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**USAID/FFP & USAID/OFDA  
Interim Guidance for Applicants  
Engaging in COVID-19 Humanitarian  
Response**

**May 11, 2020**

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# 1. Introduction

As part of USAID's overall efforts to support the coronavirus disease (COVID-19) response, USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA) and USAID's Office of Food for Peace (USAID/FFP)—the future Bureau for Humanitarian Assistance (USAID/BHA)—lead 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 interventions to address a wide range of increased humanitarian needs, while maintaining ongoing humanitarian operations. Given the dynamic nature of the COVID-19 pandemic, USAID will continue to expand and adapt the emergency response as the situation changes; this guidance will be updated as new information becomes available.

## 2. General Guidance

This document provides interim guidance and basic recommended approaches for applicants requesting support for COVID-19 response activities. **This guidance is intended to complement the [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. USAID applicants should also refer to USAID's [COVID-19 Guidance for IPs](#), particularly for information about ongoing awards and COVID-19.**

USAID priorities for the COVID-19 response in humanitarian settings are to:

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

Current USAID/FFP and USAID/OFDA recipients are encouraged to adapt ongoing emergency programs to the context of the COVID-19 pandemic. All ongoing activities will likely have to make some adjustments to mitigate COVID-19 risks and maintain continuity of operations, and in general new awards are not recommended for this purpose. Due to the life-saving nature of ongoing humanitarian programs, USAID/FFP and USAID/OFDA do 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). Current emergency programs should first focus on 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 and allowable under existing award terms and conditions. USAID/FFP and USAID/OFDA recipients are encouraged to contact their respective Agreement Officer's Representatives (AORs) to discuss any proposed change to an award in advance of implementation, including the need to modify existing awards.

To support the COVID-19 response in humanitarian settings, USAID 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 that are specifically targeted to COVID-19 and the pandemic's immediate impacts. However, recommended approaches and issues of concern for USAID/FFP and USAID/OFDA outlined below should also be used to guide any proposed adaptations of ongoing awards that are specifically intended to address COVID-19, where relevant.

Proposed activities should demonstrate alignment with international and national responses to the pandemic, 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 awards specifically targeted to COVID-19, special reporting requirements are outlined in the [OFDA COVID-19 IDA Special Reporting Requirements](#) section in this guidance.

### 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. Applicants should balance the protective impact of activities with increasing the risk of transmission among staff and affected populations. Any questions regarding applicant safety should be addressed by the applicant's home organization.
- All applicants should maintain awareness of levels of transmission in their operating context and act in accordance with public health measures called for in global recommendations and/or national guidance. Public health measures may include: physical distancing and stay-at-home orders, home isolation of anyone who is infected, quarantine of persons who have had contact with a suspected or confirmed case of COVID-19, and/or travel-related restrictions. [See: [UN World Health Organization \(WHO\) Responding to Community Spread of COVID-19.](#)]
- Such measures might have an impact on 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. Applicants should consider the need to transition to remote methods or other approaches in training, capacity building, and technical assistance.
- All applicants will have opportunities to support and reinforce risk communication and community engagement (RCCE) for COVID-19. However, it is critically important that RCCE efforts are coordinated and do not contradict each other. Applicants working outside of the health sector are not expected to add RCCE activities within their applications, but should demonstrate how they will link to and reinforce coordinated RCCE efforts. Specific recommendations pertaining to RCCE are outlined in the Health, Nutrition, Protection, and Water, Sanitation, and Hygiene (WASH) sectors.

### Timeframe for Intervention

- Applicants should prioritize immediate- to medium-term response needs. Applicants should consider the timing of activities relative to current or anticipated scenarios, and the time required for effective implementation of the 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 coverage of health and WASH services. Population groups highly vulnerable to COVID-19 include older people and people with underlying COVID-19 comorbidity factors.
- Interventions that address the food security implications, as well as secondary impacts, of COVID-19 must be targeted based on clearly predicted effects of the pandemic on the target population. In this regard, targeting of 'high-risk areas' may be different in the context of ongoing or new USAID/FFP emergency food assistance programming, which should continue to employ USAID/FFP 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 humanitarian consequences of the pandemic, as opposed to addressing underlying emergency or development needs.
- Targeting activities should account for the increased vulnerability of current beneficiary groups and recognize that levels of vulnerability may change over time. Applicants should continually re-assess targeting as COVID-19 may overwhelm the health system, disrupt the supply chain/food markets, or require restrictions on movement (including quarantine measures), therefore creating or shifting high-risk areas and population vulnerability.
- In contexts where the scope of an ongoing humanitarian response is expanded, a clear justification and analysis of humanitarian needs is required.

### Mandatory Cross-Cutting Gender and Protection Requirements

Every COVID-19 response program must ensure that programs are safe and accessible to all, particularly those that are already marginalized or vulnerable to violence, exclusion, and abuse. This guidance should be used to inform more 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 that 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. Applicants should address the following in applications, as appropriate to the proposed activities:

- Applicants must collect and monitor sex- and age-disaggregated data (SADD) to best understand who are 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 should be considered to reveal important insights into transmission patterns and strategies for infection prevention and control. How do the proposed activities integrate a gender-responsive approach into essential services work, particularly in health and WASH sectors?
- Essential RCCE activities should be tailored and targeted to each specific vulnerable segment of the population to be effective. 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 protection services when needed?
- 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 are having 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 in the COVID-19 response of agriculture and trade activities that address both immediate and long-term food security impacts. This guidance outlines basic recommended approaches for interventions under the USAID/OFDA Agriculture and Food Security sector, and USAID/FFP APS in response to the COVID-19 crisis and its impacts.

## COVID-19 Activities and Guidance

USAID will take into consideration 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 be in alignment with [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***

- Conduct monitoring and assessment of the impact of COVID-19 on agricultural systems (e.g. crop and livestock production, seed/input access, agriculture markets, transporters and traders). New assessments must be used to 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 (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 such as fertilizers, seeds, and veterinary medicines, retailers, etc.
- 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, etc.), particularly at the local level (last mile access).
- Inclusion, where appropriate, of key COVID-19 related messaging in agriculture programs, trainings, etc.
- Increase the use of hygienic practices by farmers, 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, etc.) and savings, especially focused on marginalized and vulnerable producers impacted by COVID-19 (e.g. farmers who have lost

- remittances, affected by a downturn in demand, unable to reach markets, missed planting seasons due to lack of funds, etc.).
- 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, targeting vulnerable households with 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, enhancing smallholder production and marketing capacity, etc.
- In rural households at high risk of COVID-19, particularly those with significant comorbidities (HIV/AIDS, tuberculosis, etc.), strengthen the availability and access of smallholders to labor saving technologies for agriculture production, processing, and transportation.

### ***Food Security Programming***

Applicants 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. Please refer to other technical sectors’ interim guidance in this document as applicable for information on other dimensions of food security.

- Support markets and systems that ensure producers have outlets for fresh agricultural products (e.g. produce, honey, fish, meat, eggs, milk, etc.).
- 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, etc.).
- 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, etc.), and innovative approaches to ensuring consumer confidence.
- Mitigate the impact of movement restrictions and logistical bottlenecks (e.g. quarantine, road closures, etc.) in the agricultural value chain.
- Market measures for ensuring the availability of safe and nutritious foods:

- 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, applicants should maintain a focus on meeting humanitarian food security objectives through resource transfers (cash, vouchers, in-kind, and market strengthening). Careful consideration should be given to mitigating COVID-19 exposure risks to 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, applicants must incorporate minimum hand washing, hygiene, physical distancing, and other risk-reduction measures. Programs operating in such areas should temporarily suspend any conditional assistance activities and provide unconditional transfers instead. Postpone 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 if 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](#)). Partners 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 can help 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 level interventions can help mitigate or address some of the economic disruption from COVID-19, 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](#), please consider:

- **Justification for ERMS activities:** ERMS activities may be appropriate when the economic consequences of COVID-19 in target locations are disrupting 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 have an important role in mitigating and addressing the likely severe economic fallout of COVID-19.
- **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 be carefully targeted based on need and those suffering the worst economic impact of COVID-19, 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*

- Interventions to support businesses to restart or reinvigorate as conditions allow will be considered.

### **Market System Strengthening**

- Immediate supply-side market interventions may be considered, to help ensure the supply of essential goods and services to affected communities. Market support activities, such as support to critical small or medium-sized traders, to help critical market systems recover during and after movement restrictions, may also be considered, if these will ultimately benefit the most vulnerable. Additionally, engaging the private sector in a way that directly supports public health and WASH interventions to combat COVID-19 may be appropriate. Take advantage of engagement with market stakeholders to reinforce and customize established public health messaging on mitigating the spread of COVID-19.

### **Financial Services**

- This 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**

- This and other “for-work” interventions are generally not recommended 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 in place to minimize the risk of disease transmission 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 presents an overwhelming challenge for 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 the primary focus of USAID/OFDA response efforts is the mitigation of widespread transmission of COVID-19, addressing public health consequences, and maintaining humanitarian health services for crisis-affected populations.

### **General Guidance**

- Applicants proposing to support health activities in response to COVID-19 should first address adaptations necessary for continuity of operations and ongoing health

programs. Where stand-alone health programs specific to COVID-19 are proposed, integration with ongoing health services is required to effectively triage patients, maintain existing services, establish referral pathways, and quickly address needs related to a potential surge in COVID-19 patients.

- Activities may need to be adapted 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 be aligned 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/OFDA health sector programming for COVID-19. RCCE is integral to the success of all other health interventions during a public health crisis.

- 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 messages on COVID-19 prevention within ongoing community health and hygiene promotion programming.
- Incorporate community dialogue and engagement in all health activities to systematically collect and provide answers to questions coming from the community 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 requirements outlined in the community health sub-sector.

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

- Ensure that current supported facilities are participating in disease surveillance, and relevant staff are trained on and are 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.
- USAID/OFDA does not support broad, national level disease surveillance activities, including efforts to coordinate or manage contact tracing.

### ***National Laboratories***

- USAID/OFDA 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/OFDA prioritizes health facilities where applicants currently work.

- 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).
- Ensure minimum WASH requirements (to prevent transmission of COVID-19) in health facilities are met.
- Support for referral pathways and adaptation of existing clinical space for applicants supporting referral facilities will be considered. If applicants propose additional support for COVID-19 referral facilities, they should refer to the PHEIC sub-sector and technical design requirements outlined in the guidelines.

### ***Clinical Case Management***

May include activities to rapidly establish triage, develop referral pathways, or provide care for sick patients with COVID-19, while ensuring continuity of essential health services.

- Support for clinical case management, including training, should be 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 a program, USAID/OFDA prioritizes health facilities where partners currently work.
- 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. Applications should address staffing, training, IPC supplies, water, and medical waste management. Clinical research activities are not supported with USAID/OFDA 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/OFDA 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 staffing, training, and operational support requirements will be met. IPs proposing the re-use, repair, or creation of structures in the Health Sector for the use of responding to COVID-19 emergencies should use the structures keyword in application submission and refer to the guidance on Keyword: Structures on in the USAID/OFDA application guidelines (pages 237-239).*

### ***Dead Body Management***

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

- Confirm national and local requirements that may 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.
- In contexts where mortuary services are not standard or reliably available, or where it is usual for ill people to die at home, families and traditional burial attendants can be equipped and educated to bury bodies under supervision. Partners should apply principles of cultural sensitivity and ensure family members reduce their exposure as much as possible.

## **D. Humanitarian Coordination and Information Management**

### **Overview**

The current COVID-19 pandemic is exacerbating already difficult circumstances for those affected by humanitarian crises around the globe. 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 may provide needed support to adapt and foster new approaches of response.

### **COVID-19 Activities and Guidance**

#### ***Coordination***

USAID/OFDA and USAID/FFP may support interventions that seek to enhance humanitarian response coordination to the benefit of both the affected communities and the wider humanitarian coordination system, 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. In addition to coordination of humanitarian assistance, and where possible and appropriate, effective coordination with development actors is also important to support coherence of approach.

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
- Coordination of safety and security activities

### **Information Management**

USAID/OFDA and USAID/FFP may support initiatives aimed at strengthening disaster information management that 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, with a particular focus on utility and improved service delivery to affected communities; emergency telecommunications activities, and multi-sector needs assessments for difficult-to-access locations.

Priority activities include:

- Information and data for planning and preparedness activities incorporating aspects unique to the COVID-19 affected environment.
- 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 specific to this response.
- Additional and adapted emergency telecoms support.
- Multi-sector humanitarian needs assessments for difficult-to-access locations, using new and creative alternative approaches and those adapted to mitigate the impact of the crisis, while abiding by safety and security protocols for staff and beneficiaries for field data collection.

## **E. Multipurpose Cash Assistance (MPCA)**

### **Overview**

MPCA can help mitigate the negative economic consequences of COVID-19 and related measures to affected communities' lives and livelihoods. While a major focus of response efforts is to mitigate widespread transmission of COVID-19, address public health consequences, and maintain essential health services for crisis-affected populations, MPCA also has a role to play in both the immediate and medium term, to help affected people meet their basic needs. This guidance is intended to complement the [USAID/OFDA Application Guidelines](#) and [relevant USAID/FFP guidance](#) on MPCA; please use this document in conjunction with existing guidance.

## COVID-19 Activities and Guidance

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

- **Justification for MPCA activities:** MPCA activities may be appropriate when vulnerable people's ability to meet their basic needs is undermined or further exacerbated by the COVID-19 crisis and related measures (e.g. lockdowns), and when it is determined that cash could 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. As market conditions may change rapidly and frequently, 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: beneficiary feedback indicates that they prefer cash over other types of assistance; markets and financial services are functioning and accessible; and public health guidance (e.g. physical distancing) is respected whenever recommended or required.
- **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 MPCA 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***

- 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, build in flexibility for multiple delivery mechanisms (e.g., cards, mobile transfers, etc.) to help spread out demand and prepare for potential service disruptions.
- In addition to existing guidance in the Application Guidelines on minimum expenditure basket and transfer value calculation, the basket, transfer value and payment frequency may need to be adapted in response to COVID-19 in coordination with other humanitarian stakeholders.
- As stated in the USAID/OFDA Application Guidelines, USAID does not support MPCA for USAID restricted commodities or for health- and nutrition-related treatment commodities (e.g. pharmaceuticals) or services.
- Prioritize the use of technology to reduce in-person contact whenever appropriate throughout the program cycle (not only for MPCA distribution). Applicants are urged to

avoid interventions that put affected communities or humanitarian workers more at risk than they already are, particularly if a less-risky alternative is available.

- Build in contingency plans for if market shutdowns or shortages of essential goods make cash less well suited to meet people's 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.
- Take advantage of engagement with beneficiaries to customize and reinforce established public health messaging on mitigating the spread of COVID-19.
- Design of MPCA should take into consideration 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 the functionality of a health system and the use of community platforms to engage nutritionally vulnerable people. Although children under five years of age have so far experienced less mortality related to COVID-19, there will likely be increased mortality from malnutrition if treatment for wasting and maternal, infant and young child nutrition programs are not maintained. Increased deaths from malnutrition are likely if frontline workers can't safely access populations or adapt nutrition support via remote programming options. USAID/OFDA and USAID/FFP seek to support activities that prevent and treat risks of malnutrition in nutritionally vulnerable populations affected by COVID-19.

This document provides guidance on USAID/OFDA and USDA/FFP support to COVID-19 response activities and for adapting ongoing emergency activities in the context of COVID-19. There are two types of contexts where these nutrition activities will be supported:

- 1) In humanitarian settings where applicants are currently supporting emergency nutrition activities, and
- 2) In geographic locations where nutritional risks have increased resulting from the impact of COVID-19.

### **COVID-19 Activities and Guidance**

Applicants should follow the guidance of the national ministries of health and/or the Nutrition Cluster where such guidance exists. Applicants proposing to support the response to COVID-19 should first 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/OFDA and USAID/FFP seek to continue to support the same type of emergency nutrition activities that are considered best practice and coordinated through formal humanitarian architecture to the extent possible.

### ***Maternal, Infant and Young Child Nutrition in Emergencies***

- Support health services that focus 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 establishment of exclusive breastfeeding.
- 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. Micronutrient supplements are pharmaceuticals; see requirements under the Health Sector's Pharmaceuticals and Other Medical Commodities sub-sector.
- USAID recommends the use of practical communication platforms such as social distance-friendly channels of communication in the context of lockdowns or financial barriers, including use of broadcast, digital, social media, and mobile phones.
- Specific guidance for USAID/FFP emergency applicants: Applicants implementing emergency USAID/FFP programming are not expected to add a full package of health-related activities. In unique cases, USAID/FFP applicants may support RCCE activities as outlined on page 4 and in the Health Sector (page 12) if the following conditions are met: 1) USAID/FFP applicants are working where there is strong leadership and coordination from WHO, UNICEF, and MoH and RC materials are vetted approved and available (applicants 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***

- 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 frequency of visits.

- 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 include an analysis of potential household sharing if food security has been impacted by COVID-19.

### ***Use of Specialized Nutritious Foods, Vouchers, and Cash***

- In settings where it is an identified priority need due to COVID-19, 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, applicants should consider transitioning to a community-based approach, to minimize large group gatherings, reduce exposure to COVID-19 cases, and address possible mobility restrictions. Community volunteers must be trained to practice physical distancing and avoid unnecessary contact.
- Conditionalities for receipt of transfers should be discontinued/reconsidered during this time.
- Applicants should consider opportunities to decrease frequency of distribution events by doubling transfers provided at each distribution, to reduce opportunities for transmission and respond to mobility restrictions.
- If shortfalls in SNF supply occur, applicants 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 that requires physical measurements should apply appropriate physical distancing guidance and only continue once a government has deemed it safe to do so (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], partners may need to rely on other sources of data or modeling to estimate caseloads and needs.
- 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 \(April 28,2020\)](#)
- [YCF in the Context of COVID-19 Brief No. 2 \(v1\) \(March 30, 2020\)](#)
- [YCF-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 the emotional well-being of community members and front line workers, and violence in the home has significantly increased due to measures to prevent community spread of the virus through restricted movements, lockdown measures, and shelter-at-home protocols. To ensure these risks and issues are addressed, child protection (CP), psychosocial support (PSS), and gender-based violence (GBV) prevention programming are considered essential to the COVID-19 response. Applicants with existing protection expertise 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.

All applications 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 recognized as 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 the needs of target populations.

- 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) and identifying and referring those with specialized needs is an important cross-cutting issue. PFA should be included as a part of a comprehensive PSS program.
- Ensure trained PSS staff are 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, demonstrating adherence to locally instituted safety precautions and disease control measures.
- Describe how interventions have been tailored 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 needs have risen during the crisis as children are out of school and lack routine and resources that stimulate development and promote wellbeing. 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.

- 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. PSS and CM activities should be adapted to the situation; with in-person activities being maintained 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. Partners should ensure that caregivers are supported to provide all the necessary elements required 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 times of separation.

- Establish and adapt child friendly spaces and adolescent group-based activities, demonstrating adherence 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 capacity of health care workers in child safeguarding.
- Establish or strengthen CP referral pathways and ensure first responders are made aware of services available and how to identify children in need, noting high risks of separation and abuse. Also strengthen capacities of hotlines and child helplines and helpdesks, for children, families, and care facilities to report abuse or neglect.

### ***Gender-Based Violence***

GBV has spiked worldwide since COVID-19 was declared 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 led to increased reports of domestic violence due to forced coexistence in confined living spaces.

- Establish and adapt Women's and Girls' Safe Spaces (WGSS) and group-based PSS with activities adjusted to reflect locally instituted safety precautions and disease control measures, providing distance/remote support as needed. WGSS should be seen as essential, particularly for women and girls exposed to violence in the home.
- Individual-focused GBV, PSS, and CM activities should be adapted to the situation, with in-person activities being maintained where consistent with health protocols and measures to provide distance/remote support as needed. Focus should be directed towards high-risk groups and open cases. Equip case managers to communicate via channels such as phone or web-based platforms and apply different models as appropriate.
- 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***

Applicants conducting protection, coordination, advocacy, and information (PCAI) activities may 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 effects of the outbreak.
- Coordinate to 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 of 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).

This guidance is to be used in conjunction with the S&S Sector requirements in the [2019 USAID/OFDA Application Guidelines](#) on pages 202-218, and must not be used without reference 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, congestion of areas, and available public spaces. A Shelter Opportunity Survey should

be conducted 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, spatial privacy for occupants, how proposed design can maximize physical distancing in and around shelters, and security of tenure (Housing, Land, and Property Rights). For persons being hired to implement activities, standard basic safety equipment should be provided as needed for worker safety, but medical 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.<sup>1</sup> Due to the high-risk nature of construction activities, applicants should include plans to ensure the safety of essential workers to reduce transmission of COVID-19 at construction sites. Applicants should include plans that fit with local context and social behavior.<sup>2</sup> For renting and/or hosting, discussion should include an explanation of how persons are maintaining enough personal space to prevent transmission, how more vulnerable persons are given special attention regarding transmission of COVID-19, and how proposed actions can maximize physical distancing.

### ***Settlements***

- Applications 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, warehouses, etc.). Additionally, applications 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.
- For collective center design, air ventilation, circulation, and physical distancing inside centers, and access to WASH facilities and health care facilities, should be explained. For camp management and planning [International Organization for Migration \(IOM\) COVID-19 Management Operation Guidance FAQ's](#) should be referenced.

### ***Disaster Risk Reduction***

- Applications 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***

- Applications should address concerns of physical distancing in distribution sites for beneficiaries as well as for staff taking part in distribution.

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<sup>1</sup> For detailed guidance please see: [Construction site safety recommendations in light of COVID-19](#)

<sup>2</sup> For detailed guidance please see: [The International Labor Organization's Standards and COVID-19](#) and [Global Shelter Cluster Construction Good Practice Standards Common Standards](#)

## 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 of coronaviruses to water supplies is low.<sup>3</sup> There have been no reports of fecal–oral transmission of the virus.<sup>4</sup> Therefore, **USAID/OFDA and USAID/FFP do not support broad, independent WASH programs as a COVID-19 response; COVID-19 WASH responses must focus upon evidence-based activities to reduce COVID-19 transmission and address key barriers to the adoption of protective behaviors.** Response activities must be able to be initiated early and implemented in time to have an impact in a fast moving outbreak.

## COVID-19 Activities and Guidance

USAID/OFDA and USAID/FFP WASH interventions for COVID-19 follow three principal lines of effort:

1. **Enabling and promoting hand washing.** Hand washing can be facilitated through hygiene promotion and the provision of soap and hand washing stations at household, community and facility levels.
2. **WASH for IPC in health facilities.** USAID/OFDA and USAID/FFP are prioritizing 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. Health facilities targeted for support should be ones that are key to the health sector COVID-19 response strategy.
3. **Operation and Maintenance (O&M) of existing water supply and sanitation systems.** Adequate water supply facilitates key COVID-19 prevention measures, such as hand washing, and also safeguards against diarrheal disease outbreaks. Applicants are encouraged to concentrate efforts on O&M with a focus on standards and quality control as a means to ensure continuity of services and provision of domestic water for hand washing and other preventative measures.

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<sup>3</sup> [Guidelines on drinking-quality, fourth edition, incorporating the first addendum. Geneva: WHO; 2017](#)

<sup>4</sup> [WHO-UNICEF, WASH, and waste management for COVID-19, Interim Guidance, April 23, 2020](#)

Applicants should implement continuity of operations 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**

<b>WASH sub-sector</b>	<b>Supported Activities</b>	<b>Guidance</b>
<b>Hygiene Promotion</b>	<p>Activities and messages in-line with approved country/Cluster RCCE guidance.</p> <p>Scaling-up of hand washing activities at household, community (including markets), and institutional level.</p>	<p>Applicants must demonstrate how hygiene promotion activities are adapted for COVID-19 and how they are integrated with the broader RCCE effort. Activities must be focused on key barriers to prevent transmission in high-risk populations.</p> <p>Comprehensive RCCE should be proposed under the Health sector, while more focused WASH-related hygiene promotion (e.g. hand washing) can be proposed under the WASH Sector.</p> <p>For any planned or requested food or large-scale commodity distributions in countries with Level 2-4 COVID-19 transmission, partners must incorporate minimum <b>hand washing, hygiene</b>, physical distancing, and other risk-reduction measures.<sup>5</sup></p>
<b>WASH NFIs</b>	<p>Soap or soap + hand washing kit for broad distributions to COVID-19 vulnerable populations.</p> <p>Distribution of household IPC (disinfection) kits (e.g. bucket,</p>	<p>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 can be topped up as necessary for the duration of the outbreak.</p> <p>Distributions of hygiene kits that include contents other than those that facilitate hand washing should be avoided—e.g.. favor the distribution of soap or hand washing kits as opposed to broader “hygiene kits”.</p> <p>Distribution of household IPC (disinfection) kits must</p>

<sup>5</sup> [IASC/WFP: Interim Recommendations for Adjusting Food Distribution SOPs in the Context of the COVID-19](#)

	bleach, cleaning cloths) to self-isolated or self-quarantined households where country/national Health Cluster guidance <i>specifically endorses</i> home IPC kits	be targeted to households with COVID-19 cases (suspect or confirmed), and possibly to quarantined households, households of contacts, etc. as recommended by country health guidance. Blanket distributions should be avoided, though broader distribution could be appropriate in some contexts (e.g. IDP camps). Distributions must conform to country disinfection strategies and be in line with accepted COVID-19 health sector standards.
<b>Water Supply</b>	<p>Operation and maintenance of existing water supply systems in targeted, high-risk areas (e.g. IDP camps) with focus on standards and quality control</p> <p>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.</p>	<p>For <b>USAID/OFDA awards</b>, construction of or upgrades to community water supply systems are not supported as a core response intervention, except under exceptional circumstances; efforts should concentrate on O&amp;M of existing, functional systems.</p> <p>For <b>USAID/FFP awards</b>, repair, rehabilitation, or construction of domestic water supply systems in countries with Level 2-4 COVID-19 transmission will be reviewed by USAID/FFP on a case-by-case basis. Construction of or upgrades to productive water supply systems will not be supported by USAID/FFP as a core response intervention.</p> <p>For health facilities, interventions should be targeted, in coordination with the Health Cluster/health partners, to existing facilities that have pre-existing, reasonably sufficient WASH facilities (to avoid extensive and time-consuming WASH infrastructure construction—light upgrades/improvements can be supported).</p>
<b>Sanitation</b>	<p>Provision of hand washing stations and soap at key public locations including health facilities.</p> <p>Operation and maintenance of existing sanitation infrastructure in targeted, high risk areas with focus on standards and quality control.</p> <p>Sanitation in supported health facilities in coordination with Health Cluster health partners</p>	<p>Given that there is no known fecal-oral transmission of COVID-19, new community sanitation systems should be avoided as a COVID-19 response activity.</p> <p>For health facilities, interventions should be targeted, in coordination with the Health Cluster/health partners, to facilities that have pre-existing, reasonably sufficient WASH facilities (to avoid extensive and time-consuming WASH infrastructure construction – light upgrades/improvements can be supported).</p>
<b>Environmental</b>	Activities in existing, ongoing programs that do not increase the risk of COVID-19	Given the limited impact on reducing COVID-19 transmission, new community environmental health activities should be avoided as a COVID-19 response

<b>Health</b>	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.	activity.
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## 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** and are to be used in conjunction with the standard monitoring and evaluation (M&E) requirements for OFDA/FFP, 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, OFDA/FFP M&E teams will continue to update this guidance as best practices are refined and tested.

All applicants receiving funding to respond to COVID-19 should include monitoring practices that are appropriately adapted to consider staff and beneficiary safety. Applicants must include safety and security protocols for data collection 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. Any proposed in-person data collection should be reconsidered unless it is necessary to inform life-saving activities and the implementing partner is certain that they can adhere to this principle, follow country laws, and maintain appropriate physical distancing.

#### ***Monitoring of critical and life-saving activities, and revisit monitoring approaches regularly***

- Revising approaches could include 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, or abuse 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***

- 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 so interviews may be conducted by phone, and pilot any alternative approaches prior to widespread data collection.<sup>6</sup>

Considerations for phone-based data collection:

- Ensure mobile connectivity, assess cell phone penetration of beneficiaries, 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;
  - 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 data from the community.

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

- Use technology or other measures that may be effective 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

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

- Increase 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***

- Rely on observational methods that minimize the number of interviews. 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 protocols for staff and beneficiaries particularly susceptible to COVID-19 such as older people and immune-compromised persons.

***Modify planned evaluations***

- Evaluation activities (including baseline surveys) should not be conducted in-person at this time without both a strong justification and risk mitigation measures in place. IPs are strongly encouraged to 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
- Partners should communicate any delayed reporting to the AOR (per [USAID guidance](#)).

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

- If 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 phone-based tools for data collection.
- Provide 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***

- 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**

OFDA/FFP M&E does not encourage applicants to adopt new or complex technologies in response to COVID-19 when those approaches have never been used by the program or organization. Introduction of 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. IPs are encouraged to build on systems that are already in place 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. OFDA COVID-19 International Disaster Assistance (IDA) Special Reporting Requirements

USAID/OFDA NGO applicants who receive COVID-19 IDA funding are subject to additional COVID-19 specific reporting requirements. Recipients are required to submit monthly updates via the [Award Results Tracking](#) system on the COVID-19 mandatory indicators and a brief (maximum 2 pages) summary on any challenges, successes and activities prioritized in the next month. These indicators should be included in the award application and monitoring table. COVID-19 mandatory monthly indicators are listed below (Table 2).<sup>7</sup> This list includes both standard USAID/OFDA indicators as well as new indicators developed specifically for the COVID-19 Response.

As with standard USAID/OFDA indicators, applicants can exclude indicators with strong justification. Performance Indicator Reference Sheets for these indicators can be found on the [USAID/OFDA external resources website](#). Please contact the USAID/OFDA Washington, D.C. country team to determine if your application is subject to these conditions.

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<sup>7</sup> This indicator list may be updated to reflect new sectors or activities as part of the COVID-19 response.

**Table 2: COVID-19 Mandatory Indicators**

<b>Sector, Subsector</b>	<b>Indicator</b>	<b>New or Existing</b>
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
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

## **6. Safety and Security**

USAID acknowledges the unprecedented changes in the humanitarian operating environment caused by the current COVID-19 outbreak. Applicants 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**. Applicants' 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, applicants 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 applicants' ability to program responsibly. 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 the requirements in that risk guidance. Proposed COVID-19 response programs in any other areas where applicants believe heightened risks exist should also adhere to the requirements in the risk guidance.

Applicants should be mindful of risks caused or enhanced by COVID-19 in their 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; partners 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 risk mitigation measures that will be implemented due to COVID-19 (e.g. new data collection processes, safeguarding measures for enumerators and beneficiaries, etc.).

All USAID employees and USAID applicants have a responsibility to assist in 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.