USAID
FROM THE AMERICAN PEOPLE

USAID/Bureau for Humanitarian Assistance
Interim Guidance for Applicants Engaging in COVID-19 Humanitarian Response

June 11, 2020

Contents

1. Introduction

As part of USAID's coronavirus disease (COVID-19) response efforts, USAID's Bureau for Humanitarian Assistance (USAID/BHA) - formerly Office for Food for Peace and the Office of US Foreign Disaster Assistance (FFP and OFDA) - leads efforts to prevent, prepare for, and respond to the impacts of COVID-19 in existing complex emergency responses and address additional potential humanitarian consequences of the pandemic. This support includes critical public health action alongside a wide range of increased humanitarian needs interventions, while maintaining ongoing humanitarian operations. Given the dynamic nature of the COVID-19 pandemic, USAID/BHA will continue to expand and adapt the emergency response as the situation changes and will update this guidance as new information becomes available.

2. General Guidance

This document provides interim guidance and basic recommended approaches for requesting COVID-19 response support. **This guidance complements USAID/OFDA Application Guidelines and relevant USAID/FFP guidance, which are in effect through September 30, 2020; please use this document in conjunction with them. You should also refer to USAID's COVID-19 Guidance for IPs, particularly for information about ongoing awards and COVID-19.**

USAID prioritizes COVID-19 response in humanitarian settings that:

- Mitigate public health consequences of COVID-19;
- Reduce and mitigate the humanitarian impacts of the pandemic; and
- Ensure continuity of essential humanitarian services throughout the pandemic.

Recipients with active USAID/FFP and USAID/OFDA awards under USAID/BHA are encouraged to adapt ongoing emergency programs to the COVID-19 pandemic. You will likely need to adjust ongoing activities to mitigate COVID-19 risks and maintain continuity of operations. Generally, USAID/BHA discourages applying for new awards for this purpose. Due to the life-saving nature of ongoing humanitarian programs, USAID/BHA does not recommend large shifts in objectives, scope, or funding to specifically address COVID-19 (e.g., a shift from a food security response to a health response). You should focus on current emergency programs targeting the populations and geographic areas under their existing award. Where possible, activities that support COVID-19 readiness and response should be incorporated within ongoing awards as needed under existing award terms and conditions. USAID/BHA recipients should contact their respective Agreement Officer's Representatives (AORs) to discuss any proposed award change before implementation, including the need to modify existing awards.

To support the COVID-19 response in humanitarian settings, USAID/BHA will consider new needs-based programs that clearly address the priorities related to COVID-19 outlined above. This *Interim Guidance* primarily applies to new applications and activities specifically targeted to COVID-19 and the pandemic's immediate impacts. For proposed COVID-19 adaptations to ongoing awards, recipients should also use these USAID/BHA-recommended approaches and respond to issues of concern outlined below.

Proposed activities should align with international and national pandemic responses, as well as describe how interventions are coordinated with key stakeholders such as other donors, host country governments, the private sector, and others.

For new OFDA/FFP COVID-19-specific awards, Section 5 OFDA/FFP COVID-19 IDA Special Reporting Requirements outlines special reporting requirements.

Safe Programming and Mitigating the Risk of COVID-19 Transmission

- **Do No Harm: In all programming, the safety and security of community members and implementing partner staff are critical.** As with all programming, a Do No Harm approach should be the top priority. You should balance an activity's protective impact with the risk of transmission among staff and affected populations. Any questions regarding staff safety should be addressed by your home organization.
- You should maintain awareness of transmission levels in your operating context and act in accordance with global and/or national public health measures. Public health measures may include: physical distancing and stay-at-home orders, home isolation of infected persons, quarantine of persons who have had contact with a suspected or confirmed COVID-19 case, and/or travel-related restrictions. [*See: UN World Health Organization (WHO) Responding to Community Spread of COVID-19.*]
- Such measures might impact group gatherings, house-to-house level interventions, size, frequency and delivery mechanism of transfers, level of remote monitoring and staff teleworking, as well as other programmatic and operational issues. You should consider the need to transition to remote methods or other approaches in training, capacity building, and technical assistance.
- You will have opportunities to support and reinforce risk communication and community engagement (RCCE) for COVID-19. However, RCCE efforts must coordinate and not contradict each other. If your organization is working outside of the health sector, you are not expected to add RCCE activities within your applications, but you should demonstrate how you will link to and reinforce coordinated RCCE efforts. The Health, Nutrition, Protection, and Water, Sanitation, and Hygiene (WASH) sectors outline specific RCCE recommendations.

Timeframe for Intervention

- You should prioritize immediate- to medium-term response needs. You should consider proposed activities' timing relative to current or anticipated scenarios and the time required for effective implementation of proposed activities. The *Interim Guidance*

focuses on the most urgent health and humanitarian actions required to prepare for and respond to COVID-19 in humanitarian contexts.

Targeting of Response Activities

- Public health interventions should target COVID-19 vulnerable populations in high-risk areas within humanitarian contexts. High-risk areas include population-dense areas such as urban and internally displaced person (IDP) camp settings, areas with elevated rates of disease, and poor health and WASH coverage. Population groups highly vulnerable to COVID-19 include older people and people with underlying COVID-19 comorbidity factors.
- Interventions addressing COVID-19's food security implications and secondary impacts must target populations based on clearly predicted effects of the pandemic. In this regard, targeting of 'high-risk areas' may differ by the context of ongoing FFP or new USAID/BHA emergency food assistance programming employing USAID/BHA emergency targeting guidance (e.g. use of food insecurity and malnutrition metrics to identify target geographies and/or populations.)
- COVID-19-specific programs should clearly address the pandemic's humanitarian consequences instead of addressing underlying emergency or development needs.
- Targeting activities should account for current beneficiaries' increased vulnerability and recognize vulnerability may change over time. You should continually re-assess targeting because COVID-19 may overwhelm health systems, disrupt supply chain/food markets, or require restrictions on movement (including quarantine measures); creating or shifting high-risk areas and population vulnerability.
- You must provide a clear justification and analysis of humanitarian needs when expanding the scope of an ongoing humanitarian response.

Mandatory Cross-Cutting Gender and Protection Requirements

Every COVID-19 response activity must be safe and accessible to all, particularly those already marginalized or vulnerable to violence, exclusion, and abuse. This guidance should inform targeted and COVID-19-specific adherence to gender and protection mainstreaming, accountability to affected populations, and protection from sexual exploitation and abuse (PSEA) requirements. These requirements can be found in the USAID/OFDA Application Guidelines (pages 71-73 and 84-86) and in USAID/FFP's Fiscal Year 2020 Annual Program Statement (pages 26-27 and 37-38).

Mitigating gender and protection concerns, and understanding and addressing the needs of vulnerable groups, are essential to strong COVID-19 response activities across any sector. The pandemic itself and containment measures can increase the vulnerability of those already facing high risks of protection violations. For instance, loss of income, lack of mobility, closures of schools and support services, and widespread stress can result in increased violence in the home and barriers to accessing life-saving assistance. You should address the following in applications, as appropriate to the proposed activities:

- You must collect and monitor sex- and age-disaggregated data (SADD) to best understand who is most vulnerable to both pandemic impacts and protection violations, overburdened with care responsibilities, and particularly challenged by access. How do gender analysis and SADD inform the proposed response?
- Gender and age differences reveal important insight into transmission patterns and infection prevention and control strategies. How do the proposed activities integrate a gender-responsive approach into essential services work, particularly in health and WASH sectors?
- Effective essential RCCE activities tailor and target each specific vulnerable segment of the population. How are communication and community engagement practices adapted to reach particularly vulnerable or hard-to-reach populations, including older persons, women and adolescent girls, and people with disabilities?
- What additional measures are in place to identify and respond to the particular challenges faced by vulnerable groups, including restricted access to information and assistance, additional support or care needs (due to health concerns, absence of caregivers, and increased risks of violence related to quarantine or physical distancing)?
- How do the proposed activities target high-risk populations, per the following sector-specific COVID-19 guidance?
- How does COVID-19 exacerbate protection risks, and what measures are in place to provide safe and effective referrals to needed protection services?
- Women and girls are overrepresented in the health workforce, in health and hygiene promotion activities, and as caretakers. How do the proposed activities mitigate risks associated with these roles?

Key Resources

- How to Include Marginalized and Vulnerable People in COVID-19 RCCE, International Federation of Red Cross and Red Crescent Societies (IFRC)
- Identifying and Mitigating GBV Risks Within the COVID-19 Response
- Interagency Standing Committee (IASC) Interim Guidance Note on PSEA, March 2020
- IASC Results Group 2 on Accountability and Inclusion COVID-19 Resources
- IASC Gender Alert for COVID-19

3. COVID-19 Activities and Technical Guidance, by Sector

A. Agriculture, Food Security, and Food Assistance

Overview

COVID-19 pandemic control measures have secondary effects on food supply chains (e.g., farmers' access to markets, linkages between rural and urban areas, access to points of sale by food sellers in towns and cities). This underscores the importance of agriculture and trade activities that address both immediate- and long-term food security impacts in COVID-19 responses. This guidance outlines basic recommended approaches for interventions under the USAID/BHA Agriculture, Food Security, and Food Assistance sector in response to the COVID-19 crisis and its impacts.

COVID-19 Activities and Guidance

USAID/BHA will consider the following principles and specific criteria for agriculture, food security, and food assistance interventions **related to COVID-19**:

- Awards should leverage sustainable market-based programming solutions where feasible, and align with the U.S. Government Modality Decision Tool.
- All programmatic approaches must be adjusted to incorporate relevant COVID-19 health recommendations found in Section 3.C. of this guidance.

Agriculture (Crop, Livestock, and Fisheries) Programming

You must:

- Conduct monitoring and assessment of COVID-19's impact on agricultural systems (e.g., crop and livestock production, seed/input access, agriculture markets, transporters and traders). New assessments must inform how to best respond to the impacts of COVID-19.
- Undertake seed system assessment data collection methods adapted to use telephone/email and group discussion via web-based platforms of key informants (e.g., trader, farmer, agricultural researcher, and local government authority).
- Support essential agricultural value chains and actors disrupted by COVID-19 control measures, including farmers and farm laborers, key inputs (e.g., fertilizers, seeds, veterinary medicines), and retailers.
- Maintain safe provision of local agricultural services that may be affected by COVID-19 (e.g., community animal health workers, seed traders, livestock and fish food retailers), particularly at the local level (last mile access).
- Include, where appropriate, key COVID-19 messaging in contexts such as agriculture programs and trainings.
- Increase farmers' use of hygienic practices, such as during post-production handling.
- Promote agriculture livelihoods programming that mitigates COVID-19 impacts and increases potential for recovery, including:
    - Strengthening local markets with a focus on maintaining consumer access to wet markets or other avenues of nutritious food, while reducing the real and perceived risks for COVID-19 transmission. [*See: Markets guidance in this document.*]
    - Supporting farmers to replant, replace, restart, and rebuild lost assets (e.g., livestock, equipment, land) and savings, especially focused on marginalized and vulnerable producers impacted by COVID-19 (e.g., farmers who have lost remittances, have

been affected by a downturn in demand, are unable to reach markets, missed planting seasons due to lack of funds).
    - Reducing the impact of COVID-19 related price increases or market disruptions in the agricultural value chain (e.g., linking farmers to appropriate financial services, [*See: economic recovery and market systems (ERMS) guidance in this document*], providing small grants to replace sold-off assets, etc.)
    - Supporting urban and peri-urban food production in areas highly affected by COVID-19, by targeting vulnerable households which lost income due to COVID-19 economic impacts.
- Where rural food insecurity is rising due to COVID-19 impacts, support interventions aimed at reducing risk, such as alternative agriculture products and/or livelihoods, preserving and extending shelf-life of perishable products by post-harvest methods, or enhancing smallholder production and marketing capacity.
- In rural households at high risk of COVID-19, particularly those with significant comorbidities (e.g., HIV/AIDS, tuberculosis), increase the availability and access of smallholders to labor saving technologies for agriculture production, processing, and transportation.

Food Security Programming

You should note that food security is defined by USAID as, "When all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life." This section is not meant to cover the broad multi-sectoral approach required to ensure food security but provides additional guidance regarding activities contributing to food security within agriculture and food systems. Refer to other technical sectors' interim guidance in this document as applicable for information on other dimensions of food security. You should:

- Support markets and systems that ensure producers have outlets for fresh agricultural products (e.g. produce, honey, fish, meat, eggs, milk).
- Support small and medium agriculture and food enterprise COVID-19 responsive business continuity planning and approaches (e.g. producers, traders/suppliers, food markets, and consumers).
- Ensure the safety of essential food-system workers (e.g., on-site health measures, market hygiene, physical distancing).
- Support farmer, food supplier, transporter, and market worker COVID-19 awareness, training and information programs.
- Support safe continuation of critical agricultural value chain functions.
- Support measures that address COVID-19 transmission risks in agricultural markets, distribution centers, and key points in food value chains (e.g., unidirectional flow, spacing, congregation at water points, timing of access), and innovative approaches to ensuring consumer confidence.
- Mitigate the impact of movement restrictions and logistical bottlenecks (e.g., quarantine, road closures) in the agricultural value chain.
- Consider market measures for ensuring safe and nutritious foods' availability:

- Ensure continued messaging in markets that COVID-19 is not a food-borne pathogen and that perishable nutritious foods, including animal-sourced foods, do not pose an increased risk for transmission as long as proper hygiene measures are in place.
- Provide continued messaging to support consumption of nutritious foods.
- Include market vendors and related actors as essential service providers to prevent significant disruptions to food availability.
- Schedule access to markets at different times for higher-risk population groups (e.g., older people, pregnant women, and others).

Food Assistance Programming

As per the USAID/FFP APS, you should focus on meeting humanitarian food security objectives through resource transfers (cash, vouchers, in-kind, and market strengthening). You should carefully consider how to mitigate COVID-19 exposure risks for all individuals interacting with respective programs.

For any planned or requested food or large-scale commodity distributions in areas with confirmed cases of COVID-19 where spread has not yet been contained, you must incorporate minimum hand washing, hygiene, physical distancing, and other risk-reduction measures. Organizations operating in such areas should temporarily suspend any conditional assistance activities and provide unconditional transfers instead. You should also consider postponement of non-essential for-work programming (e.g., cash for work, food for assets) until restrictions by authorities have been lifted within the area of implementation; and continuation of for-work activities will not result in unnecessary exposure to risk, in accordance with Do No Harm principles. If essential work must be conducted, it should continue only if life-saving and/or critically needed for the COVID-19 response and protocols are in place to minimize the risk of disease transmission to beneficiaries. Implement for-work programming that stimulates recovery only when conditions permit resumption of economic activity in a location (per WHO guidance on Responding to community spread of COVID-19). You must leverage modalities and delivery mechanisms that mitigate risks of exposure.

Key Resources

- UN Food Security Cluster Guidance
- COVID-19 and the Risk to Food Supply Chains: How to Respond?
- Q&A: COVID-19 pandemic–Impact on Food and Agriculture
- IASC Interim Recommendations for Adjusting Food Distribution Standard Operating Procedures (SOPs) in the Context of the COVID-19 Outbreak
- WHO Four Transmission Scenarios
- IASC Interim Guidance for Response and Preparedness in Camp Settings

B. Economic Recovery and Market Systems (ERMS)

Overview

ERMS activities mitigate the negative economic consequences of COVID-19 and related measures to affected communities' lives and livelihoods, especially on a complementary or medium-term basis. Additionally, market-systems interventions can mitigate or address some of the economic disruption from the pandemic, especially for highly vulnerable communities in places already facing complex crises.

COVID-19 Activities and Guidance

Justification and Technical Design Requirements

In addition to the requirements in the USAID/OFDA Application Guidelines, you should consider:

- **Justification for ERMS activities:** ERMS activities may be appropriate when the economic consequences of the pandemic in target locations disrupt people's ability to earn an income to such a degree that they cannot cope and/or recover their livelihoods on their own or with host-country government assistance. They may also be appropriate when critical market systems are at risk of being disrupted, or have been disrupted, to a degree that requires outside assistance and that harms the most vulnerable.

- **Role of ERMS in overall response:** ERMS activities should complement life-saving health and WASH activities and can mitigate and address the likely severe economic fallout of the pandemic.

- **Feasibility and context appropriateness:** ERMS activities may be appropriate when public health expertise indicates that market activity and movement are appropriate; beneficiary feedback indicates that people are ready for livelihoods interventions; markets and financial services are functioning and accessible; there is some level of demand for supported livelihood activities/microenterprises; and public health guidance (e.g., physical distancing) is respected whenever recommended or required.

- **Targeting:** ERMS interventions must carefully target beneficiaries based on need and those suffering the worst economic impacts of the pandemic, with careful attention to gender, age, family composition, and vulnerability factors, as well as on the ability to make productive use of livelihoods interventions.

- **Do No Harm:** The potential adverse effects of ERMS on the public health, economy, communities, households and individuals must be carefully considered and mitigated to ensure a Do No Harm approach.

Livelihoods Restoration and New Livelihoods Development

- USAID/BHA will consider Interventions to support businesses to restart or reinvigorate as conditions allow.

Market System Strengthening

- USAID/BHA will consider immediate supply-side market interventions to ensure the supply of essential goods and services to affected communities. USAID/BHA may also consider market support activities, such as support to critical small or medium-sized traders, to help critical market systems recover during and after movement restrictions, if these will ultimately benefit the most vulnerable. Additionally, as appropriate, you should engage the private sector in a way that directly supports public health and WASH interventions to combat COVID-19. You are encouraged to take advantage of engagement with market stakeholders to reinforce and customize established public health messaging on mitigating the spread of COVID-19.

Financial Services

- Financial services may be an important complement to help microenterprises recovering from the economic effects of the COVID-19 crisis and response, especially in the medium-term.

Temporary Employment

- USAID/BHA generally does not recommend temporary employment and other "for work" interventions before mobility restrictions to contain COVID-19 have been lifted in a given location. Cash-for-work activities should be life-saving and/or critically needed to the COVID-19 response and must have protocols to minimize the disease transmission risk to beneficiaries (recognizing the potential higher risk for severe illness that many beneficiaries may have).

Key Resources

- UN Office for the Coordination of Humanitarian Affairs (OCHA), Global Humanitarian Response Plan COVID-19: UN Coordinates Appeal April–December 2020
- Minimum Economic Recovery Standards (MERS) Guidance on COVID-19
- Cash Learning Partnership (CaLP), Cash and Voucher Assistance (CVA), and COVID-19 Key Resources

C. Health

Overview

COVID-19 overwhelmingly challenges the health response in humanitarian contexts, particularly in complex emergencies. Pre-existing needs for life-saving humanitarian health interventions continue unabated, alongside limited health resources and overburdened health systems. In this context, USAID/BHA response efforts primarily focus on the mitigation of widespread

transmission of COVID-19, addressing public health consequences, and maintaining humanitarian health services for crisis-affected populations.

General Guidance

- If you propose to support health activities in response to COVID-19, you should first address adaptations necessary for continuity of operations and ongoing health programs. Where stand-alone health programs specific to COVID-19 are proposed, you should demonstrate standalone programs' integration with ongoing health services to effectively triage patients, maintain existing services, establish referral pathways, and quickly address needs related to a potential surge in COVID-19 patients.
- You should adapt activities to adhere to public health measures called for in global recommendations, and/or national guidance. Face-to-face meetings, group gatherings, and household level activities should align with evolving global WHO and U.S. Centers for Disease Control and Prevention (CDC) guidance on large events and physical distancing.

COVID-19 Activities and Guidance

All health activities for COVID-19 response should be proposed under the ***Public Health Emergency of International Concern (PHEIC) sub-sector in the USAID/OFDA Guidelines****.*

Risk Communication and Community Engagement

RCCE should be a primary focus of any USAID/BHA health sector programming for COVID-19. RCCE is integral to the success of all other health interventions during a public health crisis. You should:

- Support ongoing integrated RCCE activities, adapted for COVID-19 along with proactive RCCE strategies, especially those that reinforce efforts led by the Ministry of Health (MoH), WHO, UN Children's Fund (UNICEF), and IFRC.
- Include clear and concise COVID-19 prevention messages within ongoing community health and hygiene promotion programming.
- Incorporate community dialogue and engagement in all health activities to systematically collect and provide answers to community questions and facilitate community-led response planning.
- Where support through community health workers (CHWs) is proposed for RCCE, activities should be described within the PHEIC sub-sector, while addressing the community health sub-sector requirements.

Disease Surveillance *(surveillance, rapid response teams, and case investigation)*

You should:

- Ensure that current supported facilities are participating in disease surveillance and relevant staff are trained on and reporting based on COVID-19 case definitions.
- Limit any support for point of entry screening to humanitarian settings, for high-risk areas such as camps or camp-like settings, and follow IASC guidelines.

- Note USAID/BHA does not support broad, national level disease surveillance activities, including efforts to coordinate or manage contact tracing.

National Laboratories

- USAID/BHA does not support national public health laboratories or nationwide laboratory systems.

Infection Prevention and Control

Infection prevention and control (IPC) activities should focus on keeping primary care and mobile health facilities functional and healthcare workers and patients safe. Due to the time required to establish an IPC program, USAID/BHA prioritizes health facilities where you are currently working. You should:

- Reinforce standard precautions for all clinical staff; ensure that minimum requirements for IPC are in place as soon as possible with an emphasis on hand and respiratory hygiene.
- Conduct basic IPC training for respiratory disease as part of an overall IPC program, in line with WHO guidelines for rational use of personal protective equipment (PPE).
- Meet minimum WASH requirements (to prevent transmission of COVID-19) in health facilities.
- Note USAID/BHA will consider the proposed support for referral pathways and adaptation of existing clinical space for activities supporting referral facilities. If you propose additional support for COVID-19 referral facilities, you should refer to the PHEIC sub-sector and technical design requirements outlined in the guidelines.

Clinical Case Management

Activities may include interventions to rapidly establish triage, develop referral pathways, or provide care for COVID-19 patients , while ensuring continuity of essential health services. You should:

- Provide support for clinical case management, including training, at the level of care currently provided at targeted health facilities. Proposed pharmaceuticals, supplies, and equipment should represent the level of care facilities typically provide and not seek to establish new high-level care capabilities such as intensive care units. Due to the time required to establish activities, USAID/BHA prioritizes health facilities where you are currently working.
- Provide additional staff and operational support to improve triage, manage an influx of patients, support referral pathways, and maintain existing services.
- Provide training and supportive supervision in health facilities for case management, counseling those with mild illness on home-based care, and referral of suspect COVID-19 patients to referral facilities.
- Support COVID-19 referral facilities for the humanitarian crisis affected population. You should address staffing, training, IPC supplies, water, and medical waste management. Clinical research activities are not supported with USAID/BHA funds.
- Ensure functionality of the health facility for safe isolation care.*

- Provide pharmaceuticals and medical commodities (PMC) required to safely manage patients, maintain essential health services, and address secondary health impacts of the pandemic. Any requests for PMC must be detailed on the PMC Template.

  **Please note that USAID/BHA funds cannot be used for construction of new isolation facilities or treatment centers; applications to adapt existing facilities or establish temporary/makeshift spaces must indicate a timeline and describe how you will meet staffing, training, and operational support requirements. IPs proposing the re-use, repair, or creation of structures in the Health Sector to respond to COVID-19 emergencies should use the structures keyword in application submission and refer to the guidance on Keyword: Structures in the USAID/OFDA application guidelines (pages 237-239).*

Dead Body Management

You should consider how to manage a surge in deaths and mortality related to COVID-19 and support the mortuary care process in this context. You should:

- Confirm national and local requirements that dictate the handling and disposition of remains, and follow evolving WHO guidance on infection prevention and control for the safe management of dead bodies, especially persons who may have died with COVID-19.
- Support health facilities, mortuaries, crematoriums, and burial sites tending to the bodies of persons who have died of suspected or confirmed COVID-19, including training/supervision and operational support.
- Equip and educate families and traditional burial attendants to bury bodies under supervision in contexts where mortuary services are not standard or reliably available, or where it is usual for ill people to die at home. You should be culturally sensitive and ensure family members reduce their exposure as much as possible.

D. Humanitarian Coordination and Information Management

Overview

The current COVID-19 pandemic exacerbates already difficult circumstances for those affected by humanitarian crises globally. Humanitarian organizations and staff are also struggling in this challenging environment as response activities are disrupted and further complicated. Additional and enhanced coordination and information management efforts during the pandemic provide needed support to adapt and foster new response approaches.

COVID-19 Activities and Guidance

Coordination

USAID/BHA may support interventions to enhance humanitarian response coordination to benefit both the affected communities and the wider humanitarian coordination system by adapting to the COVID-19 affected environment. This may include system-level coordination improvements at the national or international levels, as well as process- or mechanism-level enhancements. To support approach coherence, USAID/BHA recommends effective coordination with development actors and your proposed activities.

Priority activities include:

- Activities that enhance linkages with the international humanitarian system;
- Additional coordination of sector or cluster activities for COVID-19 related response adaptation and communications; and
- Coordination of safety and security activities.

Information Management

USAID/BHA may support initiatives to strengthen disaster information management to promote efficient use of available disaster response resources and public dissemination of available information and data. Activities may include providing specialized data and technological services for COVID-19 related decision-making and adapted responses; adapting existing platforms and tools focusing on utility and improved service delivery to affected communities; emergency telecommunications activities; and multi-sector needs assessments for difficult-to-access locations.

USAID/BHA will consider priority activities including:

- Incorporating aspects unique to the COVID-19 affected environment to information and data for planning and preparedness activities.
- Internet support and online collaboration and training options, specific to COVID-19 planning and response adaptation.
- Predictive analytics and other approaches that will support COVID-19 related challenges and decision-making for humanitarian response.
- Coordination of general information and operational data, bearing in mind the limitations and necessary mitigating measures.
- Web-based or other platforms and systems that assist in response planning and data and information-sharing analysis across organizations, adapted to or in support of knowledge-sharing for COVID-19 affected responses.
- Additional information management services to enhance coordination within and/or among sectors or clusters.
- Information provided to people to raise awareness on specific humanitarian issues and/or resources.
- Additional and adapted emergency telecoms support.
- For difficult to access locations, using multi-sector humanitarian needs assessments with creative, alternative approaches adapted to mitigate the crisis impacts, while abiding by field data collection safety and security protocols for staff and beneficiaries.

E. Multipurpose Cash Assistance (MPCA)

Overview

MPCA can help mitigate the negative economic consequences of the pandemic and related measures to affected communities' lives and livelihoods. While response effects majorly focus on mitigating widespread COVID-19 transmission, addressing public health consequences, and maintaining essential health services for crisis-affected populations, MPCA also plays a role in both the immediate- and medium-term of helping affected people meet their basic needs. This guidance complements and should be used in conjunction with USAID/OFDA Application Guidelines and relevant USAID/FFP guidance on MPCA.

COVID-19 Activities and Guidance

In addition to the requirements in the Application Guidelines, you consider:

- **Justification for MPCA activities**: MPCA activities may be appropriate when COVID-19 and related measures (e.g., lockdowns) undermine and inhibit vulnerable people's ability to meet their basic needs and when cash can assist in meeting those needs.
- **Role of MPCA in overall response:** MPCA activities should complement life-saving health and WASH interventions.
- **Appropriateness of cash:** The Modality Decision Tool helps determine modality response options. Because market conditions may change rapidly and frequently, you should base modality choice on a recent market analysis, assessing whether markets are able to meet demand for commodities and services using existing approaches and modify procedures if necessary.
- **Feasibility and context appropriateness**: MPCA activities may be appropriate when beneficiaries indicate they prefer cash over other assistance types; markets and financial services are functioning and accessible; and beneficiaries respect recommended or required public health guidance (e.g., physical distancing).
- **Targeting:** Given likely widespread economic impacts and limited resources, careful targeting will select those most in need to receive MPCA with careful attention to gender, age, family composition, and vulnerability factors.
- **Do No Harm**: The potential adverse effects of MCPA on the public health, economy, communities, households and individuals should be carefully considered and mitigated to ensure a Do No Harm approach.

Multipurpose Cash Activities

You should:

- Select delivery mechanisms that follow public health guidance, including respecting restrictions on movement and minimizing the need for people to gather in large groups, travel far from home, or spend more time than necessary in close proximity. As appropriate, you should consider building in flexibility for multiple delivery mechanisms (e.g., cards, mobile transfers) to help spread out demand and prepare for potential service disruptions.
- In addition to existing guidance in the USAID/OFDA Application Guidelines on minimum expenditure basket and transfer value calculation, you may need to adapt the basket and transfer value and payment frequency in response to the pandemic in coordination with other humanitarian stakeholders.
- As stated in the USAID/OFDA Application Guidelines, USAID/BHA does not support MPCA for USAID restricted commodities or for health- and nutrition-related treatment commodities (e.g., pharmaceuticals) or services.
- Prioritize technology usage to reduce in-person contact whenever appropriate throughout the activity cycle (not only for MPCA distribution). You should avoid interventions that put affected communities or humanitarian workers at increased risk, particularly if a less risky alternative is available.
- Build in contingency plans for market shutdowns or shortages of essential goods making cash less able to meet beneficiaries' needs. Building in flexibility for multiple modalities (cash, vouchers, in-kind) may help spread out demand and plan for disruptions. Since the USAID/OFDA MPCA sector only includes cash, this may include adding other sectors in an application.
- Engage with beneficiaries to customize and reinforce established public health messaging on mitigating the spread of COVID-19.
- Design of MPCA should consider existing in-country guidance from clusters and working groups as well as how activities interact with national social protection programs.

Key Resources

- SPHERE Applying Humanitarian Standards to Fight COVID-19
- CaLP, CVA, and COVID-19 Key Resources
- MERs Guidance in Response to COVID-19
- WFP Guidance for CVA in Contexts Affected by COVID-19

F. Nutrition

Overview

Humanitarian nutrition programming relies on a health system's functionality and community platforms to engage nutritionally vulnerable people. Although children under five-years-old have so far experienced less mortality related to COVID-19, malnutrition mortality will likely increase if

treatment for wasting is overlooked; maternal, infant and young child nutrition programs are not maintained; and frontline workers can't safely access populations or adapt nutrition support via remote programming. USAID/BHA supports activities that prevent and treat malnutrition risks in nutritionally vulnerable populations affected by COVID-19.

This document provides guidance on USAID/BHA support to COVID-19 response activities, and for adapting ongoing emergency activities in the context of COVID-19. USAID/BHA supports nutrition activities in two contexts:

- In humanitarian settings where you are currently supporting emergency nutrition activities, and
- In geographic locations where nutritional risks have increased because of COVID-19.

COVID-19 Activities and Guidance

You should follow existing national ministries of health and/or the Nutrition Cluster guidance. You should also address adaptations necessary for continuity of operations and ongoing humanitarian nutrition programs. While the magnitude of increased nutritional needs is likely to change over time, USAID/BHA continues to support best practice, coordinated and possible emergency nutrition activities.

Maternal, Infant and Young Child Nutrition in Emergencies

You should:

- Support health services focusing on infant care in line with the WHO decision tool for health care workers. This includes recommendations for pregnant women with suspected exposure or confirmed infection with COVID-19. Recommendations include skin-to-skin, early initiation of breastfeeding wearing a mask and establishing breastfeeding exclusively.
- Remotely train health/lactation staff to support mothers and caregivers (in line with the WHO decision tool for health workers) to appropriately monitor and feed their infants in the context of COVID-19, including education and support for relactation, wet nursing, or expressing and utilizing human milk.
- Assist the MoH to develop, establish, or disseminate COVID-19 related infant and young child feeding in emergencies (IYCF-E) guidance, including the Infant Feeding in Emergencies Core Group/Global Technical Assistance Mechanism (GTAM) adaptations to programming.
- Through health facilities, or in settings where community health workers have access to protective equipment, provide micronutrient supplements or household fortificants to specific target groups for a specific frequency and duration. Note micronutrient supplements are pharmaceuticals; see requirements under the Health Sector's Pharmaceuticals and Other Medical Commodities sub-sector.
- USAID/BHA recommends using practical, social distance friendly communication platforms in the context of lockdowns or financial barriers, including broadcast, digital, social media, and mobile phones.

- If you propose emergency food assistance activity, you are not expected to add a full package of health-related activities. In unique cases, you may support RCCE activities as outlined on page 5 and in the Health Sector if the following conditions are met: 1) you are working where there is strong leadership and coordination from WHO, UNICEF, and MoH and RC materials are vetted approved and available (you are expected to participate in the RCCE pillar or similar coordination function); and 2) no other USAID health recipients are currently implementing RCCE activities in the same areas.

Management of Acute Malnutrition

You should:

- Maintain programs to treat acute malnutrition by incorporating adaptations to mitigate the risk of transmission of COVID-19:
    - Screening using community health workers with appropriate protective measures observed and/or the family mother-led mid-upper arm circumference (MUAC) approach with decreased visit frequency.
    - Admission and discharge according to national COVID-19/cluster guidance (MUAC admission may be prioritized).
    - In places where moderate acute malnutrition (MAM) treatment is not available, expand severe acute malnutrition (SAM) admission criteria.
    - Use CHWs to treat uncomplicated SAM at the household level through integrated community case management where possible.
- Develop remote training plans, including adaptation of existing training materials/e-learning.
- Outline how increased supply needs have been calculated and how supplies will be pre-positioned. This calculation should analyze potential household sharing if food security has been impacted by the pandemic.

Use of Specialized Nutritious Foods, Vouchers, and Cash

- In settings where it is an identified priority need due to COVID-19, you should provide targeted rations of safe and appropriate specialized nutritious foods (SNFs), cash and/or vouchers to improve dietary adequacy of nutritionally vulnerable groups.
- Where distributions or transfers take place at health facility level, you should consider transitioning to a community-based approach to minimize large group gatherings, reduce exposure to COVID-19 cases, and address possible mobility restrictions. You must train community volunteers to practice physical distancing and avoid unnecessary contact.
- Conditionalities for receipt of transfers should be discontinued/reconsidered during this time.
- You should consider opportunities to decrease frequency of distribution events by doubling transfers provided at each distribution to reduce opportunities for COVID-19 transmission and respond to mobility restrictions.
- If shortfalls in SNF supply occur, you should consider prioritizing (a) more defined target group(s) based on risk and/or nutritional vulnerability.

- Staff should be trained to instruct caregivers to perform MUAC measurements, to avoid direct contact with children during screening undertaken during distributions.

Nutrition Information

- Anthropometric data collection requiring physical measurements should apply appropriate physical distancing guidance and only continue once a government deems safe (UNICEF, Global Nutrition Cluster (GNC), GTAM Brief 1, April 14, 2020).
- With limitations on access to survey data [e.g. Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys], you may need to rely on other sources of data or modeling to estimate caseloads and needs.
- You should outline how increased supply needs have been calculated and how supplies will be pre-positioned. This calculation should include an analysis of potential household sharing if food security has been impacted by COVID-19.

Key Resources

- WHO breastfeeding and COVID-19 for Health Care Workers with decision tool (April 28,2020)
- IYCF in the Context of COVID-19 Brief No. 2 (v1) (March 30, 2020)
- IYCF-E Operational Guidance (2017)
- International Code of Marketing of Breast-milk Substitutes
- Automated Directive System (ADS) 212maa
- Management of Child Wasting in the Context of COVID-19 Brief No.1 (March 27, 2020)
- GNC COVID-19 Resources | Nutrition
- UNICEF and GNC Joint statement on COVID-19 and Wasting | Nutrition
- Decision-making Tool for MAM in Emergencies
- WFP's additional recommendations for the management of maternal and child malnutrition prevention and treatment in the context of COVID-19
- IASC Interim Recommendations for Adjusting Food Distribution SOPs in the COVID-19 Context.
- Nutrition Information Management, Surveillance and Monitoring in the Context of COVID-19

G. Protection

Overview

The COVID-19 pandemic has triggered significant protection needs and magnified pre-existing vulnerabilities across humanitarian contexts. The pandemic has had a particular impact on community members and front line workers' emotional well-being, and measures to prevent community spread of the virus through restricted movements, lockdown measures, and shelter-at-home protocols has significantly increased violence in the home. To ensure these

risks and issues are addressed, child protection (CP), psychosocial support (PSS), and gender-based violence (GBV) prevention programming are essential to the COVID-19 response. If you have existing protection expertise, you may propose complementary protection services integrated with the public health response, as well as stand-alone protection programs to address broader humanitarian needs triggered by the pandemic.

Your application should also adhere to protection sector requirements in the USAID/OFDA Application Guidelines (pages 176-199).

COVID-19 Protection Activities and Guidance by Subsector:

Psychosocial Support

PSS is cross-cutting and critical to the COVID-19 response due to widespread distress, uncertainty, grief, and breakdown of usual support structures. Frontline workers face especially severe burdens of care and heightened disease risk. PSS responses to COVID-19 should be grounded in the context and adapted to suit target populations' needs. You should:

- Establish and adapt group-based and one-on-one PSS to support at-risk populations, demonstrating adherence to locally instituted safety precautions and disease control measures. Noting that PSS may need to be provided remotely, capacitate and equip PSS providers to communicate via channels such as phone and web-based platforms, or other locally relevant means. Consider hotlines with trained staff.
- Provide frontline workers—who face especially severe burdens of care and heightened disease risk—with accessible PSS; an equal priority with ensuring their physical safety through knowledge and equipment.
- Train frontline workers on psychological first aid (PFA); identifying and referring those with specialized needs is an important cross-cutting issue. Include PFA as a part of a comprehensive PSS program.
- Make trained PSS staff available at all COVID-19 treatment and isolation/quarantine sites.
- Map PSS providers and train frontline and community-based supports on using referral pathways.
- Adapt and scale-up community-based mechanisms to provide PSS support in tiers 1 and 2 of the Mental Health and Psychosocial Support Pyramid, adhering to locally instituted safety precautions and disease control measures.
- Tailor interventions for groups particularly vulnerable to COVID-19, including older persons, persons with disabilities, and those with chronic illness and/or weakened immune systems, along with others who are likely to be even more isolated during this time and require specialized support. Explain how program adaptations are appropriate to these target groups; for example, do not rely heavily on audio or visual technologies not usable by those with impairments and/or those unfamiliar with newer messaging applications or online services.

Child Protection (CP)

Children without school lack routine and resources that stimulate development and promote wellbeing, raising CP needs during the crisis. The measures that have been put in place to control COVID-19 spread have also meant children are potentially hidden from certain support systems. Child abuse has risen significantly around the world, as have concerns of malnutrition, family separation, and care of children in alternative care settings. You should:

- Develop child-specific PSS and case management (CM) approaches, including dedicated messaging addressing children's fears and concerns, and support and equip caregivers (such as parenting interventions tools) to better manage their own stress and provide structures and support in the home. Adapt PSS and CM activities to the situation; maintaining in-person activities where consistent with health protocols and measures to provide distance/remote support as needed.
- Promote family-based care as the first option for alternative care for children. You should support caregivers to provide requisite elements to ensure healthy child development and wellbeing, monitoring and follow-up systems using new modalities of case management. Case workers should ensure connections with family during separation.
- Establish and adapt child friendly spaces and adolescent group-based activities, adhering to locally instituted safety precautions and disease control measures. Such spaces and initiatives should also educate children on the disease, as well as refer children and adolescents in need of services, including health care. Adolescents especially should be empowered to support, where possible, the response.
- Provide training and support to ensure that health care procedures reduce risk of separation, support communication between children and caregivers when separated, and build the child safeguarding capacity of health care workers.
- Establish or strengthen CP referral pathways and ensure first responders are aware of available services and how to identify children in need, noting high risks of separation and abuse. Also strengthen hotline, child helplines, and help desk capacities for children, families, and care facilities to report abuse or neglect.

Gender-Based Violence (GBV)

GBV has spiked worldwide since the declaration of COVID-19 as a global pandemic. Underlying GBV risks increase exponentially during emergencies, and there is emerging evidence from the countries most affected by COVID-19 that GBV, and intimate partner violence in particular, are increasing in both prevalence and intensity, in some cases tripling. Extended quarantines, curfews and other movement restriction measures have increased domestic violence reports due to forced coexistence in confined living spaces. You should:

- Establish and adapt Women's and Girls' Safe Spaces (WGSS) and group-based PSS with activities adjusted to locally instituted safety precautions and disease control measures, providing distance/remote support as needed. WGSS are essential, particularly for women and girls exposed to home violence.
- Adapt individual-focused GBV, PSS, and CM activities to the situation, maintaining in-person activities where consistent with health protocols and distance/remote support measures as needed. Focus on high-risk groups and open cases. Equip case managers

to communicate via channels such as phone or web-based platforms and apply appropriate different models.
- Incorporate and safely staff GBV helpdesks at permitted locations (such as health points) to ensure those at imminent risk can safely report or access immediate care and assistance.
- In anticipation of increased reliance on remote-based support and outreach (including hotlines), ensure GBV hotlines are free and determine or identify safeguarded “alarms,” signals, or alert chains when survivors are in imminent danger and need immediate and more direct support.
- Refine safety planning, including household and community risk mapping (particularly for women and girls unable to leave their homes), to reflect the issues, vulnerabilities and violence they are exposed to as a result of the current context.
- Ensure messaging is focused on GBV and GBV-risk relevant content (e.g. increase in intimate partner violence messages should also include links to existing support and resources, how can complaints be made, what support for women and girls is available); train and support health responders to provide GBV services and referrals; tailor existing COVID-19 outreach and support to women and girls vulnerable to GBV.

Protection Coordination, Advocacy, and Information

If your application is conducting protection, coordination, advocacy, and information (PCAI) activities, you should coordinate, train, and support new and/or overwhelmed response actors and adapt existing programming; for example,

- Conduct in-depth gender analyses or focus groups to assess different outbreak effects.
- Assist non-protection partners to reach highly vulnerable populations (e.g. older people and persons with disabilities).
- Provide guidance, build capacity, and raise awareness addressing stigmatization and discrimination.

Key resources:

- Protecting Children During the COVID-19 Pandemic, Alliance for Child Protection COVID-19 resources
- Impact of COVID-19 on Women and Girls, GBV Area of Responsibility COVID-19 Resources
- Addressing Mental Health And Psychosocial Aspects of COVID-19 Outbreak
- Social Stigma Associated With COVID-19

H. Shelter and Settlements

Overview

Shelter and Settlement (S&S) Sector programming can mitigate the negative consequences COVID-19 in settlements (also known as the built environment) by providing safer, habitable,

covered living spaces and settlements where affected households can resume critical social and livelihoods activities during and after this public health emergency. Additional guidance on construction-related activities in sectors other than S&S, WASH, and Risk Management Policy and Practice: USAID/OFDA Keyword Structures (pages 240-242).

Use this guidance in conjunction with the S&S Sector requirements in the 2019 USAID/OFDA Application Guidelines on pages 202-218, and do not use without referring to the sector requirements.

- **Assessment summary of direct/indirect target population:** Data should focus on the needs of older people, health compromised individuals, pregnant women, children, and persons with limited access to health care and personal safety equipment.
- **Assessment summary of settlements of proposed activities:** Data should focus on site conditions that include: access to water, markets, livelihoods, health care, and sanitation. Additionally, data should address population density, circulation routes, area congestion, and available public spaces. You should conduct a Shelter Opportunity Survey to identify potential vacant and underutilized land and buildings throughout the built environment to determine suitability for use as shelter in settlements of proposed activities.

COVID-19 Activities and Guidance

Shelter

- Shelter designs should address the following: natural ventilation, occupants' spatial privacy, how proposed design can maximize physical distancing in and around shelters, and security of tenure (Housing, Land, and Property Rights). For persons hired to implement activities, standard basic safety equipment should be provided as needed for worker safety, but medical-grade PPE is not recommended for general construction activities. Construction-related activities in areas with suspected COVID-19 cases (such as designated areas of health facilities) should follow WHO guidelines for IPC in these settings.[1] Due to the high-risk nature of construction activities, you should include safety plans for essential workers to reduce COVID-19 transmission at construction sites. You should include plans that fit with local context and social behavior.[2] For renting and/or hosting, your application should explain how persons are maintaining enough personal space to prevent transmission, how more vulnerable persons are given special attention regarding COVID-19 transmission, and how proposed actions can maximize physical distancing.

Settlements

- Your application must justify the creation of new space or shelter in place of using existing shelter stock (e.g. unused and underutilized apartments, shops, public facilities,

[1] For detailed guidance please see: Construction site safety recommendations in light of COVID-19
[2] For detailed guidance please see: The International Labor Organization's Standards and COVID-19 and Global Shelter Cluster Construction Good Practice Standards Common Standards

warehouses, etc.). Additionally, your application should address distances between shelters, distances from settlement services, routes to health services, and address flow of persons and density of persons in target areas.
- You should explain air ventilation, circulation, and physical distancing inside centers, and access to WASH facilities and health care facilities for collective center design. For camp management and planning, you should reference the International Organization for Migration (IOM) COVID-19 Management Operation Guidance FAQ's.

Disaster Risk Reduction

- You should address how proposed activities will reduce the risks of future disasters and crises, and what exit strategies or items will be transferred to the target population.

Non-Food Items

- You should address physical distancing concerns in distribution sites for beneficiaries and staff staff taking part in distribution.

Key Resources

- Interim Guidance on Shelter and Settlements Response to COVID 19
- UN High Commissioner for Refugees (UNHCR) Guidance on Home Quarantine and Isolation in Overcrowded Settings, please refer to pages 12, 26, and 28 for example drawings of isolation/quarantine spaces.
- UN Protection for those living in Homelessness
- USAID Keyword Structures Guidance for non-COVID-19; Pages 240-242

I. Water, Sanitation, and Hygiene

Overview

The virus that causes COVID-19 has not been detected in drinking-water supplies or in surface or groundwater sources, and the risk to water supplies is low.[3] There have been no reports of fecal−oral transmission of the virus.[4] Therefore, **USAID/BHA does not support broad, independent WASH programs as a COVID-19 response; COVID-19 WASH responses must focus on evidence-based activities to reduce COVID-19 transmission and address key barriers to the adoption of protective behaviors.** Response activities must be initiated early and implemented in-time to impact a fast moving outbreak.

COVID-19 Activities and Guidance

USAID/BHA WASH interventions for COVID-19 follow three principal efforts. You should:

[3] Guidelines on drinking-quality, fourth edition, incorporating the first addendum. Geneva: WHO; 2017

[4] WHO-UNICEF, WASH, and waste management for COVID-19, Interim Guidance, April 23, 2020

1. **Enable and promote hand washing.** Facilitate hand washing through hygiene promotion and soap and hand washing station provision at household, community and facility levels.
2. **Support WASH for IPC in health facilities.** USAID/BHA prioritizes WASH support for IPC to health applicants or their sub-awardees to ensure that WASH interventions occur in the same health facilities in coordination with health actors and priorities, and not in parallel. Support target health facilities that are key to the health sector COVID-19 response strategy.
3. **Support Operation and Maintenance (O&M) of existing water supply and sanitations systems.** Adequate water supply facilitates key COVID-19 prevention measures, such as hand washing, and also safeguards against diarrheal disease outbreaks. You are encouraged to concentrate efforts on O&M with a focus on standards and quality control as a means to ensure services continuity and domestic water provision for hand washing and other preventative measures.

You should implement operations continuity plans to ensure the continued operation of critical, currently-supported humanitarian WASH systems, such as those at IDP camps, where alternatives to water and sanitation services are limited and the loss of functionality would have severe health impacts on the vulnerable populations those systems serve. Options to help ensure the safe operation of water and sanitation systems include the pre-positioning of critical stocks (e.g. chlorine and fuel), the identification of contractors for continuity of services in the absence of non-governmental organization (NGO) field staff (e.g. water truckers, latrine desludging), and the training of community focal points on key actions to ensure the continued safe operation of water and sanitation systems.

Table 1. Supported Activities and Guidance by Sub-sector

WASH sub-sector	Supported Activities	Guidance
Hygiene Promotion	Activities and messages in-line with approved country/Cluster RCCE guidance.	You must adapt hygiene promotion activities for COVID-19 and integrate these with the broader RCCE effort. Activities must focus on key barriers to prevent transmission in high-risk populations.
	Scaling-up of hand washing activities at household, community (including markets), and institutional level.	Propose comprehensive RCCE under the Health sector, and more focused WASH-related hygiene promotion (e.g. hand washing) under the WASH Sector. For any planned or requested food or large-scale commodity distributions in countries with Level 2-4 COVID-19 transmission, you must incorporate minimum **hand washing, hygiene,** physical distancing, and other risk-reduction measures.[5]

[5] IASC/WFP: Interim Recommendations for Adjusting Food Distribution SOPs in the Context of the COVID-19

WASH NFIs	Soap or soap + hand washing kits for broad distributions to COVID-19 vulnerable populations.	Soap (or hand washing kits with soap) should reach as many beneficiaries as possible. Provide soap to last for the expected period of high risk, and refill as necessary for the outbreak duration. Avoid distributing hygiene kits with contents other than hand washing–e.g.. favor the distribution of soap or hand washing kits as opposed to broader "hygiene kits."
	Distribution of household IPC (disinfection) kits (e.g. bucket, bleach, cleaning cloths) to self-isolated or self-quarantined households where country/national Health Cluster guidance *specifically endorses* home IPC kits.	Distribution of household IPC (disinfection) kits must target households with COVID-19 cases (suspect or confirmed), and possibly quarantined households, households of contacts, etc. as country health guidance recommends. Avoid blanket distributions, though broader distribution could be appropriate in some contexts (e.g. IDP camps). Conform distributions to country disinfection strategies and align distributions with accepted COVID-19 health sector standards.
Water Supply	Operation and maintenance of existing water supply systems in targeted, high-risk areas (e.g. IDP camps) focusing on standards and quality control.	**USAID/BHA** does not support constructing or upgrading of community water supply systems as a core response intervention, except under exceptional circumstances; you should concentrate efforts on O&M of existing, functional systems. **Emergency food assistance activities** will review repair, rehabilitation, or construction of domestic water supply systems in countries with Level 2-4 COVID-19 on a case-by-case basis. USAID/BHA does not support constructing or upgrading productive water supply systems as a core response intervention.
	Water supply necessary for IPC in supported health facilities selected in targeted, high-risk areas (e.g. IDP camps) in coordination with Health Cluster/health partners.	For health facilities, interventions should target, in coordination with the Health Cluster/health partners, existing facilities with pre-existing, reasonably sufficient WASH facilities (to avoid extensive and time-consuming WASH infrastructure construction–light upgrades/improvements can be supported).

Sanitation	Provision of hand washing stations and soap at key public locations including health facilities. Operation and maintenance of existing sanitation infrastructure in targeted, high risk areas with focus on standards and quality control. Sanitation in supported health facilities in coordination with Health Cluster/health partners.	Given that there is no known fecal-oral transmission of COVID-19, you should avoid new community sanitation systems as a COVID-19 response activity. For health facilities, interventions should target, in coordination with the Health Cluster/health partners, facilities that have pre-existing, reasonably sufficient WASH facilities (to avoid extensive and time-consuming WASH infrastructure construction – light upgrades/improvements can be supported).
Environ-mental Health	Activities in existing, ongoing programs that do not increase the risk of COVID-19 transmission may be continued; activities that increase the risk of transmission risk (e.g. community cleaning campaigns in areas with active transmission) should be avoided.	Given the limited impact on reducing COVID-19 transmission, you should avoid new community environmental health activities as a COVID-19 response activity.

4. Monitoring and Evaluation

Overview

This interim guidance provides recommendations to support appropriate and effective monitoring practices while mitigating the transmission of COVID-19. These are recommendations and **not required actions** to use in conjunction with the standard monitoring and evaluation (M&E) requirements, sector-specific guidance for COVID-19, COVID-19-specific indicators, and reporting requirements for COVID-19 funding. Given the novel and evolving nature of the COVID-19 pandemic, the USAID/BHA M&E team will update this guidance with refined and tested best practices.

If your application is receiving funding for COVID-19 response, you should include monitoring practices appropriately adapted for staff and beneficiary safety. You must include data collection safety and security protocols for both staff and beneficiaries. Informed consent protocols should be updated, particularly if data collection instruments change or verbal consent must be used.

Current Monitoring and Evaluation Priorities for COVID-19

Do No Harm for partner staff and beneficiaries

- In-person data collection requires staff to travel to activity sites and interact with participants and community members, risking the spread of COVID-19 to communities and implementing partner staff. You should reconsider any proposed in-person data collection unless it is necessary to inform life-saving activities and can adhere to the Do No Harm principle, follow country laws, and maintain appropriate physical distancing.

Monitoring of critical and life-saving activities, and revisiting and revising monitoring approaches regularly

- You should consider revising monitoring approaches such as pausing in-person data collection while continuing to collect observational data to track program implementation or use of GPS-tagged photos and videos to verify service provision in lieu of in-person site visits.
- When prioritizing, consider the implications of any changes on oversight of key life-saving activities and on the ability to track fraud, waste, theft, abuse, and other misuse of resources and document mitigation strategies for these, as appropriate.

Where possible, shift to remote data collection for monitoring and collecting beneficiary feedback to limit person-to-person contact

You should:

- Use alternate means to face-to-face interactions, including phone calls to key informants or community liaison, SMS, and other mobile data collection options.
- Adapt existing, in-person data collection instruments to conduct interviews by phone, and pilot any alternative approaches prior to widespread data collection.[6] Considerations for phone-based data collection:
    - Ensure mobile connectivity and assess beneficiaries' cell phone penetration and existence of data security and privacy protocols.
    - Shorten monitoring instruments to collect only essential information; reduce the number of questions being asked; reduce disaggregation requirements; and focus primarily on output-level indicator data.
    - Remove sensitive questions (such as those related to security, protection, intrafamilial dynamics) that could potentially pose more risk to respondents when asked by phone.
- Identify implications, risks, and limitations of switching to phone-based data collection and identity mitigating measures, such as:
    - Fraud (the person on the phone is not the intended beneficiary)
    - Incomplete surveys due to call disconnections
    - Response bias due to lower participation from vulnerable groups who may not have access to phones
    - Limited response due to lower cell phone penetration or service in certain areas

[6] The Abdul Latif Jameel Poverty Action Lab (J-PAL) Best Practices in Conducting Phone Surveys

    - Bias due to insufficient privacy for respondents answering questions in their home
    - Potentially higher non-response rate via phone
    - Incomplete sampling frames when IPs do not have telephone numbers for all the beneficiaries
- Train staff on phone data collection, including how to obtain informed consent and build rapport with respondents (especially for qualitative questions).
- As appropriate, consider identifying a trusted community liaison to equip with the appropriate technology to serve as an aggregator of community data.

Consider alternatives to obtaining beneficiary signatures to verify distributions and document informed consent

You should:

- Use technological or other effective measures to track participants without physical signatures, such as:
    - GPS-enabled smartphones to take time-stamped and GPS-tagged photos of beneficiaries receiving the item during distribution
    - Increased frequency or sample size for post-distribution monitoring by phone or video call to verify items have been received by the intended beneficiary
    - Quick response codes on the packaging of commodities, food and non-food items

Where remote monitoring is not feasible, update data collection tools and protocols to limit proximity, frequency and duration of face-to-face contact

You should:

- Rely on observational methods that minimize interview numbers. For observation of registration or distribution activities, monitor whether attendance is lower than expected.
- Decrease the number of staff present at activity implementation, if feasible.
- Consider adjusting per diems for M&E staff or others responsible for data collection so that they can use more private forms of transport.
- Identify special staff and beneficiary protocols for particularly COVID-19 susceptible groups such as older people and immune-compromised persons.

Modify planned evaluations

You should:

- Not conduct in-person evaluation activities (including baseline surveys) at this time without both a strong justification and risk mitigation measures. IPs should pivot any evaluation data collection to remote methods.
    - IPs must communicate updates to their AOR, providing justification and detailing mitigation measures if planning to conduct an evaluation activity, or providing a notification if the evaluation activity will be put on hold or canceled
- Communicate any delayed reporting to the AOR (per USAID guidance).

Provide technical support for M&E staff, community focal points, and enumerators

You should:

- If your M&E staff cannot access field sites, provide resources and training to program staff implementing on the ground to collect essential monitoring data during implementation.
- Conduct web-based M&E training for staff on the use of alternative IT- or phone-based tools for data collection.
- Provide your M&E staff, community liaisons or enumerators with phone credits and/or internet access should staff need to conduct monitoring activities.
- Review and revise the monitoring/indicator table including targets.

Use existing monitoring data and systems to inform COVID-19 response activities

- You should review existing data from recently completed baseline studies, post-distribution monitoring or other routine monitoring to have a data-set of what is already known about potential beneficiaries.

Not Recommended at This Time

The USAID/BHA M&E team does not encourage you to adopt new or complex technologies in response to COVID-19 when those approaches have never been used by the program or organization. Introducing new methods takes time, training, funding, and privacy and security measures that may be challenging to build out for the first time in the context of a rapid COVID-19 response. You should build on existing systems or within the capacity of the organization globally.

Resources

- IASC: WFP Interim Recommendations for Adjusting Food Distribution SOPs in the Context of COVID-19 Outbreak. Version 2: March 2020.
- IASC: Interim Guidance: Scaling Up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations, Including Camp and Camp-like Settings. Version 1.1: March 2020.
- SPHERE: COVID-19 Guidance based on Humanitarian Standards.
- International Advisory, Products and Systems (i-APS): Guidelines for Adapting Third Party Monitoring in the Context of COVID-19 Outbreak.
- J-PAL: Best practices for conducting phone surveys
- RTI International: Collecting Data with Mobile Surveys in Low- and Middle-Income Countries During COVID-19: March 26, 2020.
- Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP): COVID-19 Response Portal
- CaLP, CVA, and COVID-19 (crowd-sourced resource document for MPCA programming)
- European Digital Rights guidance on use of data in COVID-19 Response
- 60 Decibels: Remote Survey Toolkit: Prepared in Response to COVID-19

5. USAID/BHA COVID-19 International Disaster Assistance (IDA) Special Reporting Requirements

If you receive COVID-19 IDA funding, additional COVID-19-specific reporting requirements apply to your award. For non-food assistance awards, you must submit monthly updates via the Award Results Tracking system on applicable COVID-19 mandatory indicators (Table 2 below)[7] and a brief (maximum 2 pages) summary on any challenges, successes and activities prioritized in the next month. For food assistance awards, you must submit the applicable COVID-19 mandatory monthly indicators and 2 page narrative updates via the FFP Partner Reporting Tool. You should include these indicators in the award application and monitoring table. The list includes both standard USAID/OFDA and USAID/FFP indicators as well as new, specific COVID-19 response indicators.

As with standard USAID/OFDA and USAID/FFP indicators, you may exclude indicators with strong justification. You can find Performance Indicator Reference Sheets and more information for these indicators on the USAID/OFDA guidelines resources website and USAID/FFP's Annual Program Statement (APS), Indicator Handbook 3, and Annual Results Report Guidance. Please contact USAID/BHA Washington, D.C., representatives to determine if your application is subject to these conditions.

Table 2: COVID-19 Mandatory Indicators

Non- food assistance/Current OFDA Sector, Subsector	**Indicator**	**New or Existing**
Health, PHEIC	Number of outpatient health facilities supported	New
Health, PHEIC	Number of inpatient health facilities supported	New
Health, PHEIC	Number of hospitalizations	New (updated definition)
Health, PHEIC	Number of individuals screened or triaged for COVID-19 at supported health facilities	New

[7] This indicator list may be updated to reflect new sectors or activities as part of the COVID-19 response.

Health, PHEIC	Number of people reached through risk communication activities by channel	New
Health, PHEIC	Number of health care staff trained	Existing
Protection, PSS	Number of individuals participating in psychosocial support services	Existing
Protection, CP	Number of individuals participating in child protection services	Existing
Protection, GBV	Number of individuals accessing GBV response services	Existing
Protection, PCAI	Number of individuals trained in protection	Existing
WASH, NFIs	Total number of people receiving WASH NFIs assistance through all modalities.	Existing
Food assistance/ current FFP Modality or Assistance Mechanism	**Indicator**	**New or Existing**
E1	Number of individuals participating in USG food security programs	Existing
LRIP Commodity	Quantity distributed (MT), by commodity	Existing
LRIP Commodity	Number of unique participants receiving in-kind food	Existing
Cash Transfers and Food Vouchers	Total amount distributed (US$), by modality (cash and voucher)	Existing
Cash Transfers and Food	Number of unique participants receiving support, per modality (cash and voucher)	Existing
WASH, NFIs	Total number of people receiving WASH NFIs assistance through all modalities.	Existing

6. Safety and Security

USAID/BHA acknowledges the unprecedented changes in the humanitarian operating environment caused by the current COVID-19 outbreak. You must submit safety and security plans as described on page 72 of the USAID/OFDA Application Guidelines and page 48 of the USAID/FFP APS.

Safety and security plans must now **include risk mitigation measures for the COVID-19 pandemic**. Your contingency plans must describe in detail how emergency medical care and evacuation will be executed from all of the proposed activity locations in light of border closures and limitations in air travel and local medical care capacity and capability. If relevant, you may include expected costs for additional mitigation measures, including training related to COVID-19, in their budget and budget narrative.

7. Risk Management Requirements

COVID-19 may exacerbate existing risks and present new risks affecting your ability to responsibility program. As required in the USAID/OFDA Application Guidelines and relevant USAID/FFP guidance, proposed COVID-19 response programs in the geographic areas listed in USAID/OFDA Required Risk Mitigation for High-Risk Environments must adhere to risk guidance requirements. Proposed COVID-19 response programs in other areas where you believe heightened risks exist should also adhere to risk guidance requirements.

You should be mindful of risks caused or enhanced by COVID-19 in your program operating environments, which may include:

- Heightened risk of procurement fraud or internal controls failures when utilizing emergency simplified procedures for noncompetitive procurement. USAID's Office of Acquisition and Assistance has clarified that COVID-19 response programs can utilize 2 CFR 200.320; you may decide to put in place emergency simplified procedures during the COVID-19 crises and use the noncompetitive process when COVID-19 conditions necessitate it.
- Potential for diversion of commodities in transit due to increased demand for PPE and sanitation supplies.
- Loss or reduction of in-person community feedback and complaint mechanisms.
- Reduced or no in-person monitoring of program activities, deviating from policy manuals and standard operating procedures.

- Distribution methods that reduce in-person contact but also reduce ability to confirm beneficiaries have received aid via physical signatures or other physical measures.
- Lack of clear, documented guidance or training by awardees on adaptation of new COVOID-19 risk mitigation measures(e.g. new data collection processes, safeguarding measures for enumerators and beneficiaries, etc.).

All USAID employees and USAID applicants are responsible for combating fraud, waste, and abuse in programs. Recipients of all USAID awards are required to report these issues to the USAID Office of the Inspector General and AOR, per the terms of their award. Refer to your award document for detailed post-award reporting guidelines and requirements including types of reports, frequency, and instructions for submission.