided does not cover some acute needs;
- Families whose main breadwinner or more than one member of the household are in isolation, and are therefore unable to meet their basic needs and at risk of negative coping mechanisms, such as worst forms of child labour, child marriage, and increased risk of gender- based violence, or eviction.²
- Suspected or confirmed cases who are unable to cover transportation costs to or from the hospital, or to or from the isolation location.
- Cases referred from Child Protection or SGBV partners because they are at heightened risk due to the current COVID-19 outbreak and related restrictions.
- Families that are unable to move from their homes and earn a livelihood due to serious movement restrictions imposed by the municipality, often resulting in an eviction or threat of eviction. In eviction cases, priority will be given to refugees that already are evicted and homeless and those that are evicted or at threat of eviction because of fears that they may be directly or indirectly related to positive COVID-19 cases.³ In case the eviction threat results from unpaid debt, ECA will only cover the period of unpaid debt relating to the COVID-19 restrictions.

No duplication or conflict with other available services:

The ECA service provider should ensure that no other provision of cash assistance is addressing the emergency situation or the specific protection risk identified. In order to avoid duplication, ECA requester is advised to check for the assistance record of the beneficiary through the tracking mechanism (RAIS for refugees). However, ECA may complement other forms of assistance that are already being provided in complex cases i.e. households may be receiving MPCA but still requires ECA

² In the event of an eviction threat, mediation should first be conducted by the ECA partner or a legal/protection actor.

³ ECA for refugees at threat of eviction will only be provided if mediation with the landlord has failed and ECA will solve the issues with the landlord for the coming months.



to respond to a distinct protection threat which emerges, or a person of concern may have a medical condition covered by UNHCR referral care policy⁴ but requires ECA to pay deposit to the hospital in order to get admitted.

On medical costs :

Partners should avoid using ECA to cover additional medical tests and check-ups that are covered by in accordance with inter-agency health SOPs⁵.

As a general rule, ECA may be used to assist in covering medical costs only in exceptional instances and provide that the following three conditions are met:

- 1) the ECA contributes to fully cover the costs
 - 2) the case was cross-checked with Health partner;
 - 3) Where an inability to cover a medical bill is linked to a clearly defined protection risk (i.e. a case worker assesses that due to a households' inability to cover a medical bill, a child has been withdrawn from school and engaged in WFCL).
- In the case of a **medical emergency** (covered by UNHCR/NextCare), ECA can be provided for individuals/families who cannot afford to pay the deposit requested by hospital for admission, these include cases of individuals with compound or multiple intersecting vulnerabilities (as per the protection criteria checklist). The amount paid for the deposit should fall within the ECA limits and align with guidance in the ECA SOPs.
- **Tests and investigations:** medical tests are generally not covered by ECA. However on an exceptional basis protection actors may provide ECA to cover medical testing if they are necessary for either:
1. The Exceptional Care Committee to make a decision about an intervention or a resettlement case, or
 2. the preparation for an intervention that has already been approved by UNHCR/NEXtCARE.
- **Medicines and medical equipment:** ECA could be considered to support the provision of medicines/medical equipment if required for a medical intervention which is already approved by UNHCR/NEXtCARE but is either not covered (certain prosthetic materials) or needs to be obtained outside of the normal process (i.e. certain rare medicines such as coagulation factors).

ECA should not be used in the event of unethical practices, such as the detention of patients or bodies for failing to pay hospital bills and hospitals' refusal to admit patients. All such practices should immediately be flagged to the health and protection working groups. In such instances, ECA should only be provided exceptionally after the cases is flagged and legal mediation has been conducted.

⁴ <https://data2.unhcr.org/en/documents/details/64586>

⁵ <https://data2.unhcr.org/en/documents/details/64586>



Amount

Emergency Cash Assistance is in principle *a one-time grant* that cannot exceed 800,000 LBP, the exact to be determined on a case-by-case basis according to needs. Strong justification and written approval must be granted by a protection officer or a senior management officer for exceptional provision of a second payment.

The ECA assistance amount is provided in Lebanese pound (if directly in cash it is recommended to provide small bills).⁶

Do no Harm

Ensure a 'do no harm' approach

- The provision of ECA should be based on designated criteria and should not undermine individual capacities or exacerbate negative coping mechanisms, create dependency or expose individuals to further risks; payment modalities and locations should be always examined with age, gender and diversity lens prior to selection. For example, ECA disbursement for women/girls residing alone should be conducted by a female staff member, cash-in hand modality should be considered for individuals with limited mobility (i.e.: elderly at risk, persons with disabilities)
- Continually re-conduct risk assessments and plan mitigation measures as the situation evolves; risks related to sexual abuse and exploitation (SEA) and required management strategies should be part of the risk assessment. For example, for some individuals travel to and from ATMs may increase such risks, while for others, accessing their homes may increase risk (particularly for women and girls who live alone). To effectively mitigate risk, always consult recipients on any risks associated with cash disbursement and plan accordingly.
- Tailor information on SEA to individuals at higher risk so that beneficiaries are aware of complaints and feedback mechanisms in place including on SEA and know how to report misconduct.
- Cash in-hand disbursement should always be conducted in a confidential and safe way. The recipient should be consulted on the preferred location and timing to ensure that the cash disbursement does not constitute a threat to the safety and/or confidentiality of targeted individuals.
- Ensure that the cash modality selected (Cash in hand or Financial Service Providers) are inclusive and allow equal access for all target groups in terms of accessibility and safety.
- During COVID19, cash disbursement is recommended to take place in an open or at least well-ventilated venue (although seeking to maintain privacy of the recipient). Consideration should be particularly taken regarding beneficiaries living in Informal Settlements and other locations with minimal privacy such as collective shelters (with reduced field visits, frontliner staff conducting visits for cash disbursement might raise questions in communities). Whenever applicable identify another disbursement modality following a risk assessment. Recipients should be provided with awareness on the symptoms of COVID-19 and protocols for prevention; if the intended recipient feels ill, they should self-isolate and assign a proxy

⁶ Due in particular to financial constraints on humanitarian actors, to conflict sensitivity and to safety of recipient considerations.



(caregiver, trusted family member) to receive the assistance. Protection actors should use and provide Personal Protective Equipment (PPE) to recipients and a distance of at least 1.5 to 2 meters should be maintained between the recipient and NGO frontliner.

- ECA disbursement should be provided in LBP, and in smaller monetary bills taking into consideration the maximum ceiling for disbursements. ECA should not be provided in USD as it might put recipients at heightened safety risks and sharply increase social tensions.
- To the extent possible, ECA provision should be inclusive of individuals across all nationalities. Harmonized messaging and transparency are key in communication with communities and during outreach on targeting of ECA to mitigate community tension and ensure conflict sensitivity.
 - Ensure that contact information of service providers are accurate and updated.

Modalities

The following key considerations should always guide the provision of cash assistance and the decision on the disbursement modality:

- Respecting the do-no-harm principle. The safety of the recipient, including by avoiding exposure to risks, should always be the primary consideration (see above).
- Consulting and agreeing with the recipient on the preferred modality, location and time of disbursement, within reason (modality needs to be feasible and sustainable for the organization) (see above).
- Limiting provision of in-kind assistance instead of ECA to situations where it is absolutely necessary as the provision of cash ensures greater autonomy and dignity of the recipient.

Decisions on the most appropriate modality for ECA delivery should be made on a case-by-case basis, taking into account the above key principles and after answering the following four questions:

- 1. Who is receiving the assistance:** Whenever possible, ECA should be disbursed to the individual/family that it is intended to support. If the intended beneficiary cannot receive the assistance in person, partners can ask them to select a trusted proxy who can receive the cash or in-kind assistance on their behalf. If a proxy is relied upon, they should sign a receipt and a follow up call should be made to the beneficiary within 48 hours to ensure they have received the assistance.
- 2. How will the assistance be provided:** For high-risk protection cases the preferred modality to be used for the delivery of ECA is cash-in-hand. If better suited to the organization providing the assistance as well as the recipients, ECA can also be provided via cash transfer through financial service providers (OMT, BoB, Liban Post etc.)⁷. In exceptional cases, for example where the beneficiary is not be able to access the market and use cash and where cash cannot be delivered to a trusted proxy able to access the market, assistance can be provided in-kind (e.g. in some situations of isolation).
- 3. Who is delivering the assistance:** In principle, cash should be disbursed by the case worker of the organization providing ECA. If this is not possible, cash can be delivered

⁷ INGOs should check the data protection regulations of FSP used. In all instances personally identifiable information of beneficiary information should only be shared with in line with general data protection regulations and with the fully informed consent of beneficiaries.



through other actors present in the field (i.e. health colleagues, WASH colleagues), in which case a receipt system and strong accountability mechanism needs to be in place.

4. **Where to provide the assistance: depending on the recipient and the organization capacities, on potential restriction of freedom of movement and access barriers, and on the evaluation of the risks associated,** cash is to be disbursed in person by the case worker to the beneficiary at the organization's premises, at the recipient place or at residence safe/convenient place agreed upon with the recipient at a pre-arranged time and date .

Further details on each of those aspects are included in Annex 2 on risks and mitigations related to modalities.

Procedures for ECA provision

Identification

Beneficiaries in need of ECA may be identified by any of the following:

- UN Agencies, INGO, NNGO,
- Case management partners,
- Inter-agency partners,
- Outreach Volunteers, and
- Community self-management structures.

Once identified, the case may be referred to a partner with an ECA programme through an inter-agency referral form⁸ (individual referrals).

Assessment

Protection partners providing ECA assistance must ensure that an ECA assessment form (which takes into account a risk assessment) is completed for each ECA case. The assessment should include detailed information on the case – bio data, a short description of the emergency situation, an explanation for how the case meets the ECA criteria and how the ECA will address or mitigate the emergency situation, also to assess whether the provision of ECA may lead to any unintentional harm, and to what extent any risks arising from ECA will be mitigated. The narrative assessment could be completed with a vulnerability scoring card.⁹ Refer to **annex 1** for a sample set of questions for ECA assessments.

Agencies are responsible to uphold data protection principles; particular care must be taken in relation to beneficiaries' personally identifiable information (PII) and protection sensitive information. Information should be collected on a strictly need to know basis, and not disclosed to third parties without the beneficiaries fully informed consent. Proper filing of both soft and hard copies of the assessment forms must be ensured at all times; this includes the use of password protection for all soft-copies and locked storage cabinets for any hard-copies.

⁸ Or a form specific to the organization that includes the same information.

⁹ It depends on the capacity of the agency but further technical assistance can be provided by the Protection sector.



Referral¹⁰

Referral is a means of ensuring the most holistic approach to complex protection needs. Referrals to other service providers are initiated, if additional needs are indicated in assessment and the individual provides their fully informed consent to be referred to another service provider. Best practice indicates that cash based interventions are best-placed to achieve protection outcomes when supported by complementary interventions.

Fully informed consent must always be provided by the beneficiary in order for the referral to proceed. As well as any other needs for which a referral or (exceptionally) case management may be required. In the instance that an assessed individual/family is not eligible for ECA, the case should be referred to other relevant forms of assistance, following the appropriate referral pathways.

Approval

The approval of the ECA assessment along with the amount to be disbursed has to be review and approved by a senior staff within the organization providing ECA assistance. For some partners it will be the Protection manager or the Protection coordinator, in other organization it could be the senior program officer or any senior management position related to the project activities.

Disbursement

Once approved, beneficiaries receive ECA directly from the issuing partner upon signing of a receipt.. This receipt will be kept by the ECA partner. A copy of this receipt will be given to the beneficiary for their record. Information on the I/NGOs complaints and feedback mechanisms should be shared during the ECA disbursement.

Organizations should aim to deliver ECA within 12 hours maximum of the case being received¹¹ Under exceptional circumstances, partners may elect to purchase goods/services on behalf of the beneficiary to the value of one ECA. Exceptions will be determined on a case by case basis where: a) there is a security risks involved in the handover of cash; b) the recipient is unable to safely spend cash c) goods/services is unavailable in place of residence; or d)there is a risk of misuse of cash. Such a decision should be based on risk assessment that concludes that risks associated with cash assistance outweighs its benefits and should therefore be provided in kind. The risk assessment should take individual, community and location specific factors into consideration.

Post Distribution monitoring:

As a way to maintain qualitative provision of ECA and ensure adherence to accountability measures and guidelines, it is recommended that organisations conduct Post-Distribution Monitoring (PDMS) for all persons provided with ECA. PDMs should aim to measure the recipients level of satisfaction with the assistance received, including; perceptions of safety during the disbursement (and post), the extent to which the assistance addressed the protection need and knowledge of the I/NGOs complaint and feedback mechanisms.

Additionally, spot checks and post distribution monitoring with persons receiving ECA may be conducted. Spot checks can be conducted either by phone or through home visits. Spot checks are intended to determine whether beneficiaries' needs have been met – that is, that ECA was used to pay for the item(s) or service(s) required and that serious harm was addressed or mitigated. It is also

¹⁰ Refer to the Inter-Agency Minimum Standards and Procedures for Individual Referrals:

<https://data2.unhcr.org/en/documents/details/69395>

¹¹ Recommended within 24-48 hours for high risk cases.



an opportunity for beneficiaries to provide feedback on the impact of ECA and if they need further assistance.

Recording on RAIS and ActivityInfo

For ECA provided to refugees, assistance will be recorded by partners on RAIS and ActivityInfo at the end of each month to ensure that assistance information is updated on a regular basis so as to avoid overlap between partners and programme.

Coordination

Coordination among agencies that operate cash-based assistance programs, including ECA and PCAP programmes, aims at increased harmonization of these programmes, to prevent duplication of services and fill gaps. The **mapping** of all actors that offer such services, as well as **frequent coordination** among them on their geographical areas of coverage and types of target populations, protection risks and incidents, **is crucial to ensure effective use of human and financial resources, the right impact and sustainability of these programmes. Such discussions are to take place at field and national level in dedicated coordination forum (i.e ECA Coordination Group in the North) or within the regular Protection Working Groups and Protection Core Group meetings.**

A harmonized approach gives a **coherent message to the beneficiaries that ECA/PCAP aims to provide the same support and solution**, regardless of the agency that issues it. Moreover, such harmonized approach among partners, on the ECA amount and criteria, **helps to avoid tension within and between communities**, which might for instance arise if different amounts of cash are issued to individuals and families who face the same emergency situation. In order to avoid potential **conflict, exploitation, or misuse as well as to preserve the do-no-harm perspective**, cash actors moreover need to be sensitive to differences in assistance programmes for vulnerable Lebanese and refugees, and other groups. Adjustments and changes to the assistance amount, need to be discussed during the relevant coordination forums, in consultation with the relevant actors and authorities.

To facilitate coordination, partners are strongly encouraged to **update the Inter-Agency Service Mapping** with information about their ECA and PCAP programmes and RAIS and Activity Info as soon as possible with information about ECA and PCAP disbursements (for refugees).

Accountability Framework and Fraud Prevention

Accountability to refugees will be ensured by the protection partner providing ECA assistance through the setting of an inclusive and accessible complaint and feedback mechanism that it is known from beneficiaries. As well, the protection partner that provides ECA should put in place necessary fraud prevention measures and ensure that the persons of concerns are aware of it (see Inter-Agency Minimum Standards on Complaint and Feedback Mechanisms.¹²

¹² <https://data2.unhcr.org/en/documents/details/79144>



Annex 1 – Sample ECA assessment

Part 1 – Consent to release information (read with person of concern before s/he signs)

The agency, _____, has clearly explained the procedure of ECA and referral that will be made to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information to the specified service provider/s for the specific purpose of providing assistance to my family and/or myself.

Part 2 – Basic Bio Data (Head of Household or main person interviewed) and person in charge of the assessment

Assessment date:	Staff name:	Position:
Beneficiary name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	UNHCR Registration No (if applicable):
Date of Birth (dd/mm/yyyy) and place of birth	Present Address Home visit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone number: Do you share this number with others: <input type="checkbox"/> Yes <input type="checkbox"/> No

Part 3 – Description of Emergency Situation: purpose of ECA and justification for recommended action/assistance

- 1. Describe the emergency/ incident which has resulted in a protection risk**
For example - how did this protection incident occur? (i.e. sudden shock, accumulation of factors)
- 2. Describe the vulnerabilities of the individual or household which expose them to the protection risk / exacerbate risk of harm?**
What vulnerabilities does the individual/household have which limits their ability to respond to the threat/protection risk? (i.e. female-headed household, person with disability, person with chronic medical illness, lack of legal residency)?
- 3. Describe the coping mechanisms of the individual or household:**
For example – Does the individual/household have limited coping mechanisms? (i.e. lack of access to livelihoods, high levels of debt, caring for older person or person with disabilities).

Part 4 – Intended Use of Cash to Mitigate Serious Harm and the expected protection outcome

Describe how cash assistance can solve or mitigate the emergency situation or the protection risk:

1. What is the expected protection outcome?



2. *What specific output will cash provide?*
3. *How does that output contribute to the expected protection outcome?*
4. *What measures are or will be in place to ensure the protection risk doesn't reappear once the cash assistance ends? Highlight other complimentary services that they are engaged with/have been explored noting that cash should be part of a holistic response.*

4. Outline the proposed use of cash: *Include amount needed, timeframe, and where cash will be going to alleviate the protection concern.*

If the assessment shows that one time cash assistance is not enough, please do not provide the cash but refer the case to agencies that have longer term project such as PCAP.

Part 5 – Additional service(s) that the recipient of ECA needs to be referred to

Service	Referred to (with fully informed consent)	Organisation name	Date
Food voucher/Basic assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
MCAP or other cash assistance (PCAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Health/medical	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Eviction prevention (strategic litigation, mediation)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
WaSH	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Legal	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Psychosocial	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Livelihood	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Resettlement	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Case management	<input type="checkbox"/> Yes <input type="checkbox"/> No		
MHPSS	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other –	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part 6 – Risk Mitigation Plan:

Please ensure that the below are considered and explained:

No Duplication or Conflict with Other Available Services:

1. *Have they or are they currently benefitting from any other form of cash or in-kind assistance?*
If yes;
 - a. *How do these factor into their current cash needs? For what duration?*
2. *Has this been verified by cross-checking the ECA recipient on RAIS or other relevant databases?*
If no, why not?

Safety, access and non-dependency:



3. *What cash delivery modality is appropriate in terms of access and safety? (considering principles of confidentiality, dignity and safety).*
4. *Is a one off payment sufficient to address the protection concern? If not, please refer the case to a case management agency*

Part 7 – Approval

This assessment was revised by:

Name and Surname

Job title

Date

Approval

Rejection

If rejection, please provide rational:

Signature:

Approved amount to be paid (up to a maximum of 800,000LBP):

Provide an explanation in case of rejection and if the amount approved is different from the recommended one (please express amount in LBP):



Annex 2

Delivery via Bank / other Financial Service Providers	
Risks	Mitigation
Access to cash assistance through banks and ATMS may be disrupted by closures / municipal restrictions on movement of refugees / growing social tensions and/or refugees self-restricting movement due to fear.	<p>Agencies to explore the use of outlets outside of the formal banking sector; Bank of Beirut (BoB), Western Union, OMT, Liban Post etc.</p> <p>Prior to recipients withdrawing assistance, confirm with the financial service provider branches their functionality and liquidity.</p> <p>Agencies should flag all restrictions on access to ATMs/Banks with Inter-Agency at the field level to support advocacy efforts.</p>
Banks or other Financial Service Providers suffer from a lack of liquidity.	All cash actors to shortly do a mapping of current financial service providers used, pros and cons and explore which options should be pursued in different regions. Based on this, develop a contingency plan and identify alternative Financial Service Providers.
Overcrowding at ATMs and/ or branches of FSP and ‘high touch surfaces’ leads to risk of transmission of COVID-19	<p>High-touch surfaces such as ATM key pads or desks at FSP require regular disinfectant.¹³</p> <p>Request Financial Service Providers to ensure handsanitiser is available at branches.</p> <p>All recipients of cash assistance should be provided with information of COVID-19 prevention protocols prior to assistance being received.</p> <p>If Financial Service Providers are used, stagger the delivery of assistance to avoid overcrowding at offices. Advise recipients and staff at Financial Service Providers to follow the protocols for COVID-19 prevention. It is important that recipients in line maintain at least a 1.5 meter distance.</p>
Municipalities may further restrict the movement of refugees impacting the ability of individuals to access ATMs. Refugees risk facing punitive measures / safety incidents when accessing ATMS.	Coordinate with local authorities / municipalities to enable safe movement. Immediately flag to UNHCR locations where individual refugees are not allowed to leave IS to receive cash or not allowed to access ATM, for advocacy/mediation. Provide via phone confirmation from the humanitarian agency that the recipient is moving to withdraw necessary humanitarian assistance.

¹³ Agencies may contact Financial Service Providers to request regular disinfectant of services. Some municipalities have organized to ensure proper distance between people queuing at ATMs and regular disinfection to take place after each user. This will need to be negotiated on a case-by-case basis.



	<p>Inform the recipients of any precautionary measures they should adopt while travelling to withdraw the ECA. For example, some municipalities require individuals to wear masks and gloves in public spaces.</p> <p>If safety risks on movement are too high, consider providing ‘cash in envelope’ with the partner staff directly delivering assistance to the recipient.</p> <p>If markets are inaccessible for the recipient, consider delivery of in-kind assistance.</p>
Individuals travelling to access the assistance at ATMS risk further transmission of COVID-19 through person-to-person encounters or contact with infected services.	<p>Inform recipient to use a ‘proxy’ to receive the assistance in the event they are ill and need to self-isolate.</p> <p>Prior to movement, ensure the recipient is informed of relevant prevention protocols (avoid touching mouth, nose, eyes; wash hands frequently, particularly after contact with ‘high touch surfaces’).</p>
Markets are no longer accessible or functional.	<p>Consider providing in-kind assistance directly to the recipient.</p> <p>Coordinate with local authorities / municipalities to enable safe movement of the (I)NGO personnel, if restrictions on movements are in place.</p> <p>In the event of complete movement restrictions, inform UNHCR immediately. In emergency cases, assistance could be delivered through other actors that are present in the field such as health, WASH or shelter actors.</p>
The intended recipient of ECA is ill / in isolation.	<p>Discuss with the intended recipient whether there is a trusted adult proxy/caregiver who can receive the assistance on their behalf.</p> <p>Check if the proxy/caregiver can move to buy food/essential items with ECA, if not provide in-kind assistance instead of cash.</p> <p>Consideration must be given to the gender of the affected person and caregiver and whether there is any history of abuse/exploitation (only for case management agency).</p> <p>Only use a ‘caregiver’ or proxy to receive the assistance after receiving informed consent from the intended recipient.</p>
Delivery via ‘cash in envelope’	
Risks	Mitigation



<p>'Cash-in-envelope' requires in person delivery and thus may increase the risk of transmission of COVID-19 through person-to-person contact.</p>	<p>All recipients of cash assistance should be provided with information of COVID-19 prevention protocols prior to assistance being received:</p> <ul style="list-style-type: none">- Maintain at least 1.5 meter distance- Cough or sneeze into elbow or disposable tissue.- Refrain from touching mouth, eyes or nose.- Wash hands for 20 seconds, immediately after contact with envelope containing assistance. Wash hands frequently thereafter.- Delivery should occur in a private/confidential setting with maximum aeration.- If feasible, utilize CDCs, SDC or safe spaces which are operational as a point of safe and confidential delivery. This should be done taking all measures to avoid gatherings of people i.e. schedule appointments with recipients one-by-one. <p>The frontline staff should call in advance of the delivery to arrange the delivery and check if the recipient or any person in their household is displaying COVID-19 symptoms.</p> <p>Cash assistance may be placed in a small plastic bag which can be disinfected before providing it to recipients.</p> <p>Humanitarian staff may wear Personally Protective Equipment (PPE) as required.¹⁴</p> <p>Ensure SEA risks are managed, including through female or mixed gender teams providing cash/in-kind assistance to female recipients, and frontline staff receive training / sensitization on codes of conduct and PSEA.</p>
<p>Risk of stigmatization via delivery</p>	<p>Frontline staff should call in advance to agree on a time which is suitable for the recipient. Identify a confidential setting in which the assistance can be delivered. Community actors may be able to support facilitation of safe and confidential delivery.</p>
<p>Recipient or proxy are unable to access the markets</p>	<p>Consider delivery of in-kind items.</p> <p>Risk assessments should ensure a 'do no harm' / conflict sensitive approach i.e. avoid distribution of</p>

¹⁴ For guidance on the use of PPE, see: 'Rational use of personal protective equipment for coronavirus 2019 (COVID-19) WHO Interim Guidance 27 February 2020 <
https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf>



	<p>items in public settings (which could create intra-community tensions). Distributions of in-kind assistance should be based on clearly communicated criteria and ideally occur in a confidential setting.</p>
<p>Humanitarian agencies may have limited access to field locations</p>	<p>Agencies should seek the support of Inter-Sector colleagues to coordinate with the local municipality / authorities. Personally identifiable information or sensitive protection information regarding specific cases requiring ECA should not be shared with local authorities.</p> <p>In <i>urgent cases</i> and where access is not feasible (i.e. the site is under quarantine), seek to provide cash or in-kind assistance through Health/WASH actors if they are present in the location. Other actors should not be provided with details of the case, and the recipient's informed consent should be sought.</p> <p>Immediately flag to UNHCR locations where humanitarian actors do not have access for cash/in kind delivery, for advocacy/mediation.</p> <p>Clear protocols and safeguards need to be established if money (or in kind assistance) are provided by a third party.</p> <p>If the assistance is provided on medical grounds (i.e. hospitalization) and access to both the family and the hospital is not possible due to movement restrictions, partners are to seek to enhance their coordination with contracted hospitals to accept promises of future payments when mobility is limited.</p>