



## Recommendations for the use of Emergency Cash Assistance (ECA) and Protection Cash Assistance (PCAP) in the Context of the Response to COVID-19

Protection Working Group \_ March 2020

### Introduction

- In the context of the COVID-19 outbreak in Lebanon, refugees and other vulnerable populations are likely to face heightened protection threats and exacerbated vulnerabilities due to movement restrictions, lack of access to livelihoods and the potential isolation of individuals and/or entire settlements. As a result, it is expected that further interventions will be required to support individuals and households at high protection risk.
- Partners recognize that the **provision of Protection Cash Assistance (PCAP) and Emergency Cash Assistance (ECA) provides a timely and flexible response to mitigate ‘protection shocks’**. During epidemics in other humanitarian contexts cash-based interventions have been recognized as an effective response modality.<sup>1</sup>
- This document provides guidance on the continuity of cash based interventions (ECA and PCAP) during the COVID-19 response, while mitigating risks in line with the “do no harm” approach.
- Due to the rapidly shifting context in Lebanon, and varying municipal restrictions, **partners are urged to continually refer incidents and conduct risk assessments in order to determine on a case-by-case basis whether ECA/PCAP is a safe and effective response modality.**
- The modality of assistance delivered (in-kind assistance versus cash assistance) should always be based on consultation with the intended recipient and a risk assessment.

### When to provide ECA / PCAP

- **The identification of recipients for ECA and PCAP will be conducted through remote modalities and/referrals.** It is recommended that partners use diverse channels to identify recipients. For example, referrals from case management actors, WASH actors or health actors; referrals through existing community outreach networks, hotlines and Disabled Persons Organisations (DPO).<sup>2</sup>
- **Assessments should be completed remotely via telephone.** The information collected during the assessment may be verified through use of video calls, supporting documents sent via WhatsApp and/or confirmation of assistance provided from other service providers; however this should only occur with the fully informed consent of the beneficiary.<sup>3</sup> The sharing of sensitive information is not advised over WhatsApp or phone, particularly there is a risk of interception and/or harm to

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<sup>1</sup> The Cash Learning Partnership (CaLP), ‘Outcome Analysis: Cash Transfer Programming Response to the Ebola Crisis in Sierra Leone and Liberia’ (2018), p9.

<sup>2</sup> In the event that a survivor of SGBV requires ECA, the referral should be conducted in line with existing protocols established by the SGBV task-force and in close coordination with the caseworker.

<sup>3</sup> If the agency deems it useful to use video calls during the assessment, the frontline staff conducting the assessment should explain the use of video call can help inform the agencies understanding of their needs, however is entirely optional and their decision not to use a video call will not adversely affect the outcome of the assessment.



the individual concerned. Standard data protection principles should be applied to all the data and documentation collected. All documents sent via WhatsApp should be only received on work phones and deleted immediately after receipt.

- Remote modalities increase the risk of ‘credibility issues’ and fraud; where feasible, assessments should be cross-checked against information in the RAIS database. It is strongly recommended that all ECA cases are followed up with monitoring and evaluation (i.e. satisfaction surveys).
- **Ensure case management partners are informed of referral pathways and ECA criteria.** Case management agencies can support outreach to vulnerable groups that may be disproportionately impacted by the COVID-19 outbreak; including, elderly, persons with disabilities, persons with underlying health conditions, LGBTI individuals, unaccompanied and separated children. It is important to note that **women and girls often take on ‘caregiver roles’ and thus may be disproportionately impacted.**
- In the event that the individual/household has been referred to the Protection Cash Assistance Program (PCAP), ECA may be used as an interim measure to address immediate needs. **The amount of assistance provided through ECA should be determined by the caseworker/staff completing the assessment in order to address the specific need identified.** The Emergency Cash Assistance is a one-time grant, the amount could vary on a case-by-case basis according to needs, but should not exceed a threshold of 300 USD.<sup>4</sup> Cases requiring ongoing assistance/support should be referred to the Protection and Cash Assistance Program (PCAP). **Persons without specific protection concerns, but facing generalized socio-economic vulnerability should, if possible, be referred to Multi-Purpose Cash Assistance Programs (MCAP) or other agencies providing in-kind support (see updated Inter-Agency Referral pathways).**<sup>5</sup>
- The existing ECA / PCAP criteria should be applied, however it is anticipated that a higher number of protection cases will be linked to the adverse impact of the COVID-19 outbreak. For example, ECA may be used to support:
  - Suspected or confirmed COVID-19 cases and others in self-isolation who do not benefit from provision of WASH, shelter kits, Core Relief Items, IPC or food parcels
  - Support the communication between caregivers in isolation and children/families, health actors and/or caseworkers through the provision of increased phone credit, cash to purchase communication devices.
  - Cover transportation cost for COVID-19 cases from hospital to home or to quarantine/isolation facility, if feasible.
  - Provide ECA to support the resilience of families whose primary income earner is in self-isolation and the families are at risk of negative coping mechanisms, such as worst forms of child labor, child marriage, and increased risk of gender- based violence, or eviction.<sup>6</sup>

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<sup>4</sup> In exceptional cases ECA may be provided more than once, however only after ongoing monitoring of the case and a risk assessment.

<sup>5</sup> It should be noted that UNHCR/WFP MCAP programs are not referral based; however consult Inter-Agency Service mapping to identify other actors providing cash assistance and/or in-kind support.

<sup>6</sup> In the event of an eviction threat, mediation should first be conducted by the ECA partner or a legal/protection actor.



- Referrals from Child Protection or SGBV partners of individuals/households 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. 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. ECA will be limited to persons with specific needs, including persons with disabilities, serious medical needs, SGBV cases, elderly persons and women/children at risk that receive no other community support. In case the eviction threat results from unpaid debt, ECA will only cover the period of unpaid debt relating to the COVID-19 restrictions.

### How to provide ECA / PCAP

- Due to the rapidly evolving nature of the COVID-19 outbreak, prior to ECA distribution partners should consult assessments conducted by the Food Security Working Group to ensure **markets are operational, accessible and contain needs items**.
- The selection of the appropriate delivery mechanism of the ECA/PCAP should be determined by a risk assessment on a case-by-case basis (see table). This risk assessment will need to be revised on a continual basis and account for local level restrictions and safety concerns. Wherever possible, **the frequency, proximity and quantity of person-to-person contact should be limited.**<sup>7</sup>
- In line with the 'do no harm approach', the **partner should review municipal restrictions on movement/access** to markets with relevance to the geographical location where the beneficiary resides. As necessary, the partner should coordinate with local municipalities to support field presence during cash-in-envelope distributions.
- **Ask the intended recipient how they prefer to receive the assistance** to ensure support is safe and dignified.
- Allow **recipients who are sick/in isolation to select a trusted caregiver as a proxy to receive the assistance**. Whenever possible, the selected caregiver/proxy should be a trusted adult.<sup>8</sup> If ECA is delivered by partners who are conducting case management for the recipient, consider if there is any history of exploitation or abuse which has come to the attention of the caseworker.
- **Consider providing in-kind assistance directly** in the event that markets are not operational or cannot be safely accessed. The provision of Non-Food Items (NFIs); Food Items (FIs) or IPC should align with standardized kits suggested by the Basic Assistance (NFIs), Food Security (FIs) and Water (IPCs) Working Groups and should be coordinated with the above mentioned sectors.

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<sup>7</sup> CVA in COVID-19 contexts: guidance from the CaLP network.

<sup>8</sup> For accountability purposes, aim to document that the sick individual consents to the proxy/caregiver receiving assistance on their behalf. This could be a written SMS/WhatsApp.



- **Use Financial Service Providers (FSP) that are known and trusted.**<sup>9</sup> Prepare a contingency plan for your organisation for the event that the preferred FSP suffers a loss of liquidity or temporary closure, or FSP's offices cannot be safely accessed due to restrictions on movement.

**Selection of modality of delivery:**

<b>Delivery via Bank / other Financial Service Providers</b>	
<b>Risks</b>	<b>Mitigation</b>
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.<sup>10</sup></p> <p>Request Financial Service Providers to <b>ensure handsanitiser is available at branches.</b></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, <b>stagger the delivery of assistance to avoid overcrowding at</b></p>

<sup>9</sup> The selection of trusted FSP should be based on the internal review and financial regulations of individual agencies. If agencies require further advice, please contact the Basic Assistance Working Group (BAWG).

<sup>10</sup> 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><b>offices.</b> 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>
<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.</p>	<p>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.</p> <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>
<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>	<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>
<p>Markets are no longer accessible or functional.</p>	<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>



<p>The intended recipient of ECA is ill / in isolation.</p>	<p>Discuss with the intended recipient whether there is a trusted 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>
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### 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"> <li>- Maintain at least 1.5 meter distance</li> <li>- Cough or sneeze into elbow or disposable tissue.</li> <li>- Refrain from touching mouth, eyes or nose.</li> <li>- Wash hands for 20 seconds, immediately after contact with envelope containing assistance. Wash hands frequently thereafter.</li> <li>- Delivery should occur in a private/confidential setting with maximum aeration.</li> <li>- 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.</li> </ul> <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.<sup>11</sup></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 including Shawishes, Outreach Volunteers and key community focal points 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 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</p>

<sup>11</sup> For guidance on the use of PPE, see: ‘Rational use of personal protective equipment for coronavirus disease 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](https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf)>



	<p>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>
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### Ensure a ‘do no harm’ approach

- **Continually re-conduct risk assessments and plan mitigation measures** as the situation evolves; SEA risks and required management strategies should be part of the risk assessment. For example, travel to and from ATMs may increase SEA risks, while accessing people’s home may also increase SEA risks, particularly for women/girls who live alone.
- **Provide recipients 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 (caregiver, trusted family member) to receive the assistance.
- **Assistance should only be provided following strict safety protocols.** Frontliner staff should seek safety approval from their organisations prior to accessing field locations and follow all internal safety protocols.
- Be aware that the virus can be present on surfaces such as money, the envelope containing the money or the in kind items. After touching any of these, **individuals should wash their hands for at least 20 seconds or use an alcohol based rub.** Do not touch eyes, nose and mouth after handling any of these items. Latex glove may be used.<sup>12</sup>
- If in person delivery is conducted, this should be done in an open aerated venue (although seeking to maintain privacy of the recipient). The recipient should be consulted on the preferred location. A distance of at least 1.5 meters should be maintained between the recipient and NGO frontliner.<sup>13</sup>

<sup>12</sup> In line with WHO Guidelines, latex gloves do not protect from COVID-19 as they may become infected if in-contact with a contaminated surface. However the use of gloves may support staff in not touching their eyes, nose, mouth.

<sup>13</sup> See IASC Guideline on distributions: “Adjusting Food Distribution Standard Operating Procedures in the Context of COVID-19 Outbreak” (March 2020, WFP) <  
[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/final\\_interim\\_iasc\\_guidance\\_on\\_covid-19\\_outbreak\\_readiness\\_and\\_response\\_-\\_food\\_distribution.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/final_interim_iasc_guidance_on_covid-19_outbreak_readiness_and_response_-_food_distribution.pdf)>



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