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Safety and Security of Activity Staff and Participants during COVID-19: Meeting Notes

May 18, 2020 | 8:00-9:00 AM ET

Impact of virus transmissibility and social distancing on programming

Please fill out your answer to the question in the table below.

What programming approaches and practices / interventions have been -- or might be -- affected by the COVID-19 pandemic in your EFSA/DFSA?
Food distribution to program client and public work activities in rural areas as this require communities' gathering.
Community level trainings, including training of food security task force, cash transfers, review meetings and beneficiary verification meetings (workshops, community meetings, training, learning events).
Food distribution activities with large communities have greatly been affected by the COVID 19 pandemic, training of community mechanisms and external staff and volunteers. Our climate smart livelihood activities has also been affected due to the nature of work by the cooperative women group. Challenges of gathering these women to engage in the farm activities and even for training.
Most programs relying heavily on community participation, such as agriculture livelihood programs are impacted due to the nature of the work and the high risk of COVID transmission. Most programs heavily relying on capacity building, inductions had to be postponed, and now conducted online. Emergency food and nutrition assistance is ongoing but with new measures to respect social distancing and hygiene (both in kind and cash adapted to reduce risks on staff and community). The process and outcome monitoring have been changed to online systems to avoid the face to face. The registration (biometric collection) have been suspended.
The Learning Event in May has been canceled due to group meeting restrictions. It was part of the close out activities of the EFSP.
Training (both staff and communities/partners), set up of community level committees and organizations, information sharing with and within communities, food distribution, capacity building activities in agricultural techniques, community level nutrition screening, SILC activities, baseline survey, community census.
Transportation of food commodities and cash by contracted vendors. Continuity of life saving assistance due to protracted lock down. Lack of issuance of travel passes by local government for continued monitoring. Delays or postponement of external evaluation and other studies involving international consultants.
Monetary transfer adapted to respect distance and prevention measures which will take a bit longer than usual to be processed; training of staff and beneficiaries; food market analysis; post distribution monitoring have to be adapted (less field, more phone or distance control mechanisms); food commodities availability under question for the coming months as the epidemic is progressing (still

<p>few cases reported officially in central & northern Mali). We also raised questions on PPE availability and logistic difficulties to import (for now, teams have been equipped with locally purchased or locally produced material but stocks are running out). Coordination among NGO & UN on logistic matters under WFP lead (no log cluster but a working group).</p>
<p>Field level monitoring by program staff.</p>
<p>We're in refine year of a DFSA, and there is an expectation of studies and assessments for learning, but we can no longer get consultants into country to implement studies nor can we gather groups of more than 15 people for focus groups. We are also under shelter in place orders which greatly impacts the ability of the team to plan and coordinate. It's also tough to put an emphasis on long term planning when there are so many unknown variables. We're already revised contingencies multiple times. Our procurement is impacted in ways that we can't yet foresee. There will doubtless be delays and everything from vehicles to computers to activity based procurement will not occur as anticipated.</p>
<p>Community mobilization, seed distribution, SILC activities, field visits, trainings, monitoring , baseline survey, movement of project materials due to lockdowns, CMAM and MAM activities, MUAC Screening etc Voucher distributions, DiNER Fairs, Payment of vendors, Conducting CCFLS activities in communities.</p>
<p>Social cohesion activities.</p>
<p>We are doing food distribution and livelihoods and these programs were temporarily stopped by COVID-19. We applied to begin a cash transfer and food voucher which never saw the limelight. Our agriculture and livelihood programs required contact training and distribution of farming inputs highly impacted. We were also into response to WASH with distribution of kits and cholera sensitization. Our WASH programs were also impacted by the COVID-19 government measures of social distancing, stay at home and lack of personal hygiene and protective equipment like face masks, hand sanitizers and above all hand washing facilities.</p>
<p>Regular monitoring, community engagement in larger aspects, depletion of stock in lower retailers, disruption on the capacity of FSP for arranging cash in in wider spectrum due to lockdown and access issues.</p>
<p>Training, cash disbursement, surveys, movement of items and staff, congregation of saving groups.</p>
<p>Beneficiaries registration (data collection and validation process), all MEAL activities (considered non-essential), e-vouchers distributions, seeds distribution, seeds germination test (The Institute was closed during the lockdown), agriculture training, community meetings.</p>
<p>Seeds distribution.</p>
<p>Training- capacity building. Conditional cash transfer- CFW no longer feasible. Market based activities- distribution of livelihood inputs. M&E activities- adapted -remote approach.</p>
<p>Food distribution, large gatherings (workshop, community meetings, training), beneficiary registration, field survey, voucher for work activities, livelihood activities.</p>
<p>Beneficiaries' registration.</p>
<p>Social behavior change activities.</p>
<p>PDMs and somehow end evaluation of the projects are also disturbed, stigmatization of fear to staff for COVID-19, cash for work activities, especially conditional cash grants in groups.</p>
<p>Group savings activities (VSLA activity).</p>

Individual and group coaching sessions and follow up of the participants.
M&E Monitoring and Data collection activities.
Monitoring on fields to conduct PDM.
Cash distribution activities and PDM activities.

Break Out Room Activity

BREAKOUT ROOM 1

What strategies have you used and/or are currently using to adapt your programming to keep your activity staff and participants safe and secure during COVID-19?

- All activities have been affected (VSLA, asset transfer, cash transfer, trainings, coaching, M&E)
 - Reducing the number of people coming together at once, rotating participants in shifts -- if in-person meeting is necessary.
 - Trying to shift to phone coaching instead of coaches going to a participant's home.
 - Sending SMS or voice messages.
 - Exploring use of different technologies.
 - M&E -- all phone interviews, but this can be challenging because some indicators require observation.
- Had to stop some activities due to lack of PPE and handwashing facilities.
- Staff had to begin working from home.
- Target sensitization using megaphones.
- Tried using traditional village criers to pass information, but faced challenges with their sharing accurate information.
- Still in the process of developing strategies.
- Procured and provided PPE for all staff.
- Switched to remote activities (via telephone, messages, Whats App, Zoom, etc), use of technology companies - piloting telerivet, use of a local company (MOBI PAY) to send market and weather information. For physical meetings that can't be avoided - we made smaller groups ex for VSLA, exploring digitizing VLSA.
- Making linkages/referrals for services via phone connections, making linkages with trained healthcare professionals for screening and care for children with malnutrition.
- MS Team/Email/WhatsApp Group meetings.
- Provide managers and partners with Android phones for monitoring.
- Strengthen the communication plan (Creation of a communication network (WhatsApp)).
- Remote monitoring by phone and through WhatsApp community leaders.
- Split of beneficiaries according to preventive measures on training distribution sites.
- Provide awareness messages on distribution and COVID-19 before and during distribution.

What gaps remain? What approaches do you know you will need to adapt to enhance the safety and security of your staff and participants, but don't yet know how to do?

- Lack of adequate equipment for testing and support for staff and beneficiaries in the event of contamination.
- lack of material from community side like soap hand washing kits due to their vulnerability
- The majority of communities do not believe in the disease.
- Need to have conversations about adjusting targets -- needs to be more centralized rather than each project going directly to each AOR.
 - Need to address how COVID will affect their ability to reach targets.
- Need centralized guidance.
- Staff are still going into the office despite the difficulties of social distancing.
- Responsibility of keeping staff safe (lodging, transport, etc.) when they are asked to work
- Still exploring how continue work in this situation.
- Securing the necessary finances to respond to ongoing and future programs.
- Staff: We are having to keep in touch with them daily to re-assure, provide the right. Psychosocial and emotional support, there were great fears of losing jobs for certain staff but now the fears are reducing with the re-assurance we are providing.
- Protracted process to engage new partners to respond to the people in need especially in crisis-prone areas in the South West and North West Regions of Cameroon. This process is even unsure.
- Staff are struggling to adjust to the new norms, long hours on phone, fears of going against some local interpretations of laws (as laws get interpreted quite differently in each context).
- Staff working from home. Came up with a clear Activity plan that needs to be accomplished within the quarter. On a weekly basis we have virtual meetings to catch up on what is accomplished and what needs to be improved. So the Job for now is still secured as staff feel they are still engaged.

BREAKOUT ROOM 2

What strategies have you used and/or are currently using to adapt your programming to keep your activity staff and participants safe and secure during COVID-19?

- Once they received first case of COVID in the country, they consider early warning and internally adapted. Engaged vendors and FSP to prepare with restocking. Developed operational guidelines which includes WHO prevention guidelines. Focusing on maintaining social distance at community, distribute mask and sanitizer for vendors. Also to some beneficiaries and programs staff.
 - We realize staff will be part of stigma so we did socialization and psycho social support. Help prepare vendors and help maintain streaming of banks.
 - Also took on Advocacy knowing COVID-19 would get there. Engaged Food Security Cluster and other groups for lobbying government. We are part of task force team now with INGO forum. With that government developed lock-down committee.
 - Trying to help control narrative to avoid NGOs being seen as spreading disease.
- We are still continuing with essential functions. Through global and regional guidance, we set up national COVID-19 task force with dedicated team. This included officers from each country office. They worked with relevant line ministries of government in their area to get updates. Have weekly call with this team.
- As we saw it worsening in the capital, we asked team to work from home starting March 12 and continue to review.
 - Staff may travel to project sights only if necessary and must follow restrictions (e.g. hand sanitizers).
 - Had dedicated fund to help provide for PPE.

- Developed national contingency plan to deal with COVID-19. Have task force in each province with weekly updates.
 - To protect staff and participants. Did sensitization on prevention per WHO. Also provided PPE, masked gloves sanitizers to all staff. Encourage participant to have masks.
 - Encourage social distancing guidelines for food distributions. Provide food to many households so they work with community leaders to ensure participants are organized in small groups. Also move distribution from town centers to more rural locations with more space.
- Not started implementing yet, advised the DIP to include COVID related activities such as capacity building of MMDs and liaise with other NGOs in the region to coordinate on COVID messages.
 - As we can't do expected staff trainings we are doing webinars for staff. Most staff on telework currently.
- Request extensions and updated DIP. Did analysis to see what activities can still be done and which are the ones that must be cancelled.
- They have a crisis cell and are adapting based on local level input. There have been Delay in going into communities, now they use ECHO cash consortium guidelines which follows phasing for interacting with communities. Most verification is done through phone. Posting of list is still done in the communities with PPE.
- We are producing masks. Community helping to build masks. Those will be available only for targeted communities.
- Mostly move cash for work to UCT.
- Working on proposal for COVID-19 for USAID. Using existing communities to sensitize due to COVID. The adoption is higher.
- Had OFDA approval, so they prioritize WASH. Also changed approached. No more conditional things like cash for work. No longer feasible. Look at ways to reduce transmission but continue with business. Containment will ultimately impact livelihoods.
 - Reprogrammed from one section to another. We didn't need to significantly deviate.
 - Significantly more prioritization to WASH activities and more on other livelihood programming.
 - Now doing split groups and staggering trainings. Halting in some areas. Shifting and having honest discussions about what is on the ground.
- Trying to explore VIAMO platform to keep VSLA going: <https://viamo.io/>
- Have current case and worst case scenario. Living documents. Review this with the donors. Even in first adaptation, give two documents to show if it got worse. This allows them to transition as issues on the ground transitions.

What gaps remain? What approaches do you know you will need to adapt to enhance the safety and security of your staff and participants, but don't yet know how to do?

- Tricky to ensure compliance remotely for staff and communities. Big asset by camp communities, shows high understanding of COVID spread but when no access to water they can't actually follow recommendations.
 - They have electronic cash which makes it extremely effective without face to face
- Access to water is a challenge for handwashing. If no kind of enforcement of guidelines the communities slack away. Need to better integrate with other FSN programs.
- We are in the process of trying to see how to distribute food to most vulnerable. Challenge to figure out how to get food to the community with COVID. Trying to work with community leads to limit staff presence in field but still.
- Still trying to find digital use for means of verification. Biometric verification. No specific guidelines on this.
 - Targeting very challenging with people from low income communities. Their income is disrupted. People in phase 2 are now going to phase 3.

BREAKOUT ROOM 3

What strategies have you used and/or are currently using to adapt your programming to keep your activity staff and participants safe and secure during COVID-19?

- In kind distributions, nutrition programs, livelihoods programs and activities to support smallholder farmers. We have been able to maintain emergency response some others we had to rethink. Utilize the capacity of different organizations. Program continuity exercise.
- Coordinating with partners and support them to build their business continuity programs. Learn about their needs and gaps. Partners have higher exposure. Because of this we did not have to cancel our emergency activities.
- Understand that there will be changes to budget to accommodate the current situation.
- Livelihoods activities had to be postponed because of community involvement. Cash provided without the work. Flexibility in programming and from the donor.
- Opening learning platforms and extending them for our partners.
- Food was being provided every month currently we have shifted to double distribution to minimize risks.
- 97 sites of distribution increased by 48%. Reduce travel time. Reduce congestion.
- Working with government health staff. Provide awareness on social distancing.
- Practice social distancing during distribution. Use of different entrances. Sign in use of different ink pots to avoid cross contaminating.
- Water tracking, water tankers.
- Business continuity plan. Staff rotational list to minimize staff.
- Engage with beneficiaries- sensitization.
- Plans to reduce crowding.

What gaps remain? What approaches do you know you will need to adapt to enhance the safety and security of your staff and participants, but don't yet know how to do?

- Startup phase- full engagement with county level authorities. Virtual online meetings to communicate with our county level partners.
- Staff work from home.
- Follow the ministry of health guidance.
- Check temperatures of beneficiaries.
- Gap: data collection, registration, validation.
- Key challenge: government announced state of emergency interpretation of state of emergency differs from community to community. Impacts movement of staff. We need to coordinate with the government at the local level. impacts on implementation
- Identification of staff. Staff should be able to work from home especially if they are at more risk.
- PPE for staff.
- Increased sensitization. Requesting children and elderly to not come to distribution sites. Guidance in local languages.
- More people need assistance and we don't have resources.

BREAKOUT ROOM 4**What strategies have you used and/or are currently using to adapt your programming to keep your activity staff and participants safe and secure during COVID-19?**

- Still engaging in large scale food distribution as well as cash-based transfer (CBT), but have had to adapt. Usually, have had large crowds, but now are reducing crowds. A distribution of 5,000 typically, now cut down to **50** cut down into groups of ten.
- Used tippy taps - people need to wash their hands before getting into the line
- Engage in distribution of locally-made face masks, which has added expenses.
- We have different tables set up in tents - have had to bring in more personnel
- Training in locally-made hand sanitizer so that good practices can continue when they go home
- CBT - smaller amount of people. We have curbed the gathering of too many people at a time, which has increased logistics expense. Logistics transportation costs have gone up (usually have had 3-4 people with a driver, but need more cars now. Cannot purchase new cars, so need to hire car & drivers).
- Have locally-made face masks for all staff, though we know clinical masks would be better (though how many to buy for each staff?)
 - Very few in [region] have tools for testing.
- Since first case of COVID reported in [country] on March 13, the country partially closed offices.
 - Also put in place a contingency plan. 1) Staff and beneficiaries wellbeing, 2) business continuity for country office and implementation of programming (CARE implementing multi-sectoral programming, WASH, nutrition, security. Have worked closely with ministry of health, ministry of water to ensure people are trained on COVID 19 prevention and mitigation).
 - Also trained community hygiene promoters, provided them with PPE and they're doing training at community level.
 - Also training at IDP camps, provided them with equipment as well.
 - Grassroots areas - continue implementation.
 - In terms of cash - shifted from conditional cash transfer to unconditional. We discouraged people from coming together. Shifted to multiple distributions.
 - Also shifted to mobile cash transfers - provide mobile companies them with PPE.
 - Adapted remote data collection to ensure program data continuously collected.
- Increased coordination between different humanitarian actors, came up with standardized guidelines on how to continue with the business.
- Worked with others to put together.
- From chat: as time is running out and most adaptations are already covered by the colleagues, just to add that we have focused to speed up the cash transfers to be able to cover the current lean seasons in areas not yet impacted by COVID in Mali.
- Two main focuses:
 - Working in refugee camps and also in host community.
 - In camp - doing fresh food voucher and had a learning center (where we taught nutrition + cooking, opportunity to share ideas, teach basic hygiene). Had to close the center when COVID hit.
- Had to reduce # of people coming to distributions, install handwashing stations. Vendors need to disinfect their stores before starting sales for the day.
- We provide all front line staff with PPE.
- Also started production of masks.
- Transformed Lead Mothers into facilitators (e.g. GBV in camps).
- Had to change cash for work into unconditional transfer. Doing this for 3-4 months and then will reassess later.
- Doing as much virtual communication as possible (e.g. nutrition facilitators on the ground, continuing to link them with health sectors - technical team can advise how to address those gaps on the ground).
- Had to incur additional costs to get more vehicles to spread people out more.
- Also had to get approval from district council to start this work.

- In terms of staff protection, we have come up with ten tips for staff (e.g. stay home if you feel sick, check temperature before you enter the vehicle in the morning, stay at home if you have visitors come stay with you), get a test if you have symptoms.
- During distribution, in smaller groups of 10 with four to five distribution points, we use this opportunity to continue basic hygiene messages, and nutrition messages for the beneficiary.
- Distribution of Nutrition supplies and NFIs delivery is done at HHs as opposed to the distribution centers that were used before covid-19.
- We prioritize our DIP activities that are very critical considering the COVID 19. Food distribution and public work activities require large number of people to come to the sites. So we took all the necessary precaution measure while at distribution. Guidance has been issued to mitigate the impact of COVID 19.
 - SBC has been prioritized.
 - Cannot hold activities where large numbers of people are gathering.
- [IP] and government have created guidance as to how you can mitigate spread of COVID while programming.
- Another example - have a large # of people at each distribution point. Following guidance, we limited number of people at each distribution point. Include gloves and face masks for project staff.
- Ensure proper physical distances by marking the space with white powers.
- All our offices in the various region of the country are open but we have organized staff presence so to limit interaction (mixing office presence and working from home).

What gaps remain? What approaches do you know you will need to adapt to enhance the safety and security of your staff and participants, but don't yet know how to do?

- Remaining gap: market analysis & evaluation of COVID-19 impact on food & commodity availability.
- Still missing some protective equipment to be able to really protect our beneficiaries.
- Plus there's a need to consider specific needs of persons with disabilities among affected population and beneficiaries (in particular persons with sensorial disabilities - ensuring sensitization messages are accessible to all).
- Make sure to have all messages translated into sign language for instance.
- Still thinking about how to adapt "service for transformation" to COVID.
- Testing capacity is a gap in most countries (can't continue working if we don't know the situation, which is unknown until testing capacity is increased).
- For our unconditional transfers because of the 14 days quarantine period, we could not use the CDAs because they are coming from [city]. Staff do the distribution directly with police presence. The cash is been transfer from our [other city] office with Police escort to the distribution sites.
- One gap still remaining is how to continue other modalities in this COVID context like S4T.

Final Reflection

Name one thing (idea, approach, strategy) you will take back to your program, related to the safety and security of staff and participants
Provide a good sensitization program on COVID-19 to participants before engaging with them.
The use of Electronic Cash Transfers can help minimize contact during COVID-19 pandemic.
Regular check ins with staff working at home (to provide support on working from a distance and staying on track) and time to discuss in a more personal way with staff (fears, worries, concerns, difficulties related to working at home, etc. related to COVID-19) and not just talk about planning of activities and work tacks.
Proposing some contingency planning around new protection and security measures for staff. Switching to CBT as a means of curbing direct contact of our staff with the beneficiaries. Having discussions with donors around more flexibility in planning and logistics cost as that has greatly increased with the COVID19.
Thinking ahead and plan for next couple of months to anticipate economic impact / lasting impact; adjust current financial contract to add more COVID-19 adaptations such as equipment & protective measures.
Minimize public gathering as much as possible.
Worst case scenario planning should be taken place if the situation continues, UCG for cash for work.
Have flexible emergency preparedness plan- worst case scenario planning.
We are exploring using VIAMO for voucher transfers and use of local telephone company. Would be good to learn more from others who have worked with VIAMO. Production of local masks is an interesting adaptation since use of PPEs is restricted under USAID funding. Prior approval is needed and this can take too long.
Engage discussion with Donors and all stakeholders to adapt activities in accordance to COVID-19 outbreak.
Adaptability and flexibility to modify program with ever changing context.
Using the Viamo platform to keep the VSLAs going, think out of the box to come up with new adaptation strategies, learning from each other on how to cope with the COVID-19 context.
Procure PPE for staff as well as hand washing and hygiene facilities (sanitizers) for program beneficiaries.
Protect vulnerable members (children, PLW, persons with disability & the elderly persons) of the communities where we work.
Procurement of PPE.
Robust market monitoring and flexibility in program for adaptation.
Purchase masks for all staff and partner.
Integrating covid-19 awareness to communities during the implementation of all activities.
Explore third party monitoring - by using locally/community level resources.

Engage positively with financial partners with the changing strategies regarding COVID-19 in order to include covid-19 response.
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Revise our plans regular to best suit the COVID 19 situation.

Coordinate interventions to minimize/avoid duplication.

We need more time to dive deeper into the reflections and debates.
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Next Steps & Final Poll

Access the final poll here: <https://www.ideal.events/eval>

NEXT STEPS:

- We will reach out about the next session. Please let us know via the evaluation poll what topics you want to discuss.
- Register, and encourage your staff to register, for upcoming Food Security Learning Series events by [clicking here](#). Next event:
 - [Running Effective Online Meetings](#)
May 19, 2020 | 8:00 - 10:00 AM ET | Online
May 28, 2020 | 9:00 - 11:00 AM ET | Online
June 5, 2020 | 7:30 - 9:30 AM ET | Online
- Subscribe to the newsletter by [clicking here](#) and encourage your staff to do the same