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GUIDANCE FOR BHA DEVELOPMENT FOOD SECURITY ACTIVITY PARTNERS WORKING IN COVID-19 AFFECTED OPERATING ENVIRONMENTS

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ACRONYMS

ACF	<i>Action contre la Faim</i> or Action Against Hunger
ANC	Antenatal Care
AOR	Agreement Officer's Representative
BHA	Bureau for Humanitarian Assistance
CVA	Cash and Voucher Assistance
DFSA	Development Food Security Activities
FFP	Office of Food for Peace
GBV	gender-based violence
GNC	Global Nutrition Cluster
IASC	Inter-Agency Standing Committee
IPV	Intimate Partner Violence
IYCF	Infant and Young Child Feeding
MCHN	Maternal, Child Health, and Nutrition
MOH	Ministry of Health
NFI	Non-food Item
PSEA	Prevention of Sexual Exploitation and Abuse
RCCE	Risk Communication and Community Engagement
RFS	Bureau for Resilience and Food Security
SNF	Specialized Nutritious Foods
SOP	Standard Operating Procedures
UNICEF	UN Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

INTRODUCTION

As part of the United States Agency for International Development's (USAID's) overall support to the COVID-19 response, the Bureau for Humanitarian Assistance (BHA), formerly the Office of Food for Peace (FFP) and the Office of U.S. Foreign Disaster Assistance, is leading efforts to prevent, prepare for, and respond to the impacts of COVID-19 in its emergency and development food assistance portfolios. As such, BHA is working to ensure that ongoing Development Food Security Activities (DFSAs) adapt where necessary to better mitigate and respond to COVID-19 transmission and impacts. Given the dynamic nature of the COVID-19 pandemic and potential changes to the overall USAID response, BHA will update this guidance as new information becomes available. This document focuses exclusively on adaptations to encourage COVID-19 sensitive design and implementation in ongoing DFSAs. You should consider the recommendations found in this guidance, adjusting to your country-specific contexts, to determine appropriateness for your specific operational conditions. *Note: guidance for direct COVID-19 humanitarian response is in a separate document, [Interim Guidance for Applicants Engaging in COVID-19 Humanitarian Response](#).*

GENERAL GUIDANCE

You should adapt ongoing DFSAs to address the impacts of COVID-19 as appropriate in your context. **BHA does not recommend large shifts in programmatic objectives, scope, geography, or funding of existing DFSA programming to specifically address COVID-19** (e.g., a shift from a food security response to a health response). At this time BHA has not received supplemental Title II funds for COVID nor is there additional Section 202(e) funding available to support these program adjustments. However, you should look for flexibility and opportunities within your existing awards to mitigate the spread of COVID-19 and reduce the impacts of the pandemic on food and nutrition security. **Contact your Agreement Officer's Representative (AOR) to discuss proposed changes to an award in advance of implementation, including any need to modify the award.**

PROGRAMMING PRIORITIES IN THE CONTEXT OF COVID-19

Current BHA priorities for DFSA COVID-19 activity adaptations are:

- Take necessary measures to Do No Harm and to protect community members and staff in the new operating environment.
- Prepare for and mitigate the spread of COVID-19.
- Minimize the impact of the pandemic, and protect food and nutrition security gains considering new risks facing households, communities, service delivery, and local systems.

MITIGATING THE RISK OF COVID-19 TRANSMISSION AND IMPLEMENTING SAFE PROGRAMMING

- **Do No Harm:** In all programming, the safety and security of community members and implementing partner staff are critical. Balance the protective impact of interventions with increasing the risk of transmission among staff and affected populations. A Do No Harm approach should be the top priority.

- All activities 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 called for may include: social distancing and stay-at-home orders; home isolation of anyone who is symptomatic; quarantine of people who have had contact with a suspected or confirmed case of COVID-19; and/or travel-related restrictions. (See: [WHO Responding to Community Spread of COVID-19](#))
- Such measures might have an impact on group gatherings, including for-work interventions; house-to-house level interventions; work through and with community groups; size, frequency, and delivery mechanism of transfers; the level of remote monitoring and staff teleworking; as well as other programmatic and operational issues. DFSAs should consider the need to transition to remote methods or other approaches in training, capacity building, and technical assistance.
- All activities should temporarily adapt interventions as necessary to minimize the risk of COVID-19 transmission and to protect implementing teams and community members. The current and anticipated COVID-19 transmission level in areas of operations should drive, in part, the level of program adaptation or modifications. As noted above, be sure to alert your AOR to any adaptations you are making to the implementation of activities.
- Given the important role development interventions can play in protecting the food and nutrition security of vulnerable populations, weigh the cost-benefits of household and group level interventions against the increased risk to vulnerable populations based on local context and level of transmission.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- Risk communication and community engagement (RCCE) can play an important role to help mitigate transmission and protect vulnerable populations. However, only undertake RCCE when adequate capacity exists and in the context of coordinated messaging and engagement. Experience from previous epidemics shows that if done poorly, RCCE can lead to loss of trust and reputation, increased pressure on the health system, and potential loss of lives.
- It is critically important to coordinate and to not contradict other RCCE efforts. You may support RCCE strategies and interventions, however, these should coordinate, align, and reinforce efforts led by the respective Ministry of Health (MOH), the World Health Organization (WHO), and the UN Children’s Fund (UNICEF).
- Where adequate capacity and aligned messaging is in place, ensure that existing community feedback mechanisms also incorporate COVID-19 information while also exploring new opportunities for community participation appropriate for the operating context, keeping particularly in mind the likely need for social distancing.

TARGETING

- You should first focus on the existing populations and geographic areas under your existing DFSA award. BHA does **not** recommend large shifts in programmatic objectives, scope, or funding of existing DFSA programming to specifically address

COVID-19 (e.g., a shift from a food security objective to a health objective or to a new targeted population). In planning adaptations, you should carefully consider needs, capacity, and resources considering COVID-19 conditions, and engage in dialogue with your AOR.

- When and if deemed necessary, any requested expansion or change in geographic scope or targeted populations should be based on needs assessments and planned in close consultation with your AOR.
- Targeting activities should consider the increased vulnerability of current participant groups, and recognize that levels of vulnerability may change over time. Targeting should be continually reassessed as COVID-19 may overwhelm the health system, disrupt the supply chain and food markets, or require restrictions on movement due to quarantine measures. This may create new or shift existing high-risk areas and population vulnerability. Additional information on BHA targeting requirements and considerations is in [COVID-19 Cross-Cutting Guidance, Section 2. Monitoring and Evaluation](#).

CROSS-CUTTING GENDER AND PROTECTION ISSUES

- Ensure that your programming is safe and accessible to all, and does not create additional risks, particularly for those who are already marginalized or vulnerable to violence, exclusion, and abuse.
- The pandemic itself and containment measures can increase the vulnerability of those already facing high risks of violence, exclusion, and abuse. 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.
- Some populations are at heightened risk from COVID-19 infection, including the elderly and those with comorbidities. Consider the different needs of vulnerable groups to ensure reduced risk of infection and access to needed services.
- Mitigating gender and protection concerns, and understanding and addressing the needs and priorities of vulnerable groups, are essential. Rethink these issues in the context of COVID-19 and integrate these concerns into your programming, including assessing and responding to the changing needs, vulnerabilities, and capacities of vulnerable and marginalized groups. For more guidance see [COVID-19 Cross-Cutting Guidance, Section 1. Protection, Age, Gender, and Inclusion Considerations](#).

ENSURING INFORMED, RESPONSIVE AND COORDINATED ACTION

- The scope and scale of the COVID-19 pandemic require alignment and coordination in new ways and with new actors. At a minimum, ensure that DFSA interventions do not contradict or undercut international and national health responses to the pandemic, including those by the WHO and national MOHs. Also ensure that activity designs and interventions align with and complement the efforts of other key stakeholders such as USAID and other donor funded investments, the UN System more broadly, the private sector, national and local government, and local organizations.
- Monitor the emerging evidence base around COVID-19 and its health impacts, patterns of transmission, impacts on marginalized and vulnerable populations, and the causal

relationship with food and nutrition security. BHA also asks you to capture and share promising practices as programming approaches evolve.

- Engage in regular scenario planning to keep pace with and adapt activities, interventions, and operations in line with a rapidly changing context on the ground, including anticipating and preparing for possible worst-case scenarios. This may include adaptations to meet growing acute food and nutrition needs, to adjust to growing COVID-19 transmission, or to operate more safely in deteriorating security environments due to social unrest. At all times, communicate with your AOR regarding any adaptations you are considering.
- Plan for and incorporate measures to ensure continuity of service delivery, where possible, in case the activity or specific interventions cannot be continued due to worsening conditions or the risk of harming local populations.

COVID-19 TECHNICAL GUIDANCE BY SECTOR

I. AGRICULTURE AND LIVELIHOODS INTERVENTIONS

OVERVIEW

Measures to mitigate the spread of COVID-19 are having an impact on food supply chains including farmers' access to markets, linkages between rural and urban areas, and access to points of sale by food sellers in towns and cities. This underscores the importance of agricultural and livelihood interventions in DFSAs to meet both immediate and long-term food security needs.

PURPOSE

This guidance outlines basic recommended approaches for DFSA partners when considering adaptations and modifications to current awards for agriculture and livelihoods interventions, so that they are sensitive to the emerging COVID-19 crisis. For the purposes of this guidance, agriculture and livelihoods interventions fall under the categories as described in the [2018 FFP Technical Reference Chapters](#), namely: 1) profitable, market-linked, sustainable farm and land management; 2) non-farm income generating opportunities; 3) household economics (including nutrition-sensitive agriculture); and 4) human, as well as institutional, capacity building.

Given the rapidly evolving nature of the pandemic, mobility restrictions, developing evidence, and related recommendations, you should work closely with your AOR in making programmatic changes. Guidance and program considerations are being updated as new information becomes available.

KEY CONSIDERATIONS FOR DFSA AGRICULTURE AND LIVELIHOODS ADAPTATIONS

- Adjust interventions to incorporate COVID-19 health guidance and best practices, where appropriate and in line with WHO and MOH guidance, to mitigate the risk of disease transmission.

- Where adequate staff capacity for risk communication is in place, incorporate COVID-19 related public health messaging to your staff and participants, in line with WHO and MOH guidance. This could include 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 if proper hygiene measures are in place.
- For any planned agriculture input distribution or support interventions, strive to limit social grouping in line with public health recommendations. For example, if you have market-based seed and voucher fairs planned, modify them to better adhere to COVID-19 health guidelines (e.g., to ensure social distancing, improve hygienic practices).
- Interventions should leverage sustainable market-based programming solutions where feasible. If agricultural systems and actors including agriculture market operators, input providers, and financial service providers are functioning, and can remain accessible in accordance with public health recommendations (e.g., social distancing) DFSAs should work to support and leverage these systems.

GUIDANCE FOR AGRICULTURE AND LIVELIHOODS INTERVENTIONS AND APPROACHES TO ADDRESS COVID-19

- Monitor and assess the impact of COVID-19 on agricultural systems (e.g., crop and livestock production, seed/input access, agriculture markets, transporters, and traders). Use new assessments to inform how to best respond to the impacts of COVID-19.
- Strengthen local markets with a special focus on maintaining access to wet markets or other avenues of nutritious food, while reducing the risks for COVID-19 transmission. This may include evidence-based messaging to counter perceptions that food can spread the disease.
- Support farmers to replant, replace, restart, rebuild lost assets (e.g., livestock, equipment, and land), and replenish savings, especially focused on marginalized and vulnerable producers impacted by COVID-19 (e.g., farmers who have lost remittances, been affected by a downturn in demand, are unable to reach markets, missed planting seasons due to lack of funds, or lost household members to disease).
- Reduce the impact of COVID-19-related price increases or market disruptions in the agricultural value chain (e.g., linking farmers to appropriate financial services or providing small grants to replace sold-off assets). See [COVID-19 Technical Guidance by Sector, Section 4. Food Assistance and Markets Interventions](#).
- 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 where food insecurity is rising due to COVID-19 in areas where agriculture is the predominant livelihood.
- Strengthen the availability and access of smallholders to labor saving technologies for agriculture production for rural households at high risk of COVID-19, particularly those with significant comorbidities (HIV/AIDS, tuberculosis, etc.).

- Support essential agricultural value chains and actors disrupted by COVID-19 control measures — including farmers and farm laborers, input suppliers, and market retailers—by:
 - Supporting COVID-19 business continuity planning and approaches for small and medium agriculture and food enterprises that will allow for restarting operations or continuing safely under context-specific health guidance (e.g., producers, traders, suppliers, food markets, and consumers).
 - Ensuring the safety of essential food-system workers (e.g., on-site health measures, market hygiene, physical distancing).
 - Supporting COVID-19 awareness, training, and information programs for farmers, food suppliers, transporters, and market workers.
 - Supporting measures that address COVID-19 transmission risks in agricultural markets, distribution centers, and key points in food value chains (e.g., unidirectional flow, spacing, congregation at water points, timing of access), and innovative approaches to ensuring consumer safety.
 - Mitigating the impact of movement restrictions and logistical bottlenecks (e.g., quarantine and road closures) in the agricultural value chain.
 - Reducing impacts of price increases and reduced market access by supporting adjustments to loan repayment plans for village savings and loans groups, cooperatives, and microfinance institutions and suppliers.

- Implement market-related measures to ensure the availability of safe and nutritious foods by:
 - Encouraging 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 if proper hygiene measures are in place.
 - Providing messaging to encourage the consumption of nutritious foods.
 - Encouraging host country governments to list market vendors and related actors as essential service providers to prevent significant disruptions to food availability.
 - Scheduling access to markets at different times for higher risk population groups (e.g., elderly and pregnant women).

USAID AGRICULTURE AND LIVELIHOODS RESOURCES RELATED TO COVID-19

- USAID Bureau for Resilience and Food Security (RFS) [Guidance on Supporting Safe and Functioning Food Markets](#)

NON-USAID AGRICULTURE AND LIVELIHOODS RESOURCES RELATED TO COVID-19

Please note that BHA does not endorse specific guidance or recommendations as described in reference documents, but lists them here for DFSA partner consideration. Authors are updating guidance documents frequently and they may not be applicable in some contexts.

- [The SCALE \(Strengthening Capacity in Agriculture, Livelihoods and Environment\) Activity COVID-19 BHA Partner support](#). SCALE supports BHA development and emergency partners. Contact them directly to discuss potential support.
- [COVID-19: Agriculture-specific Technical Guidance \(crowdsourced document - SCALE\)](#)
- [FAO COVID-19 and the risk to food supply chains: How to respond?](#)
- Food Security Cluster: [TIPSHEET: COVID-19 & FOOD SECURITY](#)
- [FAO COVID-19 WEBSITE](#)
- UN World Food Program (WFP): [Economic and food security implications of the COVID-19 outbreak](#)
- RFS and Northwestern University: [Coronavirus and the Implications for Food Systems and Policy](#)
- OIE (WVA): [World Organization for Animal Health](#)
- AVMA: [American Veterinary Medical Association](#)
- SEEP Network: [Savings Groups and COVID-19](#)
- CARE: [Savings Group Risk Mitigation, Support, and Engagement in Relation to COVID-19](#)

2. MATERNAL AND CHILD HEALTH AND NUTRITION INTERVENTIONS

OVERVIEW

COVID-19 is creating shocks across multiple sectors and systems that are essential to improving and safeguarding nutrition. In a vicious cycle, shocks to nutritional status will increase morbidity and mortality and are likely to increase populations' vulnerability to other adverse outcomes. Immediate priorities are to safeguard access to safe, nutritious foods, particularly for young children and pregnant and lactating women, continue to promote and protect breastfeeding, and maintain delivery of essential nutrition interventions while minimizing risks of transmission.

PURPOSE

The guidance below should help DFSA partners consider and identify necessary adaptations within their existing maternal, child health, and nutrition (MCHN) programming to mitigate the risk of COVID-19 transmission and limit the impact on nutrition and health outcomes.

Given the rapidly evolving nature of the pandemic, mobility restrictions, developing evidence, and related recommendations, you should work closely with your AOR in making programmatic changes. Guidance and program considerations are being updated as new information becomes available.

KEY CONSIDERATIONS FOR DFSA MCHN ADAPTATIONS

- Aim to continue MCHN interventions while making necessary adjustments to protect the safety and health of participants, health workers, and community members. Nutrition of all household members remains critical during the response to COVID-19,

particularly given its role in immune response. Interventions and services to protect, promote, and support optimal breastfeeding and age-appropriate complementary feeding practices, as well as ensuring adequate and diverse dietary intake, should remain a critical component of the programming.

- Assess and balance the protective impact of your interventions with increasing the risk of transmission due to close contact with participants. In evaluating risk, consider venue location (e.g., indoors, or outdoors), density of people, the presence of COVID-19 vulnerable groups (e.g., elderly), and local community transmission.
- BHA does not expect food security and nutrition partners to pivot to implement new health interventions related to addressing COVID-19 such as case management.
- While there is insufficient data on the relationship between undernutrition and risk status for COVID-19, the relationship between undernutrition and other acute respiratory infections is well-established, and you may assume that malnourished children and adults belong to the high-risk cohort for COVID-19.
- In general, align implementation of interventions with government guidelines regarding mobility restrictions; BHA recognizes that this is context specific. Programming implications may differ between two operating scenarios: 1) where there are no population mobility restrictions, and 2) where there is partial or full population mobility restriction.
- Where you are implementing health and nutrition interventions, we strongly encourage active participation in any COVID-19 working groups and other coordinating bodies (UNICEF, WHO, and MOHs). Where relevant, this will ensure technical alignment when adapting interventions. In contexts where the Nutrition Cluster (or Sector) is active, partners should coordinate with and take cues for programmatic adjustments from the Cluster.
- Continue to monitor and adhere to the [International Code of Marketing of Breastmilk Substitutes](#). Breastfeeding remains a critical source of both nutrition and immunological protection for infants. Continue to promote it and take cues from the Nutrition Cluster/Sector (if active) or MOH, both of which will monitor the growing evidence. If the mother is too sick to breastfeed, consider contextually appropriate alternatives before breastmilk substitutes, in line with the Global Nutrition Cluster (GNC)/UNICEF guidance on Infant and Young Child Feeding (IYCF) referenced below.
- With consideration for potential quarantines on arriving cargo and impact on in-kind supply chains, you will need to assess your pipelines if you are implementing nutrition-related in-kind transfers. Communicate challenges to your AOR on a timely basis.

GUIDANCE FOR MCHN INTERVENTIONS AND APPROACHES TO ADDRESS COVID-19

- Most DFSAs implement community MCHN promotion interventions, which may include Care Groups, IYCF support groups, complementary feeding sessions, and community health worker education. These interventions typically entail direct interaction between community workers or volunteers and community members in either one-on-one or in group settings. Given mobility restrictions and local guidelines that limit group gatherings and encourage social distancing, you may not realistically continue these interventions as originally planned. Anticipate several adjustments or adaptations including:

- Identify creative and practical alternatives to offer nutrition counseling and support pregnant and lactating women and caregivers of young children. Ideally, do this in coordination with global and country-level health and nutrition coordination platforms.
- Adapt MCHN counseling and support to new barriers to promoted behaviors due to COVID-19.
- Focus primarily on reaching the target population in the first 1,000-day period (pregnant women, infants, children under 2, and mothers).
- Specifically for IYCF, UNICEF has developed guidance titled [“IYCF Programming in the context of COVID-19”](#)). These recommendations align with what BHA has listed above, but the UNICEF guidance includes more details including for the promotion and protection of breastfeeding.
 - Determine alternative entry points for direct engagement with mothers, through essential services which remain open and safely accessible (such as markets and pharmacies).
 - Avoid or find alternatives to reaching out to grandmothers or other family and community members who may be in the high-risk category for COVID-19.
 - If community-based interventions continue, ensure that your staff or volunteers take appropriate protective measures. Additionally, monitor community sentiment and be mindful of increased risk to workers due to fear of outsiders.
- RCCE interventions may be an important component of DFSA program adjustments, especially where DFSAs have robust MCHN components in geographic areas where other health partners are not active. RCCE is an essential element in the preparedness of, response to and recovery from a public health emergency. RCCE assists in addressing challenges such as communicating uncertainty and risk, recommending appropriate prevention behaviors, or tackling stigma while addressing public concern. Key considerations include:
 - Experience from previous epidemics show that if organizations do RCCE poorly, it can lead to loss of trust and reputation, extreme pressure on the health system and potential loss of lives.
 - Risk Communication includes key messages on COVID-19 prevention in all existing community MCHN and hygiene promotion interventions.
 - Community dialogue and engagement includes collecting questions from the community and providing answers.
 - To reduce the potential for misinformation, it is critical to train your DFSA staff on how to properly refer people to access care in accordance with best practices supported by WHO and the MOH.
- Where your nutrition interventions include transfers of Specialized Nutritious Foods (SNFs), please refer to [Inter-Agency Standing Committee \(IASC\) Interim Recommendations for Adjusting Food Distribution Standard Operating Procedures \(SOPs\) in the COVID19 Context](#) and WFP’s additional recommendations. This guidance is applicable if you are delivering SNFs as part of a 1,000-day transfer.

- As for all sectors, discontinue conditionalities linked to transfers (such as participation in group sessions, or cooking demonstrations) to avoid transmission risks associated with group gatherings. In the case of nutrition transfers tied to antenatal care (ANC) visits, continue to promote ANC uptake and attendance at regular visits, but temporarily discontinue the conditionality on the transfer. ANC services remain critical to positive nutrition outcomes but may be less available on a predictable basis during this time.
 - 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.
 - Where distributions or transfers take place at the health facility level, consider transitioning to a community-based approach to minimize large group gatherings and address possible mobility restrictions. Train community volunteers to practice social distancing and avoid unnecessary contact.
- You may support screening of children under 5 and referral for acute malnutrition as a component of management of acute malnutrition (for full guidance, please refer to latest GNC/UNICEF guidance on “Management of Wasting in the Context of COVID-19,” above).
 - If you intend to continue providing screening and referral, adjustments to screening processes should include avoiding direct contact with children such as instructing caregivers to perform mid-upper arm circumference measurements and edema assessments with guidance from the health worker.
 - For additional MCHN components not addressed above, please seek input from the AOR/Activity Manager and the BHA Nutrition Team (through the AOR). This guidance is iterative and BHA will update it as evidence, both scientific and programmatic, emerges.

NON-USAID NUTRITION TECHNICAL GUIDANCE

Please note that BHA does not necessarily endorse specific guidance or recommendations as described in these reference documents, but lists them here for your consideration. Authors are updating guidance documents frequently and they may not be applicable in some contexts. These are primarily emergency-oriented guidance documents, but may serve as relevant tools in considering changes to existing health and nutrition programming in non-emergency contexts as well.

- GNC/UNICEF [Management of Child Wasting in the context of COVID-19 Brief No.1 \(March 27th, 2020\)](#): This brief provides information specific to services and programs for the management of child wasting in the context of COVID-19, and it contains information that is not already available elsewhere. The brief does not cover wider mitigation and response measures available in other guidance. *(GNC is updating this guidance on an ad hoc basis)*
- GNC/UNICEF guidance on [Infant & Young Child Feeding in the context of COVID-19 Brief No. 2 \(v1\) \(March 30th, 2020\)](#): This brief is meant to provide information specific

to IYCF in the context of COVID-19. This Brief does not cover wider mitigation and response measures available in other guidance. (*GNC is updating this guidance on an ad hoc basis*)

- [WFP's additional recommendations for the management of maternal and child malnutrition prevention and treatment in the context of COVID-19](#): This brief provides additional adjustments to emergency nutrition programming in the context of COVID-19.
- [IASC Interim Recommendations for Adjusting Food Distribution Standard Operating Procedures \(SOPs\) in the COVID19 Context](#). This document aims to guide the revision of food distribution in the COVID-19 context at the country level to minimize the risk of exposure of personnel, partners, and participants. It is not meant to replace existing SOPs, but rather complement them. You could also use it for nutrition interventions that include distributions of SNFs.
- For RCCE implementation, USAID Global Health has issued guidance for USAID Missions. Work through your Mission contacts for additional details.

3. WATER, SANITATION, AND HYGIENE INTERVENTIONS

OVERVIEW

The provision of safe water, sanitation, and hygienic conditions is essential to protecting human health during the COVID-19 outbreak. Frequent and proper handwashing with soap is one of the most important measures that can help prevent the spread of the COVID-19 virus. Regular handwashing relies not only on social and behavior change, but access to a reliable, convenient water service and the availability of soap.

Water, Sanitation, and Hygiene (WASH) services are at risk of disruption by the outbreak, the response to it, and the downstream effects. Ensuring services such as drinking water and sanitation are continuously available is critical to governance, economic growth, and preventing development backsliding. Thus, the WASH approach in BHA DFSAs must look to meet both immediate and long-term needs.

PURPOSE

The purpose of this document is to provide DFSA partners with interim guidance on WASH interventions and adaptations in the context of the COVID-19 outbreak. BHA does not currently anticipate a need for wholesale redesign of WASH strategies within DFSA programming to address emergency needs related to COVID-19. If you are requesting award modifications to address COVID-19, do so in consultation with your AOR. Activities should maintain a focus on their long-term objectives and sustainable WASH service provision.

Given the rapidly evolving nature of the pandemic, mobility restrictions, developing evidence, and related recommendations, you should work closely with your AOR in making programmatic changes. Guidance and program considerations are being updated as new information becomes available.

KEY CONSIDERATIONS FOR DFSA WASH ADAPTATIONS

- Aim to continue WASH interventions and explore opportunities, as appropriate, to scale and/or adjust WASH approaches or timelines to protect the health, safety, and livelihoods of participants and communities.
- Much remains unknown regarding COVID-19 and WASH programming. Monitor emerging evidence, promising practices, and changes in context to better understand:
 - Comorbidities related to malnutrition and vulnerability to COVID-19, and the implications for DFSA WASH approaches and possible modifications.
 - How to operationalize social distancing, stay-at-home or quarantine measures in the context of highly vulnerable populations should be considered for, but not limited to, community-led total sanitation (CLTS) and water points where people gather.
 - Water scarcity and the implications for scaling or adapting hygiene programming in response to COVID-19. See Guidance for DFSA WASH Interventions, below, regarding requests to rehabilitate or construct water supply services.
 - Potential impacts of urban-to-rural exodus as COVID-19 transmission escalates in urban contexts, and the urban poor return to peri-urban/rural communities, on already strained water points and access, and sanitation and hygiene behaviors in rural areas.
- Modify any planned WASH interventions or distributions (e.g. CLTS, non-food item (NFI) distributions) to avoid congregation of large groups and to incorporate social distancing and other risk reduction measures.
- Actively participate and coordinate with humanitarian WASH actors in your focus geography, particularly where a WASH cluster is active. This will help to ensure technical alignment of activity modifications and to avoid duplication of efforts. You can also provide valuable leadership on government engagement and measures to link COVID-19 responses to longer term, sustainable programming.
- It is essential that DFSAs adhere to host government COVID-19 policies and programming related to WASH.¹
- Temporarily shift non-essential *for-work* (e.g., cash-for-assets, food-for-assets) programming to unconditional assistance in countries with Level 2-4 COVID-19 transmission or where mobility restrictions are in place. See the guidance in [COVID-19 Technical Guidance by Sector, Section 4. Food Assistance and Markets Interventions](#).
- WASH-related infrastructure interventions within ongoing or modified DFSA programming should adhere to the guidance in [COVID-19 Technical Guidance by Sector, Section 5. Infrastructure-Related Intervention](#).

GUIDANCE FOR DFSA WASH INTERVENTIONS AND APPROACHES TO ADDRESS COVID-19

- Consider providing hygiene kits in tandem with food distribution and cash transfers bearing in mind potential budget implications.

¹ SIWI (2020): The Water, Sanitation and Hygiene Sector and Its Response to COVID-19 <https://www.siwi.org/publications/the-water-sanitation-and-hygiene-sector-and-its-response-to-covid-19-initiatives-in-latin-america-and-the-caribbean/>

- Social and behavior change campaigns provide an opportunity to promote key hygiene and handwashing behaviors, including through mass media and through support to expand the reach of national or regional hygiene or handwashing campaigns to reach DFSA communities.
- Prepositioning of supplies and equipment will help to ensure continuity of operations, maintenance of critical WASH infrastructure, and availability of critical hygiene materials
- Provide hygiene and/or handwashing materials, and leverage markets and market-based programming wherever possible.
- Consider direct or facilitative support to improve WASH conditions and hygienic environments in health centers, with a focus on long-term, sustainable approaches. This may also take the form of technical assistance to relevant government bodies to support policies or planning for ensuring WASH in health care facilities.
- Consider opportunities to add WASH components to other sectoral interventions to minimize risk of COVID-19 transmission, evaluating all intervention methods to assess potential risk and incorporate risk mitigation measures. For food and NFI distributions, BHA recommends adherence to the [IASC Guidelines on Food Distributions](#) (p. 3-4).
- On a case-by-case basis, BHA will consider requests to add or increase the scope of rehabilitation or construction of domestic water services. Clearly tie requests to COVID-19-related needs or gap analysis. Any planned drinking water construction must adhere to the guidance in [COVID-19 Technical Guidance by Sector, Section 5. Infrastructure-Related Interventions](#).
- On a case-by-case basis, BHA will review requests to incorporate or expand temporary construction of water and/or sanitation services in health facilities or public spaces. Any planned drinking water construction should adhere to the guidance in [COVID-19 Technical Guidance by Sector, Section 5. Infrastructure-Related Intervention](#).
- BHA will review requests to add or increase the scope of WASH in Health Centers or WASH in Markets on a case-by-case basis to evaluate the justification for the proposed scope, the timeline for implementation, and the anticipated scope and targets in relation to the broader DFSA goals and timeline.
- BHA does not currently see a need to increase or change programming to include WASH-in-Schools in relation to COVID-19, and do not anticipate approving these requests.

USAID WASH TECHNICAL GUIDANCE

- USAID (2020). [USAID's WASH Strategic Approach to COVID-19 Response](#)

NON-USAID WASH TECHNICAL GUIDANCE

Please note that BHA does not necessarily endorse specific guidance or recommendations as described in these reference documents, but lists them here for DFSA partner consideration. Authors are updating guidance documents frequently and they may not be applicable in some contexts.

- Global WASH Cluster: [COVID-19 WASH Resources page](#). The GWG is updating this page as new or updated guidance becomes available.

- FSN Network: [COVID-19 WASH resources page](#). BHA's IDEAL activity developed this page and tailored it for BHA partners. The page provides COVID-relevant resources for key sectors often addressed by food assistance programming.
- *Action contre la Faim* (ACF) (2020) [Recommendations for Adaptive Programming to Prevent, Mitigate, and Contain COVID-19 in the WASH sector](#). ACF wrote this interim guidance brief for humanitarian WASH actors, but it provides several program adaptations and risk reduction measures for WASH interventions relevant to DFSAs.
- WASH'em: [COVID-19 Resources page on Handwashing](#). This page provides several WASH'em resources and interactive webinars.
- [UNICEF Risk Communication and Community Engagement](#).

4. FOOD ASSISTANCE AND MARKET INTERVENTIONS

OVERVIEW

COVID-19 is impacting market functionality and household access and availability of food through disruption of supply chains, business closures, and movement restrictions. Those who rely on markets for food may experience shortages of certain commodities due to hoarding, border closures, delays at port, or other disruptions. Some areas are also experiencing general inflation of food prices, as well. Moreover, government policies can restrict or prohibit engaging in livelihood interventions such as petty trade and informal work. Even in the absence of formal restrictions, service industries may also see large declines in labor demand. Households with members exposed to the disease may also face atypical caretaking responsibilities.

Reduced incomes combine with increased prices to make economic access to food much more difficult for vulnerable households in the context of the current pandemic conditions—exacerbating short-term food security and threatening to have lasting effects on the health of markets if business closures and layoffs become permanent. Emergency food assistance may be necessary to support vulnerable households through immediate access issues, while market support and livelihoods interventions may be necessary to ensure economic recovery from the secondary impacts of the pandemic.

PURPOSE

The purpose of this document is to provide DFSA partners with guidance on food assistance and market interventions within the context of the COVID-19 outbreak. This external guidance does not pertain to programs providing direct COVID-19 humanitarian response, but is intended to provide guidance to new and ongoing DFSA awards to support adoption of COVID-19-sensitive program considerations.

Given the rapidly evolving nature of the pandemic, mobility restrictions, developing evidence, and related recommendations, you should work closely with your AOR in making programmatic changes. Guidance and program considerations are being updated as new information becomes available.

KEY CONSIDERATIONS FOR DFSA FOOD ASSISTANCE AND MARKET ADAPTATIONS

Consider how to align DFSAs with the following principles and specific criteria for food assistance and markets adaptations related to COVID-19:

- Any changes to existing awards should consider feasibility of changes, with preference for sustainable, market-based programming to the extent possible. If suppliers, processors, traders, financial service providers, and other actors are functioning and remain accessible in accordance with public health recommendations (e.g., social distancing), modifications should work to support and leverage these systems.
- Do No Harm: Carefully consider and mitigate adverse effects of food assistance and market support interventions on public health, the economy, communities, households, and individuals.
- Activities should temporarily postpone non-essential for-work programming (e.g., cash for work, food for assets) until authorities lift mobility restrictions within the area of implementation; and continuation of for-work interventions will not result in unnecessary exposure to risk. Participants should receive unconditional transfers instead, through mobile money or vouchers where possible.
- Activities that involve direct resource transfers to participants should take the following modality considerations into account:
 - Re-verify market analysis to determine whether the modality choice (cash, voucher, in-kind) is still valid given COVID-19-related shortages and market disruptions;
 - If key commodities are not available in sufficient quantities, or people are unable to travel to markets due to restrictions, shift planned cash and voucher assistance (CVA) to in-kind procurement or delivery for some items or for a period of time;
 - Change direct physical cash or voucher distributions to electronic transfer methods, as able;
 - Change distribution protocols (e.g. spacing out distributions or doing more frequent but smaller distributions) to promote social distancing; and,
 - Consider provision of hygiene kits in tandem with food distribution and cash transfers, bearing in mind potential budget implications.

NON-USAID FOOD ASSISTANCE AND MARKETS TECHNICAL GUIDANCE

Please note that BHA does not necessarily endorse specific guidance or recommendations as described in these reference documents, but lists them here for DFSA partner consideration. Authors are updating guidance documents frequently and they may not be applicable in some contexts.

FOOD DISTRIBUTION

- [Interim Recommendations for Adjusting Food Distribution Standard Operating Procedures in the Context of the COVID-19 Outbreak \(developed by WFP\)](#) - This guidance from WFP circulated through the IASC and the Global Food Security Cluster and provides a concise discussion of adjustments to standard operating procedures for activities distributing in-kind food during the COVID-19 crisis.

CASH AND VOUCHER ASSISTANCE

- [WFP guidance for CVA in COVID-affected contexts](#) - WFP has also developed guidance on distribution of cash and voucher assistance.
- [CVA in COVID-19 Contexts: Guidance from the CaLP network](#) - This guidance pulls together recommendations from a host of other organizations' documents to identify key messages for different stages of implementation of cash and voucher assistance.
- [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](#) - Developed by WHO and the Global Health Sector, some of the guidance in this document is for national governments. However, pages 6-8 provide specific discussion relevant to businesses that remain open and humanitarian cash and voucher assistance.

SAVINGS GROUPS

- [Savings Groups and COVID-19](#) - The SEEP Network—in collaboration with the Aga Khan Foundation, CARE, Catholic Relief Services, International Rescue Committee, World Relief, and World Vision—has developed this guidance on Savings Groups and COVID-19.
- [Savings Group Risk Mitigation, Support, and Engagement in Relation to COVID-19, developed by CARE](#) - CARE also developed preliminary guidance of its own, which provides some accessible recommendations for programming.

ECONOMIC RECOVERY

- [Minimum Economic Recovery Standards Guidance in Response to COVID-19 \(developed by SEEP/MERS\)](#) - Produced by the SEEP Network, this document provides recommendations on which parts of the Minimum Economic Recovery Standards apply and in what ways activities could support the recovery of markets from COVID-19 impacts.

5. INFRASTRUCTURE-RELATED INTERVENTIONS

OVERVIEW

Infrastructure interventions can support the life-saving work of the health and WASH sectors and facilitate a return to normal on and off-farm livelihood opportunities for communities after the peak of COVID-19 infection has passed. However, during periods of COVID-19 transmission, consider these interventions carefully, balancing the benefits that high-value community infrastructure could bring against the increased risks to vulnerable populations through construction interventions.

PURPOSE

This document provides interim guidance outlining basic recommendations for DFSA partners when considering interventions related to the construction, repair, or rehabilitation of infrastructure and potential adjustments needed in the context of COVID-19.

Given the rapidly evolving nature of the pandemic, mobility restrictions, developing evidence, and related recommendations, you should work closely with your AOR in making programmatic changes. Guidance and program considerations are being updated as new information becomes available.

KEY CONSIDERATIONS FOR INFRASTRUCTURE-RELATED ADAPTATIONS

When adjusting existing construction-related DFSA programming due to COVID-19, keep the following considerations in mind:

- Non-essential for-work programming should be temporarily transitioned from conditional to unconditional assistance in countries with Level 2-4 COVID-19 transmission (per [WHO guidelines](#)) or in locations where mobility restrictions are in place for as long as the restrictions remain in effect. Even if mobility restrictions are not yet in place, we still recommend shifting temporarily to unconditional assistance to reduce unnecessary gatherings of people. Use mobile transfers or e-vouchers where possible. For more information, see the guidance in [COVID-19 Technical Guidance by Sector, Section 4. Food Assistance and Markets Interventions](#).
 - Work with your AOR when considering modifications or new funding to repair, rehabilitate, or construct any new infrastructure (including, but not limited to domestic water service) in countries at or exceeding Level 2-4 for COVID-19 transmission or when mobility restrictions are in place. BHA will evaluate requests on a case-by-case basis.
 - BHA may allow the repair, rehabilitation, or construction of domestic water services in countries with Level 2-4 COVID-19 transmission on a case-by-case basis. The repair and/or rehabilitation of existing water schemes must address specific context needs and done only by qualified, professional technicians (no Cash for Assets, Food for Assets, or any labor by untrained program participants).
 - Any infrastructure construction (including repair and rehabilitation) interventions permitted to continue should incorporate minimum handwashing, hygiene, social distancing, and other risk-reduction measures (e.g. reducing sharing of tools).
 - Follow the guidance on adaptive programming for construction/civil engineering works developed by ACF (link below).
 - Only perform construction, repair, or rehabilitation with professional technicians, working in small groups.
 - Plans to repair or rehabilitate existing infrastructure systems approved by BHA prior to the active transmission of COVID-19 in-country may continue, if professional technicians perform the work and not program participants.
- BHA recommends that partners plan for potential disruptions in material and tool supply chains and develop contingency plans for adjusting timelines for infrastructure completion and handover;
 - New household-level WASH construction (e.g., latrines) performed by participants may continue, so long as adequate hygiene and social distancing protocols are in place.
 - BHA does not currently support the following adaptations in Level 2-4 COVID-19 transmission areas or where mobility restrictions are in place:
 - New construction programming,

- Construction, including non-essential Cash for Asset or Food for Asset interventions performed by program participants (recognizing that many may have vulnerabilities that put them into higher risk groups).

NON-USAID INFRASTRUCTURE-RELATED TECHNICAL GUIDANCE

Please note that BHA does not necessarily endorse specific guidance or recommendations as described in these reference documents, but lists them here for DFSA partner consideration. Authors are updating guidance documents frequently and they may not be applicable in some contexts.

- [ACF Recommendations for Adaptive Programming to Prevent, Mitigate and Contain COVID-19 in the WASH Sector](#) (includes non-WASH construction-specific guidance on construction works)

COVID-19 CROSS-CUTTING GUIDANCE

I. PROTECTION, GENDER, DISABILITY, AGE, AND INCLUSION CONSIDERATIONS

OVERVIEW

The consequences and responses to COVID-19 are exposing populations to new or exacerbated risks, with context-specific implications linked to gender, age, ability, and other social and identity factors. All Do No Harm considerations and analysis of vulnerability factors—including gender, age, and disability—should inform any shifts in DFSA programming.

PURPOSE

The following outlines key priorities linked to gender, age, and protection considerations in addition to other intersecting factors to consider in DFSA implementation within the context of COVID-19.

Given the rapidly evolving nature of the pandemic, mobility restrictions, developing evidence, and related recommendations, you should work closely with your AOR in making programmatic changes. Guidance and program considerations are being updated as new information becomes available.

KEY CONSIDERATIONS FOR PROTECTION, GENDER, DISABILITY, AGE, AND INCLUSION ADAPTATIONS

- Adhere to Prevention of Sexual Exploitation and Abuse (PSEA) protocols and code of conduct. Please refer to USAID’s new [Protection from Sexual Exploitation and Abuse \(PSEA\) policy](#).
- Targeting criteria and monitoring and evaluation (M&E) plans may have to be more flexible and adaptable to the changing effects of COVID-19. Ensure gender, age, and disability responsive targeting, assessments, monitoring, and feedback, to continually

identify and respond to the needs and priorities of specific vulnerable groups before adapting activities.

- COVID-19 is increasing protection risks such as gender-based violence (GBV), Sexual Exploitation and Abuse, Intimate Partner Violence (IPV), transactional sex, child trafficking, and early marriage. For example, IPV may increase in contexts where women and girls are more isolated due to social distancing and remaining in their homes. Plan for how to mitigate and reduce these risks. DFSAs should also work to strengthen risk mitigation measures and linkages to protection services and specialists, where appropriate.
- Programming should continuously adapt to identify, monitor, and respond to the distinct needs of women, men, girls, boys, and other vulnerable and marginalized groups generated by the pandemic.
- Consider COVID-19 implications on workload, women's time burdens, safety, protection and exploitation risks, and access to information and services, and adapt interventions accordingly.
- Risks may increase for women and girls as they travel for water/food, sanitation, and health services. Female health workers on the frontlines may attempt to balance paid and unpaid work roles as well, thereby increasing their exposure to COVID-19.
- As COVID-19 fears grow, tensions, harassment and violent attacks are increasing against health workers and facilities, including hospitals and testing sites. Be mindful of protection measures for female health workers on the front lines.

GUIDANCE FOR DFSA PROTECTION, GENDER, DISABILITY, AGE, AND INCLUSION INTERVENTIONS AND APPROACHES TO ADDRESS COVID-19

BHA will consider supporting the following illustrative adaptations:

- Efforts to strengthen family and caregiving environments.
- Supporting conflict and GBV risk mitigation measures to offset likely increases in intimate partner violence, GBV, and other risks.
- Expanding and promoting safe, accessible, inclusive, culturally appropriate, and empathetic community engagement and communication, taking into account the potential need for social distancing. Understand that access to information and information needs vary by sex, age, ability, and other factors.
- Strengthening community-focused RCCE, particularly for marginalized and vulnerable groups, in alignment with MOH efforts and where adequate staff capacity exists.
- Leveraging opportunities, such as supporting women's organizations, youth or others who may be more able to assist with response or communications efforts.
- Making adjustments to existing or ongoing gender age/youth, and disability assessments and analyses (including monitoring, evaluation, accountability and learning, or sex- and age-disaggregated data) to strengthen gender- and age-responsive programming and inclusion efforts. You may need to adjust or adapt activity design and interventions during implementation to account for the changing vulnerabilities, needs, priorities, and capacities of vulnerable groups.

NON-USAID PROTECTION, GENDER, AGE, AND INCLUSION TECHNICAL GUIDANCE

Please note that BHA does not necessarily endorse specific guidance or recommendations as described in these reference documents, but lists them here your consideration. Authors are updating guidance documents frequently and they may not be applicable in some contexts.

- [Age, Gender, and Diversity Considerations - COVID-19](#)
- [Identifying and Mitigating Gender-Based Violence Risks](#)
- [IASC Protection from Sexual Exploitation and Abuse during COVID-19 Response](#)

2. MONITORING AND EVALUATION

OVERVIEW

In a context of a highly transmissible disease and the need for widespread social distancing, COVID-19 hinders the ability to continue implementing DFSA interventions, and monitoring and evaluating their performance.

Adapt your M&E approaches to prevent the spread of COVID-19 during data collection while also continuing to collect activity- level performance data to the extent possible. Strictly follow Do No Harm principles as you adjust M&E approaches and plans to adapt to COVID-19. Follow this guidance as you revisit your M&E plan and obtain approval from your AOR before implementing the proposed changes. Some recommendations may have implications for budget, timeline, indicators, and reporting.

PURPOSE

The purpose of this document is to provide recommendations to DFSA partners to adapt their M&E approaches to prevent the spread of COVID-19 during data collection while also continuing to collect activity- level performance data to the extent possible. Apply this guidance for an initial three-month period (through the end of August 2020), and revisit it periodically as the pandemic evolves. The following applies to both routine monitoring as well as planned surveys and evaluations.

Given the rapidly evolving nature of the pandemic, mobility restrictions, developing evidence, and related recommendations you should work closely with your AOR in making programmatic changes. Guidance and program considerations are being updated as new information becomes available.

KEY CONSIDERATIONS FOR DFSA M&E SYSTEM ADAPTATIONS

- Prioritize Do No Harm for your staff, contractor staff, activity participants, and communities.
- Collect data to meet existing performance monitoring requirements only if it is safe to do so. If data collection is unsafe or has the potential to cause harm either to participants or to staff, collect data only for prioritized key performance indicators.
- Regularly revisit monitoring approaches, and consult with the relevant BHA M&E Advisor for guidance. Consider shifting to remote data collection if appropriate and

feasible. This will limit the frequency of person-to-person contact. Assess risk and burden on staff, communities, and participants of remote data collection. Consider the alternative data collection methods outlined in USAID's [Guide for Adopting Remote Monitoring Approaches During COVID-19](#).

- Consider alternatives to obtaining participant signatures or fingerprints to verify receipt of goods or services.
- Where shifting to remote monitoring is not feasible, update data collection tools and protocols to limit the frequency and duration of face-to-face contact.
- Modify timeline or data collection methods for planned evaluations.
- Plan for capacity building and technical support for M&E staff and enumerators to ensure staff can execute modified and remote data collection methods.

ADAPTING M&E PLANS TO THE COVID-19 CONTEXT

Document proposed changes either in the activity M&E Plan or as a freestanding COVID-19 addendum to your M&E Plan and submit the revised plans to the AOR, who will circulate with the M&E team for review. In addition to explaining the adjustments based on the key principles above, revisions should include tentative timelines of how long you will implement new procedures and practices before reassessing the context, a plan to develop safety and security protocols for data collection during the pandemic, and documentation of anticipated effects on data quality.

DETAILED M&E GUIDANCE

PERFORMANCE INDICATOR TARGETS

BHA recognizes that many activities either paused implementation of planned interventions or pivoted to respond to COVID-19 related shocks, hence your activities may not achieve FY 2020 performance targets (e.g., those that you included in the November 2019 Annual Results Report). Do not revise FY 2020 performance indicator targets because PPR targets are linked to activity level indicator targets, and PPL will not revise PPR targets for FY 2020. BHA will communicate more guidance about the deviation narrative through Annual Results Reporting guidance for FY 2020.

ADAPTATIONS TO DATA COLLECTION

In consultation with the M&E Advisors, AORs and program staff will review and explore revising monitoring frameworks, activity data collection, and reporting requirements for all DFSA awards for the next three months. State which adaptations to ongoing M&E systems you will make, and document the limitations on the type and quality of monitoring data collected, including any risks or increased burden to staff, participants, and the communities in which you work.

* Do not adopt new or complex technologies that activity staff have not used in response to COVID-19. Introduction of new methods takes time, training, funding, and privacy/security measures that may be challenging to implement for the first time in this context. Build on systems and tools that are already in place or within the existing capacity of the organization. If you propose using a new system or tool, the AOR, in coordination with the M&E point of contact, will examine the feasibility to implement the proposed systems and/or tools.*

PRIORITIZE DO NO HARM FOR PARTNER STAFF AND PARTICIPANTS

In-person data collection requires staff to travel to activity sites and interact with participants and community members. Modify or adapt M&E approaches to reduce risks associated with spreading the novel coronavirus through in-person data collection. Reconsider any proposed in-person data collection unless it is necessary to inform life-saving interventions and you can adhere to this principle, follow host-country laws and guidance, and maintain appropriate physical distancing.

ONLY IF IT IS SAFE, CONTINUE TO MEET THE FULL PERFORMANCE MONITORING REQUIREMENTS

Continue to monitor the full set of indicators and develop an organized process for documenting your results during the COVID-19 pandemic only if it is safe. In places where monitoring of all performance indicators is not possible because of the pandemic, prioritize the list of indicators and document the list of indicators in the revised M&E Plan or supplemental document and submit to AORs for approval.

PRIORITIZED REPORTING GUIDANCE

Focus reporting on eight key indicators with the proposed disaggregates:

About half of BHA standard indicators are also Feed the Future indicators, complex and layered with disaggregates. BHA recognizes that COVID-19 concerns may limit normal data collection in some places. To mitigate data collection risks and considering challenges, prioritize a subset of indicators with fewer disaggregates listed in the table below for the FY 2020 Annual Results Report. Add more indicators to the list based on your own priorities.

Given the importance of handwashing, and access to water, BHA included two new indicators (Number of people reached with messaging on handwashing, and Number of households accessing handwashing/ hygiene kits with BHA assistance) that are easy to track. The Performance Indicator Reference Sheets for these two indicators can be found [here](#). Report these two indicators, if applicable, based on original interventions or if activities have pivoted to include these interventions as part of COVID-19 related programming adjustments.

You can collect all indicators below either through remote or other routine monitoring methods as they do not necessitate direct contact between your staff and participants, e.g. through a face-to-face interview.

BHA PRIORITY INDICATORS

PRIORITY INDICATORS	PRIORITY DISAGGREGATE (S)	REASON FOR PRIORITIZING	POTENTIAL REMOTE MONITORING OPTIONS
MI (EG.3-2) Number of individuals participating in U.S.	Sex of individual	This is a headcount of the direct participants of BHA activities, and helps provide an understanding of the breadth of BHA work.	Use activity records (stored online or to which you still have access) to get a count of participants.

PRIORITY INDICATORS	PRIORITY DISAGGREGATE (S)	REASON FOR PRIORITIZING	POTENTIAL REMOTE MONITORING OPTIONS
Government food security programs			
M2 (HL.9-1) Number of children under 5 (0-59 months) reached with nutrition-specific interventions through U.S. Government-supported programs	Sex of individual Intervention type	This indicator enables us to understand our reach with vulnerable populations of children, an important aspect of our nutrition-related work.	Many host governments maintain records of children reached through some type of health management information system. This information is often online and accessible and could be used for reporting here.
NEW 1 Number of people reached with messaging on handwashing	Sex of individual	This indicator enables us to understand our reach with the target population receiving information on the importance of handwashing messaging which is a critical behavior in the context of COVID-19.	This information could be collected from the activity records and phone interview.
NEW 2 Number of households accessing handwashing/ hygiene kits with BHA assistance	None	This indicator enables us to understand the coverage of handwashing/ hygiene kits distribution. Handwashing is a key behavior to minimize the risk of contracting COVID-19.	This information could be collected from activity records and handwashing/ hygiene kit distribution list.
M31 (EG.3.2-27) Value of agriculture-related financing accessed because of U.S. Government assistance	Size of organization of the recipients (for both value of financing and number of participants) Sex of recipient (for both value of financing and number of participants)	The effects of the COVID-19 pandemic are likely to have a great impact on smallholder farmers and micro, small, and medium enterprises which tend to operate with tight margins and small cash reserves. This measure will enable us to understand whether financing to these priority groups of the agency, was affected during the COVID-19 pandemic, or, alternatively, whether it increased as part of COVID-19 response.	Ask lending institutions whether they have access to their loan records that they could share digitally or verbally. Or conduct phone surveys (via SMS or audio call) to request this information directly from recipient producers/proprietors. (Note risk of phone survey bias.)
M33 (EG.3.2-26) Value of annual sales of producers and firms receiving U.S. Government assistance	Type of producer/firm Sex of producer or proprietor	Like yield, agricultural sales by the participant producers and/or firms could help shed light on any negative effects of the COVID-19 pandemic on agricultural sales. Disaggregating these sales by farm or firm size also enables us to see whether smaller farms and/or firms experience greater reductions in sales in contrast to their larger counterparts.	Ask participant producers/firms if they have access to their farm/firm records of sales they could share digitally/verbally. Or, conduct phone surveys (via SMS or audio call) to request this information. (Note risk of phone survey bias, as well as potential recall bias if

PRIORITY INDICATORS	PRIORITY DISAGGREGATE (S)	REASON FOR PRIORITIZING	POTENTIAL REMOTE MONITORING OPTIONS
			producers/firms do not have access to their records).
M3 (HL 9-3) Number of pregnant women reached with nutrition-specific interventions through U.S. Government supported programs	Intervention Type Age of woman	In the context of COVID-19, it is important for activities to continue counselling on maternal health and/or child nutrition (possibly through phone and other means), and supporting micronutrient supplementation. In addition, pregnant women should continue to receive direct food assistance of fortified /specialized food products.	The information can be collected from the activity record and phone interviews.
M7 (HL 9-2) Number of children under 2 (0-23 months) reached with community-level nutrition interventions through U.S. Government-supported programs	Sex of child	Where the situation allows, activities maintaining social distancing and following do-no-harm principles may be able to continue community-level nutrition interventions focusing on key maternal and infant and young child nutrition practices.	The information can be collected from the activity record and phone interviews.

SUGGESTED ADDITIONAL INDICATORS

While BHA did not prioritize the following indicators because of the high level of data collection efforts, considering COVID-19, the indicators are important. If they are safe to collect, you may consider them.

SUGGESTED ADDITIONAL INDICATORS	SUGGESTED DISAGGREGATE (S)	IMPORTANCE	POTENTIAL REMOTE MONITORING OPTIONS
M4 (HL.8.2-5) Percent of households with soap and water at a handwashing station on premises	None	This indicator enables us to understand the level of hand washing practice. Given the importance of hand washing to prevent COVID-19 infection, this indicator will reveal critical information and have programmatic implications.	This information could be collected using a phone survey combined with a photo upload.
M21 (HL.8.1-1) Number of people gaining access to basic drinking water services because of U.S. Government assistance	Sex Rural and Urban/Peri-urban	This indicator enables us to understand our reach with the target population creating access to basic water services. Access to water is an important aspect to ensure safe hygiene practices.	This information could be collected using a phone survey and activity record.