

Query title	Guidance note: disability inclusion, COVID-19 and adaptations to the LEAP programme
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Query	How are countries adapting social protection in response to COVID-19, with consideration for disability inclusion? What disability inclusion considerations are appropriate for adapting Ghana's LEAP programme in the context of COVID-19?
Enquirer	DFID Ghana

This short paper provides an overview of disability inclusion considerations for adaptations to Ghana's Livelihood Empowerment Against Poverty (LEAP) 2 social protection programme during the COVID-19 pandemic. It includes considerations for changing the payment mechanism from cash payments to mobile money as well as the necessary communications and monitoring of beneficiary feedback and safeguarding during the pandemic. The attached annex provides detailed considerations of the benefits, risks and mitigations for specific programme adaptations.

Even before the global pandemic persons with disabilities were at greater risk of living in poverty, facing high levels of health expenditure, and being excluded from education, economic and social activities. Households with disabled adults and/or children are much less resilient in the face of economic insecurity and shocks such as those caused by the COVID-19 pandemic, and evidence collected to date suggests that COVID-19 is causing a number of negative impacts and long-term risks for adults and children with disabilities.¹ Social protection will therefore be a critical tool in relief and recovery efforts.²

How are other countries adapting social protection in response to COVID-19?

As of 1 May 2020, 159 countries have planned, introduced or adapted 752 different social protection measures in response to COVID-19.³ The following examples relate to disability inclusion:

Increases to payments and targeted assistance for people with disabilities:

- South Africa: increased the value of a range of social grants including the Old Age Grant and the Disability Grant for 6 months and advanced payment of these grants.
- Sierra Leone: distributed 25kg bags of rice and a cash payment of \$25 to disabled people. The expectation is that this will eventually reach 10,000 disabled people.
- Rwanda: expanded coverage of cash transfers to increased numbers of households with older people, people with disabilities and those with serious medical conditions.
- France, Kyrgyz Republic, and Saudi Arabia: ensured continued access to disability benefits by relaxing administrative requirements.
- Algeria, Egypt, Norway, Latvia, Romania: extended paid leave for parents or carers of persons with disabilities to enable ongoing support.⁴

¹ See SDDirect's recent [blog](#) and [evidence report](#) for more information on the impacts of COVID-19 on people with disabilities.

² ILO (2020). 'Disability inclusive social protection response to COVID-19 crisis.' https://www.ilo.org/global/topics/disability-and-work/WCMS_743118/lang--en/index.htm

³ Gentilini, U., Almenfi, M., Dale, P., Demarco, G., and Santos, I. (2020). Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures. <http://documents.worldbank.org/curated/en/883501588611600156/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-May-1-2020.pdf>

⁴ Ibid.

- Mexico: up to four months of benefits for children with disabilities will be paid in advance.⁵

Methods for expanding coverage:

A number of international NGOs and some governments are exploring alternative methods for additional beneficiary identification, which could potentially support the identification of people with disabilities together with use of the Washington Group Questions. For example, some agencies are sharing basic criteria through advertising, sending SMS/WhatsApp messages⁶, using outreach through community-based organisations to instruct people to call for an assessment, or using door-to-door collection of phone numbers for follow-up assessments by phone.⁷

Adaptations to payment mechanisms:

Some countries have provided specific dates for people to withdraw cash transfers to avoid overcrowding (South Africa) or have enabled people to withdraw at any time through the month (Algeria), whilst Albania and Armenia are providing home delivery for some cash payments. Rwanda is trialling application of mobile money for pension payments, but it is too soon to report on how this is working.⁸

Adaptations to feedback mechanisms and safeguarding measures:

In Jordan, the government has provided smartphones to those needing sign language interpreters or video support. It has established a hotline for those with questions about medical issues, those needing to escape violence and abuse and for the request of in-kind support, which is available through video conferencing.⁹ UNHCR in Rwanda has provided a toll-free feedback mechanism through calls and SMS.¹⁰

Key considerations for disability inclusion in LEAP 2 in the context of COVID-19

- Consult with people with disabilities of all genders, their families and disabled people's organisations (DPOs) to assess financial barriers and identify the most appropriate measures to address loss of income or increased costs due to COVID-19. Adaptations for targeted assistance may include increases to payments; short-term financial support to disability care services; in-kind distribution of food, essential items or PPE for carers; transport provision; or energy subsidies.
- Consider using mobile or electronic contactless payments, where feasible, to prevent the spread of COVID-19, in line with WHO guidelines.¹¹ Some people with disabilities are at a higher risk of developing severe illness from COVID-19, and collecting payments from banks puts them at risk of contracting COVID-19 through exposure, crowding at banks, and transmission via cash. People with disabilities may not be able to collect payments due to fear of exposure, inaccessibility of transport or bank facilities, and the increased risk of abuse and attacks against

⁵ Politica (2020) 'AMLO adelanta apoyos para menores con discapacidad ante coronavirus'.

<https://politica.expansion.mx/presidencia/2020/03/25/amlo-adelanta-apoyos-para-menores-con-discapacidad-ante-coronavirus>

⁶ Taetzch, K. and Cant, S. (2020). 'COVID-19: A chance to empower citizens through social protection.' Available at:

https://www.calpnetwork.org/wp-content/uploads/ninja-forms/2/WVI_SocialAccountability4SocialProtection_Covid19.pdf

⁷ CCI Guidance on Minimum Standards for MPCA during COVID-19 working document. Available at:

<https://docs.google.com/document/d/1-BdpggKXBrbWA4dH204Sk750a9uMP6HKYQeegkxdem0/edit>

⁸ Gentilini et al. (2020)

⁹ Ibid.

¹⁰ UNHCR (2020). 'UNHCR Cash Assistance and COVID-19: Emerging field practices'. Available at:

<https://www.calpnetwork.org/wp-content/uploads/2020/04/UNHCR-Cash-Assistance-and-COVID-19-Emerging-field-practices.pdf>

¹¹ WHO (2020). 'Guidance note on the role of cash and voucher assistance to reduce financial barriers in the response to the COVID-19 pandemic, in countries targeted by the Global Humanitarian Response Plan COVID-19'.

<https://www.calpnetwork.org/wp-content/uploads/2020/04/Global-Health-Cluster-Guidance-note-CVA-and-COVID-2-April-2020.pdf>

people with disabilities (particularly women with disabilities) while travelling and collecting cash. Consult with people with disabilities of all genders, DPOs and GBV service providers to identify and provide support where people with disabilities, particularly women, do not have access to a mobile phone (with accessibility features) and credit/data – and where relying on other people to access phones and money can put people with disabilities, particularly women with disabilities, at risk of violence or exploitation.¹²

- Ensure there is a process for people with disabilities to nominate a proxy to collect or receive payments on their behalf, and enhance communications with people with disabilities and DPOs to identify if they have nominated a proxy.¹³ A common complaint in some cash transfer programmes during the Ebola outbreak in 2014 was that organisations did not allow proxies for people with mobility restrictions.¹⁴
- Disseminate mass communications in accessible formats about any changes to the programme, including dissemination through DPOs.
- Establish an accessible feedback mechanism together with DPOs to monitor whether people with disabilities are receiving payments, safeguarding risks and incidents, questions and concerns. Include a triage system in order to prioritise urgent protection-related calls.
- Work with DPOs to build trust in the feedback mechanism so that people with disabilities use it without fear of losing their payments.
- Strengthen coordination between DPOs, women’s rights organisations, GBV service providers and organisations representing women with disabilities to share information on GBV risks related to accessing cash transfers and updated referral pathways.¹⁵ Coordinate to identify any measures required to ensure safe access to payments or assistance, or identify alternative mechanisms for a subset of beneficiaries to protect their safety if necessary. Be prepared to change the payment mechanism if you receive reports of safeguarding incidents against people with disabilities.
- Work with community structures and DPOs to monitor and prevent fraud or identity theft of people with disabilities.
- Provide information in accessible formats about other COVID-19 response programmes available specifically to people with disabilities.
- Collect and share evidence of what works. There is a significant lack of research and evidence available on cash transfer programmes for people with disabilities in humanitarian contexts and on the risks they may face when accessing cash in humanitarian settings.¹⁶

¹² Friedman, J. (2019). ‘Cash and voucher assistance and gender-based violence compendium: practical guidance for humanitarian practitioners.’ https://www.calpnetwork.org/wp-content/uploads/2020/03/1557937891.CVA_GBv-guidelines_compendium.FINAL_-1.pdf

¹³ ICRC (2020). Tip-sheet: cash and voucher assistance and COVID-19. <https://www.calpnetwork.org/wp-content/uploads/2020/03/ICRC-Tip-sheet-CVA-and-COVID-19.pdf>

¹⁴ Guluma, Y. (2018). ‘Outcome analysis : cash transfer programming response to the Ebola crisis in Sierra Leone and Liberia’.

<https://www.calpnetwork.org/wp-content/uploads/2020/03/calp-outcome-analysis-ebola-web-4.pdf>

¹⁵ Grand Bargain Cash Workstream’s Subgroup on Gender and Cash. ‘The importance of acting on grand bargain commitments for a meaningful focus on gender in cash and voucher assistance responses to the COVID-19 pandemic’.

https://www.calpnetwork.org/wp-content/uploads/ninja-forms/2/Gender-Cash-Sub-WG-COVID_2-pager-200514.pdf

¹⁶ IASC (2019). ‘Inclusion of people with disabilities in humanitarian action’.

<https://interagencystandingcommittee.org/system/files/2019-11/IASC%20Guidelines%20on%20the%20Inclusion%20of%20Persons%20with%20Disabilities%20in%20Humanitarian%20Action%2C%202019.pdf>

About Helpdesk reports: The Disability Inclusion Helpdesk is funded by the UK Department for International Development, contracted through the Disability Inclusion Team (DIT) under the Disability Inclusive Development Programme. Helpdesk reports are based on between 3 and 4.5 days of desk-based research per query and are designed to provide a brief overview of the key issues and expert thinking on issues around disability inclusion. Where referring to documented evidence, Helpdesk teams will seek to understand the methodologies used to generate evidence and will summarise this in Helpdesk outputs, noting any concerns with the robustness of the evidence being presented. For some Helpdesk services, in particular the practical know-how queries, the emphasis will be focused far less on academic validity of evidence and more on the validity of first-hand experience among disabled people and practitioners delivering and monitoring programmes on the ground. All sources will be clearly referenced.

Helpdesk services are provided by a consortium of leading organisations and individual experts on disability, including Social Development Direct, Sightsavers, Leonard Cheshire Disability, ADD International, Light for the World, Humanity & Inclusion, BRAC, BBC Media Action, Sense and the Institute of Development Studies (IDS). Expert advice may be sought from this Group, as well as from the wider academic and practitioner community, and those able to provide input within the short time-frame are acknowledged. Any views or opinions expressed do not necessarily reflect those of DFID, the Disability Inclusion Helpdesk or any of the contributing organisations/experts.

For any further request or enquiry, contact enquiries@disabilityinclusion.org.uk

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Disability inclusion considerations in adaptations to social protection programmes during the COVID-19 pandemic

Adaptation	Potential benefits	Potential risks	Mitigations
Universal increase to payments	<ul style="list-style-type: none"> • Maximises inclusion, no risk of excluding beneficiaries. • Easy and safe to administer because it does not require any additional contact between beneficiaries and the programme • Administration costs remain minimal because it does not require any additional information processing • Can be adapted to enable beneficiaries to cover travel costs to banks; additional spend on sanitation products; or other specific costs. 	<ul style="list-style-type: none"> • May remain inadequate for supporting the daily living requirements for some people with disabilities with high support needs – risky behaviour therefore is not reduced. Households may remain under pressure to generate income through economic activities that bring them into contact with others. • May not cover the costs of PPE required for those reliant on daily carer interactions, which may exacerbate the risk of abandonment or loss of care services • Public transport remains inaccessible and the costs of private hire may increase beyond the levels of support provided – disabled people therefore remain at risk of not accessing payments. • The risk of abuse against people with disabilities travelling to payment points, particularly women with disabilities, remains. • The large number of potentially excluded persons with disabilities from LEAP remains unaddressed and as a consequence their economic, health and social situation will remain precarious – poverty levels for these households may continue to deteriorate. • Markets may remain inaccessible to people with disabilities, particularly women and girls with disabilities, therefore additional funds may be of limited benefit. 	<ul style="list-style-type: none"> • Consult with people with disabilities of all genders, their families and DPOs to assess financial barriers and identify the most appropriate measures to address loss of income or increased costs due to COVID-19. • Consider providing other forms of targeted assistance for people with disabilities and others at high risk, for example: <ul style="list-style-type: none"> ○ Short-term financial support to disability care services and gender-based violence (GBV) services ○ In-kind distribution of food, essential items, soap and hand sanitizer for people with disabilities and other people at high risk, together with public health information in accessible formats. ○ Transport specifically for disabled people to access payment mechanisms where required. ○ Top-ups or vouchers to provide specific services. For example, during the Ebola response in West Africa, cash and vouchers were used for targeted support such as transport to health facilities; support for people who contracted Ebola and their families when resettling; and rent payment.¹ ○ Include care workers/carers on the list of those eligible to request and receive PPE. ○ Targeted energy subsidies to prevent financial hardship/support home learning and working at home. • Provide information in accessible formats about alternative programmes specifically for people with disabilities • Disseminate mass communications in accessible formats about any changes to the programme, including dissemination through DPOs.
Targeted increase in payments for current beneficiaries with disabilities	<ul style="list-style-type: none"> • Greater support for people with disabilities and their households – reducing risky economic behaviour which forces people to work outside the home coming into contact with others. • Health benefits: being able to maintain daily care services ensures those requiring support do not put pressure on health 	<ul style="list-style-type: none"> • Exacerbated risk of stigma, exploitation, discrimination and abuse against people with disabilities. • Fraudulent claims or identity theft of people with disabilities. • Exclusion of other beneficiary groups who may require increased support, eg. older people, female-headed households, people with chronic illnesses. 	<ul style="list-style-type: none"> • Consult with a diverse range of beneficiaries to assess barriers and specific needs of different populations, to prevent exclusion of other groups at risk. • Consult with people with disabilities of all genders, their families and DPOs to assess financial barriers and identify the most appropriate measures to address loss of income or increased costs due to COVID-19. • Clearly communicate the rationale and criteria for increases through accessible mass communications, seeking to mitigate stigma or envy towards people with disabilities.

¹ The Cash Learning Partnership (CaLP) (2018). 'Lessons learnt from the Ebola crisis in West Africa: a focus on Cash Transfer Programming'. <https://www.calpnetwork.org/wp-content/uploads/2020/03/ctpepidemicsreco.pdf>

	<p>services as a result of avoidable deterioration in health.</p> <ul style="list-style-type: none"> • Easy and safe to administer because it does not require any additional contact between beneficiaries and the programme. • Administration costs remain minimal because it does not require any additional information processing. 		<ul style="list-style-type: none"> • Establish an accessible feedback mechanism together with DPOs to monitor that people with disabilities are receiving payments, and to monitor safeguarding risks and incidents, questions and concerns. Include a triage system in order to prioritise urgent protection-related calls. • Work with DPOs to build trust in the feedback mechanism so that people with disabilities use it without fear of losing their payments. • Strengthen coordination between DPOs, women's rights organisations (WROs), GBV service providers and organisations representing women with disabilities to share information on GBV risks related to accessing cash transfers and updated referral pathways.² Coordinate with these organisations to identify any measures required to ensure safe access to payments or assistance, or identify alternative mechanisms for a subset of beneficiaries to protect their safety if necessary. • Be prepared to change the payment mechanism if you receive reports of safeguarding incidents against people with disabilities. • Work with community structures and DPOs to monitor and prevent fraud or identity theft of people with disabilities.
<p>Expand coverage to more people with disabilities with a disability-specific payment</p>	<ul style="list-style-type: none"> • Increase the number of people with disabilities receiving basic social protection, in recognition of the economic impacts disproportionately impacting disabled people of working age and their families. 	<ul style="list-style-type: none"> • Complex, expensive and unsafe processes for registering and targeting assessments. • Difficulty in determining who is disabled and eligible. This could put undue pressure on the health sector if determining disability is dependent on a medical assessment process. This is especially problematic for those with mental health conditions if psychiatric services are limited. • Risk of reputational damage if the expanded coverage is only for a set period of time. • The increase may be inappropriate or there may be other fiscal and administrative measures that could better address loss of income or increased costs due to COVID-19 for people with disabilities. • Fraudulent claims, identity theft or financial exploitation of people with disabilities 	<ul style="list-style-type: none"> • Consult with people with disabilities of all genders, their families and DPOs to assess financial barriers and identify the most appropriate measures to address loss of income or increased costs due to COVID-19. • Collaborate with other agencies and programmes to expand the population receiving payments across programmes efficiently, effectively and transparently. • Explore alternative methods for beneficiary identification, for example sharing basic criteria through advertising, sending SMS/Whatsapp messages, or outreach through DPOs and instructing people to call for an assessment. Or door-to-door collection of phone numbers for follow-up assessments by phone.³ • Disseminate mass communications in accessible formats about any changes to the programme, including dissemination through DPOs.

² Grand Bargain Cash Workstream's Subgroup on Gender and Cash. 'The importance of acting on grand bargain commitments for a meaningful focus on gender in cash and voucher assistance responses to the COVID-19 pandemic'. https://www.calpnetwork.org/wp-content/uploads/ninja-forms/2/Gender-Cash-Sub-WG-COVID_2-pager-200514.pdf

³ CCI Guidance on Minimum Standards for MPCA during COVID-19 working document. <https://docs.google.com/document/d/1-BdpgpKXBrbWA4dH204Sk75Oa9uMP6HKYQeegkxdem0/edit>

Cash payment collection from banks	<ul style="list-style-type: none"> Limited change, beneficiaries already know the system Limited benefit: WHO recommends using mobile or electronic contactless payments where feasible to prevent the spread of COVID-19.⁴ 	<ul style="list-style-type: none"> Beneficiaries may contract COVID-19 through exposure, crowding at banks, and transmission via cash. People with disabilities are at higher risk of developing severe illness from COVID-19. People with disabilities may not collect payments due to fear of exposure. Exacerbated risk of abuse against people with disabilities, particularly women with disabilities, while travelling and collecting cash. Inaccessibility for some people with disabilities. 	<ul style="list-style-type: none"> Consult with people with disabilities of all genders, their families and DPOs to assess financial barriers and identify the most appropriate measures to address loss of income or increased costs due to COVID-19. Ensure there is a process for people with disabilities to nominate a proxy to collect payments on their behalf, and enhance communications with people with disabilities and DPOs to identify if they have nominated a proxy.⁵ Establish an accessible feedback mechanism together with DPOs to monitor that people with disabilities are receiving payments, and to monitor safeguarding risks and incidents, questions and concerns. Include a triage system in order to prioritise urgent protection-related calls. Work with DPOs to build trust in the feedback mechanism so that people with disabilities use it without fear of losing their payments. Strengthen coordination between DPOs, women's rights organisations (WROs), GBV service providers and organisations representing women with disabilities to share information on GBV risks related to accessing cash transfers and updated referral pathways.⁶ Coordinate with these organisations to identify any measures required to ensure safe access to payments or assistance, or identify alternative mechanisms for a subset of beneficiaries to protect their safety if necessary. Be prepared to change the payment mechanism if you receive reports of safeguarding incidents against people with disabilities. Stagger distributions to cohorts and allocate different specific days to collect cash.⁷ Use accessible mass communications to communicate the change. Communicate with banks to ensure they follow the WHO's recommended public health measures for safe use of cash and ATMs.⁸ Work with local DPOs and community structures to provide safe home delivery of assistance.
Changing payment mechanism	<ul style="list-style-type: none"> Containing the spread of COVID-19 by limiting movement of people 	<ul style="list-style-type: none"> Exclusion of people with disabilities (particularly women with disabilities) who do not have personal access to a mobile phone, accessible 	<ul style="list-style-type: none"> Consult with people with disabilities of all genders, DPOs, organisations representing women with disabilities, and gender-

⁴ WHO (2020). 'Guidance note on the role of cash and voucher assistance to reduce financial barriers in the response to the COVID-19 pandemic, in countries targeted by the Global Humanitarian Response Plan COVID-19'. <https://www.calpnetwork.org/wp-content/uploads/2020/04/Global-Health-Cluster-Guidance-note-CVA-and-COVID-2-April-2020.pdf>

⁵ ICRC (2020). Tipsheet: cash and voucher assistance and COVID-19. <https://www.calpnetwork.org/wp-content/uploads/2020/03/ICRC-Tip-sheet-CVA-and-COVID-19.pdf>

⁶ Grand Bargain Cash Workstream's Subgroup on Gender and Cash. 'The importance of acting on grand bargain commitments for a meaningful focus on gender in cash and voucher assistance responses to the COVID-19 pandemic'. https://www.calpnetwork.org/wp-content/uploads/ninja-forms/2/Gender-Cash-Sub-WG-COVID_2-pager-200514.pdf

⁷ ICRC (2020). Tipsheet: cash and voucher assistance and COVID-19. <https://www.calpnetwork.org/wp-content/uploads/2020/03/ICRC-Tip-sheet-CVA-and-COVID-19.pdf>

⁸ WHO (2020). 'Guidance note on the role of cash and voucher assistance to reduce financial barriers in the response to the COVID-19 pandemic, in countries targeted by the Global Humanitarian Response Plan COVID-19'. <https://www.calpnetwork.org/wp-content/uploads/2020/04/Global-Health-Cluster-Guidance-note-CVA-and-COVID-2-April-2020.pdf>

<p>to mobile money</p>	<ul style="list-style-type: none"> • Reduction in risk of abuse of disabled women in particular who may be exploited during their journey to/from banks • Easy to access, fast and efficient delivery of transfer • May be able to draw lessons from the introduction of mobile money models in Rwanda and Uganda. 	<p>features on mobile phones, data, credit or may have issues with charging phones</p> <ul style="list-style-type: none"> • Lack of autonomy for people with disabilities if they do not have personal access to a mobile phone. Relying on others to access payments can increase the risk of violence, particularly for women and girls with disabilities.⁹ • Lack of awareness amongst people with disabilities about the change in mechanism, particularly women and girls with disabilities. • Uncertainty, lack of trust or limited understanding of how to use the technology amongst people with disabilities, particularly women and girls with disabilities. • Fraudulent claims, identity theft or financial exploitation of people with disabilities. • Misuse of people with disabilities' personal data. 	<p>based violence service providers to identify the most appropriate, safe and accessible payment mechanism.¹⁰</p> <ul style="list-style-type: none"> • Provide support to DPOs and people with disabilities to familiarise them with and ensure they have access to any new payment mechanisms. • Ensure there is a process for people with disabilities to nominate a proxy to collect payments on their behalf, and enhance communications with people with disabilities and DPOs to identify if they have nominated a proxy.¹¹ • Accessible mass communications about the change to the mechanism, disseminated through DPOs. Integrate messages about mobile money with accessible public health messages, which people with disabilities may not otherwise be receiving.¹² • Use accessible methods for people with disabilities to consent to use of their data. If data is collected by DPOs make sure people with disabilities know with whom their data is being shared. • Establish an accessible feedback mechanism together with DPOs to monitor that people with disabilities are receiving payments, and to monitor safeguarding risks and incidents, questions and concerns. Include a triage system in order to prioritise urgent protection-related calls. • Work with DPOs to build trust in the feedback mechanism so that people with disabilities use it without fear of losing their payments. • Strengthen coordination between DPOs, women's rights organisations (WROs), GBV service providers and organisations representing women with disabilities to share information on GBV risks related to accessing cash transfers and updated referral pathways.¹³ Coordinate with these organisations to identify any measures required to ensure safe access to payments or assistance, or identify alternative mechanisms for a subset of beneficiaries to protect their safety if necessary. • Be prepared to change the payment mechanism if you receive reports of safeguarding incidents against people with disabilities.
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⁹ Friedman, J. (2019). 'Cash and voucher assistance and gender-based violence compendium: practical guidance for humanitarian practitioners.' https://www.calpnetwork.org/wp-content/uploads/2020/03/1557937891.CVA_GBV-guidelines_compendium.FINAL_-1.pdf

¹⁰ Ibid.

¹¹ ICRC (2020). Tipsheet: cash and voucher assistance and COVID-19. <https://www.calpnetwork.org/wp-content/uploads/2020/03/ICRC-Tip-sheet-CVA-and-COVID-19.pdf>

¹² ICRC (2020). Tipsheet: cash and voucher assistance and COVID-19. <https://www.calpnetwork.org/wp-content/uploads/2020/03/ICRC-Tip-sheet-CVA-and-COVID-19.pdf>

¹³ Grand Bargain Cash Workstream's Subgroup on Gender and Cash. 'The importance of acting on grand bargain commitments for a meaningful focus on gender in cash and voucher assistance responses to the COVID-19 pandemic'. https://www.calpnetwork.org/wp-content/uploads/ninja-forms/2/Gender-Cash-Sub-WG-COVID_2-pager-200514.pdf