Annex: Guidance for the operation of Zambia's Social Cash Transfers during COVID-19

The COVID-19-specific risks associated with the Social Cash Transfer (SCT) relate to the possibility of both beneficiaries and project staff contracting the disease through face-to-face interaction that would emanate from activities such as community engagement, targeting and payment, if the necessary preventive and mitigation strategies are not implemented.

The following outlines temporary guidance for the operation of Zambia's SCT during the COVID-19 pandemic. The measures outlined in this Annex will be implemented to ensure the risk of transmission and exposure to the virus is kept low during interactions with local communities. This temporary guidance is based on the provisions developed by Zambia's Ministry of Health[1] and World Health Organization (WHO) for the prevention and mitigation of COVID-19.

1. Adapting the delivery of SCT to COVID-19

1.1 Community Engagement

Community consultation and awareness creation, which require gathering people, should be carefully managed, with a focus on measures that are being implemented to safeguard the community and implementers alike. Any activity which brings many people together will create a favourable environment for the transmission of COVID-19. In line with WHO and national COVID-19 prevention guidelines, SCT will follow the good practices below to prevent the spread of COVID-19, including:

- Face-to-face meetings (e.g. workshops, community meetings, and focus group discussions) with stakeholders and/or beneficiaries should take place *only if they are essential*.
- Hold face-to-face meetings with minimized direct interaction between project agencies and beneficiaries/affected people.
- Consider scaling the meeting down to include only essential participants.
- Develop and agree a response plan in case someone at the meeting becomes ill with symptoms of COVID-19 (dry cough, fever, malaise).
- Display dispensers of alcohol-based hand rub prominently around the venue.
- If there is space, arrange seats so that participants are at least one meter apart.
- Open windows and doors whenever possible to make sure the venue is well ventilated.
- If anyone who starts to feel unwell, follow a preparedness plan
- Inform and make participants prior to any consultation meetings or workshops on the requirements of social behavior and good hygiene practices related to limiting transmission of COVID-19
- Depending on the local regulations on social gatherings, participants will be required to be at least two meters apart and discouraged to practice handshakes and other contact greetings.
- Social distancing and good hygiene practices should be facilitated by ensuring the availability of hand sanitizer or water and soap, sanitization of surfaces (chairs, desks, etc.), and seating arrangements that limit person-to-person contact.
- If project representatives or implementers are interacting with the community, they should practice social distancing and follow other COVID-19 guidance issued by relevant authorities, both national and international (e.g. WHO).
- Ensure, either virtual or face-to-face the meeting will be held, that it is well-documented,

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[1] Public Health Act Cap. 295 of the Laws of Zambia have been amended to include two Statutory Instruments, SI 21 of 2020 which designate COVID-19 as a notifiable disease and SI 22 of 2020 which provides additional regulations to facilitate management and control of COVID-19 both issued on 14 March 2020.

including information on how stakeholders were identified, how invitations were sent out, how the meeting was held and measures taken to ensure that the meeting was accessible, what issues were raised and how the responses to the issues will be incorporated to the project planning and implementation
- Identify and provide resources necessary for online platforms that can be used instead of face-to-face meetings (i.e. Zoom, WhatsApp, SMS, and Skype).
- In some cases, face-to-face meetings with the community or community representatives will not be possible. As such, other forms of communication should be used including: posters, pamphlets, radio, text message, virtual meetings. The means used should take into account the ability of different members of the community to access them, to make sure that communication reaches these groups.
- After the meeting retain the names and contact details of all participants for at least one month. This will help public health authorities trace people who may have been exposed to COVID-19 if one or more participants become ill shortly after the event.

Regarding Communications,
- Utilize information/updates that the government provides through other alternative information sharing mechanisms including mass media and mobile phones.
- Communications should be clear, regular, based on fact and designed to be easily understood by community members.

1.2 Training

Regular training activities planned for may result in increased risk of COVID-19 infection as a result of implementers or community members congregating. To mitigate against this risk, the procedures outlined under Section 1.1, above, should be followed, including:

- Holding remote trainings, when possible
- Delivering trainings to smaller groups
- Enforcing social distancing
- Availing hand sanitizers

1.3 Targeting

SCT beneficiaries are selected through a targeting process that is used to identify different types of vulnerable households which are poor and vulnerable. The SCT guidelines encourage the participation of all community members including minorities.

The selection process includes the following steps: (i) community outreach meetings to share the eligibility criteria; (ii) disability and chronically ill on palliative care certification to issue certificates; (iii) self-registration at a designated community point; (iv) validation to confirm the registered potential beneficiaries; (vi) enumeration; (v) Proxy Means Test (PMT) administration; and (vi) second validation of beneficiary lists.

Given that targeting process will include community engagement, the following COVID-19 mitigating measure will apply:

- Inform participants prior to any consultation meetings or workshops on the requirements of social behavior and good hygiene practices related to limiting transmission of COVID-19
- Depending on the local regulations on social gatherings, participants will be required to be at least 6ft apart and discouraged to practice handshakes and other contact greetings.

- Social distancing and good hygiene practices should be facilitated by ensuring the availability of hand sanitizer or water and soap, sanitization of surfaces (chairs, desks, etc.), and seating arrangements that limit person-to-person contact.

For those households headed by a child, the elderly and chronically ill or under self-isolation who are selected and need to be registered as payment recipients, they will be allowed to nominate a 'deputy' or 'caregiver' to collect payments on their behalf. Thus, alternates will be allowed to be registered per house so as to allow payments to still be done in the event that the primary beneficiary is not available.

1.4 Payments

There are two types of possible payment modalities for the SCT, including: (1) Mobile Network Operator (MNO) through ZISPIS ; ; and (2) Pay Point Manager (PPM).

Payments through ZISPIS which has both rural and urban modules will be prioritized to the extent possible during COVID, especially in the areas where the ZISPIS is already being implemented given that this model will minimize the need for beneficiaries to gather in groups. However, given that there is insufficient density of mobile money agents which is a requirement for the MNO model to function, the majority of transfers will need to be delivered through Pay Point Managers (PPMs). During payments, clear communication of the time window to the beneficiaries is critical to avoid beneficiaries missing their payments.

Regardless of modality, payments will entail a risk in terms of exposing beneficiaries to the transmission of the virus, the following measures will be taken to manage the risk of COVID-19 during payments:

- Payment preparations should be done centrally with strict hygiene conditions in place, such as the use of a sterile room, officers' hands constantly sanitized and the use of new bank notes.
- All communication materials that are to be used (such as   IEC COVID-19 materials) should be delivered to site in vacuum-sealed packaging.
- Hand-washing facilities should be placed close to payment desks/booths. It is advantageous that most pay points are schools, which often have a borehole or other source of running water.
- Enforce social distancing and the wearing of masks.
- Guidance notes will include that volunteers (WASH or CWAC) assist beneficiaries with understanding and practicing appropriate hygiene before approaching the cash desks.

1.5 Grievance Redress Mechanism

The multi-channel GRM is suited to receive grievances and complaints in a way that prevents the transmission of the disease (i.e. through a complaint box and a toll-free hotline).

2. General Hygiene, Cleaning and Waste Management

Cleaning. Conduct regular and thorough cleaning of all surfaces (desks and tables) and objects (telephones and key boards), payment points, offices or common spaces that may be used during SCT implementation. This should include:

- Providing adequate cleaning equipment, materials and disinfectant;

- Surfaces should always be cleaned with soap and water or a detergent to remove organic matter first, followed by disinfection. In non-health care settings, sodium hypochlorite (bleach) may be used at a recommended concentration of 0.1%)
- Display posters promoting hand-washing
- Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas;
- Where it is anticipated that cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, providing them with appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, cleaners should be provided with best available alternatives; and
- Training cleaners in proper hygiene (including hand-washing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).

Waste Management. There is a risk that project related PPE will be inappropriately disposed of in the local environment. All non-infectious PPE should be disposed of as solid waste through the normal solid waste collection systems. At all project related events PPE should be segregated and placed in strong plastic waste bags, secured and disposed of in the municipal solid waste stream. Project related participants infected with Covid 19 should have already visited a medical facility for assessment (if possible) and any infected COVID-19 PPE should be disposed of in the medical waste stream at that medical facility. Advice about COVID-19 related PPE waste should be obtained from local health care providers in the first instance.

General Hygiene. Requirements on general hygiene should be communicated and monitored, including:

- Training staff on the signs and symptoms of COVID-19, how it is spread, how to protect themselves (including regular hand-washing and social distancing) and what to do if they or other people have symptoms.
- Ensuring hand-washing facilities supplied with soap, disposable paper towels and closed waste bins exist at key places. Where hand-washing facilities do not exist or are not adequate, arrangements should be made to set them up.

Table 1: Summary of key COVID-19 risks within the Project delivery cycle and mitigation measures

Project Activity	COVID-19 Likely risks and other residual risks	Risk Description	Mitigation measures
Training	• Inadequate TOT due to remote trainings • Spread of COVID for physical training • Increased infections • Possible misunderstanding of the training due to shorter periods	Congregating the staff and other stakeholders will increase the risk of infections	• Hold Remote trainings • Deliver trainings to smaller groups of stakeholders • Enforce social distancing • Avail hand sanitizers •
Community Sensitization/Engagement	• Increased infections • Possible misunderstanding of the training due to shorter periods	Congregating community members and other stakeholders will increase the risk of infections	• Radio messaging • Use visual materials • Use public address system • Tailor the training content for short periods
Targeting	• High infection rate if people congregate	There is a possibility of infections during registration and validation.	• Enforce social distancing • Avail hand sanitizers during the process
Payment	• Increased infections	The likelihood of infections is high in the case of physical cash payments	• Payments though the ZISPIS where possible should be encouraged. • Ensure availability of hand sanitizing at distribution centers, etc. • Reduce queuing and clustering at pay points, and ensure adequate distancing • Clean contact surfaces, eg verification device
Grievance Redress mechanism	• Unreported grievances	The likelihood of some grievances not being reported is high if different committees are not easily physically accessible	• Plan regular radio talk shows and spot messages targeting beneficiaries • Assign a hotline number for this purpose • Use placards and visual messages and display them at different locations