

SPACE Social Protection
Approaches to COVID-19:
Expert advice



PROGRAMMING OPTIONS: 'CASH PLUS' APPROACHES IN THE RESPONSE TO COVID-19

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This 'Cash Plus' Approaches in the Response to COVID-19 guidance note was developed alongside others – most importantly a [Strategy Decision Matrix](#), a [Delivery System Decision Matrix](#) and [Gender Equality and Social Inclusion](#) document – as a technical tool used to structure an independent and unbiased analysis of COVID-19 response options. It does not necessarily represent DFID or GIZ own views or policies.

1 INTRODUCTION

COVID-19 is having devastating social and economic impacts on individuals and household economies. The pandemic has exacerbated existing inequalities and vulnerabilities and has heightened the need for social protection interventions to cover people often not previously receiving assistance. For instance, urban informal workers have seen their livelihoods collapse in the face of lockdown and recession. Further, immediate impacts on household incomes are being compounded by increased incidence of gender-based violence, health impacts, and loss of education. Increased support has, so far, been mainly in the form of expanded social and humanitarian transfers (cash/vouchers/food assistance). It is unlikely that the economic situation will improve for many months if not years, and the long-lasting economic and social impacts of the crisis will affect the life-chances and opportunities of women and men, girls and boys.

Within this context, it is important to consider interventions that go beyond transferring cash or vouchers, and to consider a range of complementary interventions that can be implemented alongside cash transfers. This not only provides the opportunity to maximise the benefits of the cash itself but enables a more comprehensive approach to address the multiple risks and vulnerabilities which individuals and households face, by supporting access to relevant interventions, both in the short-term immediate response to COVID-19 and for longer-term sustainable and equitable recovery.

The aim of this document is to provide an overview of the options for linking cash transfers to complementary services in the context of COVID-19, drawing out lessons learnt from existing evidence and knowledge of good practices to highlight how cash plus can be effectively designed and implemented in crisis response.

2 WHAT IS 'CASH PLUS'?

'Cash plus' interventions combine cash transfers with one or more types of complementary support. This can be done by linking cash transfer programme recipients to externally provided services or by providing multiple interventions within a cash transfer programme (or combinations of both). For example:

- Linking cash transfer programme recipients to **externally provided services or interventions**. This can be achieved in several ways, for example, simply giving cash transfer beneficiaries information on relevant available services in their locality (e.g. extension services, financial services, social welfare services etc.), or through more formalised coordination mechanisms such as providing automatic enrolment for beneficiaries to other services and interventions (e.g. to health insurance or school waivers, community sensitisation, behaviour change communication (BCC), preferential access to external services, and / or providing referrals through case management processes (e.g. to GBV or child protection services, judicial services etc.); and / or
- Providing multiple interventions *within* the cash transfer programme. For example, providing programme beneficiaries with cash transfers alongside community sensitisation, economic or social skills training, nutrition education, agricultural inputs, creating savings groups etc.

The key advantages of a cash plus approach are that (1) linking cash to complementary programmes can enhance the effectiveness of the cash transfer programme and (2) create efficiencies in the delivery of programmes (UNICEF, 2019). For example, by increasing and maximising the connections and outcomes across multiple sectors, cash plus interventions can address the non-financial barriers to accessing services as well as address the multiple vulnerabilities which individuals and households face, through an integrated approach. Moreover, coordinating across sectors can strengthen social protection and sectoral systems through a more efficient use of financial, human and administrative resources.

The level of integration across external sectors, and the complexity of combining multiple integral interventions within cash plus programmes, have important implications for the levels of capacity, cost and time required to design and implement these programmes. As Table 1 briefly illustrates, cash plus models which provide "lighter touch" linkages to external interventions – such as providing information on available services – require relatively lower investment in time, resources and staff skills than cash plus models which offer case management and referrals, demanding higher levels of administrative integration as well as staff time, skills and resources. Likewise, for cash plus programmes which implement the complementary activities internally within the cash programme, programmes which implement fewer complementary interventions and simpler types of interventions (e.g. inputs, messaging, awareness and information sharing) require lower levels of resources than multiple and complex interventions. These are all critical considerations in the context of COVID-19 response, which we return to further below. However, it may also be the case that some of the larger investments result in much higher effectiveness of the program, yielding benefits that outweigh the costs. Further, cash plus models that offer greater investment in

case management and other services may be considered an essential part of the 'right to operate'. A careful assessment of costs, benefits and equity considerations is essential.

Table 1: Overview of cash plus design and implementation models.¹

Cash Plus Models			
	Low	Time, resources, skills required	High
Cash Plus – External Interventions	<p>Cooperation between cash transfer and external interventions – e.g. providing cash transfer recipients information on relevant available interventions</p> <ul style="list-style-type: none"> • Exchange of information between agencies. • Formal relationship between agencies. • Sharing resources for common purpose. 	<p>Collaboration between cash transfer and external interventions – e.g. preferential or automatic access/referrals to available interventions</p> <ul style="list-style-type: none"> • Exchange of information between agencies. • Formal relationship between agencies. • Sharing resources to enhance capacity for common purpose. 	<p>Integration of services between cash transfer and external interventions (horizontally across ministries and vertically at sub-national levels) – e.g. integrated case management</p> <ul style="list-style-type: none"> • Integrated sharing and management of information. • Mandated operational relationship between agencies. • Merging of administrative, financial and human resources. • Integrated joint planning and delivery of services.
Cash Plus – Internal (Provision of additional interventions within the cash programme)	<p>Addition of few low-cost relatively simple additional components, e.g.</p> <ul style="list-style-type: none"> • Messaging. • Labelling cash transfers. • Community awareness and sensitisation. 	<p>Provision of additional technical components, e.g.</p> <ul style="list-style-type: none"> • Inputs. • Behavioural change communication. • Group savings. • Peer-to-peer learning. 	<p>Provision of multiple additional technical components (e.g. integrated graduation model)</p> <ul style="list-style-type: none"> • Skills and training. • Inputs. • Savings.

¹ Adapted from Sammon et al., 2019 – Sammon, E., Carraro, L., Attah, R., Barca, V. and Matkovic, G. (2019) Integrated Social Protection Systems: Review of Different Approaches in UNICEF Europe and Central Asia Region. UNICEF

3 WHY USE 'CASH PLUS' IN RESPONSE TO THE COVID-19 CRISIS?

Linking cash to complementary programmes can enhance the effectiveness of cash transfer programmes to meet their objectives. The impacts of COVID-19 have heightened food insecurity, as well as impacting the provision of, and access to, basic services. With schools closed during lock down there are fears that girls in particular may not return to school and that access to healthcare is being severely disrupted by the pandemic, especially for pregnant women and children.

Evidence shows that cash transfers can overcome the financial barriers to meeting basic needs, and that higher transfer levels are associated with higher impacts across education, health and nutrition. Cash plus programming has also been shown to be an effective tool to improve outcomes in food and nutrition security by complementing cash with nutritional supplements, promoting school attendance through positive labelling and community sensitisation and increasing the utilisation of health services (see Box 1). And graduation programming – which layers cash with a series of sequential cash plus interventions including training/coaching, savings group and an asset transfer, has been shown to have a profound effect on reducing extreme poverty.

Box 1: CASH PLUS PROGRAMMING FOR IMPROVED OUTCOMES IN HEALTH

In Ghana, for example, beneficiaries of the government's national cash transfer LEAP were using their cash transfers to pay for high health insurance premiums. However, low transfer levels were insufficient and thus 'cash plus' programming was introduced to provide cash transfers 'plus' free access to healthcare insurance to pregnant women and mothers of children under one year old to improve impacts on child stunting in the first 1000 days (Roelen et al., 2017).

Cash plus can provide tailored support to individuals and households, addressing multiple sources of risk and inequality that cash alone cannot tackle. The COVID-19 pandemic has heightened protection risks for vulnerable populations. Whilst emerging evidence shows that cash transfers can reduce women's experience of intimate partner violence (IPV) inside the home, there are also numerous ways in which cash plus programming can further support women and children experiencing violence, through programme linkages, case management and referrals (see Box 2). In Latin America, for example, where relatively well-established social protection systems and government capacity exists, certain countries have spearheaded integrated cash programming approaches, combining social protection programme beneficiaries with integrated case management and referrals to specialised services. For example, in Chile, the Solidario Programme combines cash transfers with psychosocial family support and priority access to social services.

Box 2: CASH PLUS PROGRAMMING TO SUPPORT PROTECTION

Cash plus programming can be an effective programming tool to support protection needs. For example, opportunities could include coordinating with GBV actors to

understand the availability and accessibility of free or low-cost GBV services in areas where the cash transfer is operating, providing information on GBV services to cash recipients at contact points (for example flyers or visual posters with helplines information – or by word-of-mouth from distribution agents) and in the longer-term, identifying opportunities to integrate GBV information, awareness and messaging into cash transfer programming (e.g. communication campaigns addressing harmful social norms that perpetuate violence at paypoints, related training sessions or via radio or community messaging).

In Jordan, UNICEF launched a programme in 2017 with the aim to reduce school dropout for refugees and vulnerable Jordanians through labelled cash transfers. The programme encouraged vulnerable children and adolescents to enrol with UNICEF partner-managed Makani ('my space') centres offering a package of services including alternative education, learning support, psychosocial support and life skills development. This combination of support has helped adolescent girls make new Jordanian friends, as well as giving them the opportunity to learn life skills and build confidence speaking up for themselves.

Cash plus can support longer-term development objectives in recovery stages through supporting sustainable livelihoods and building human capital. The short-term impacts of COVID-19 have disrupted urban livelihoods and employment in particular, with devastating impacts for unprotected workers in the informal economy. Women are particularly impacted, being over-concentrated in the most vulnerable forms of employment, and persons with disabilities may also be disproportionately impacted, as they are more likely to work in the informal economy as compared to their able-bodied counterparts. Cash plus interventions which combine consumption smoothing through regular cash transfers and complementary interventions to support longer-term income opportunities and skills development have been shown to improve households' agricultural production, income generation, asset ownership, women's economic empowerment, as well as dietary diversity and food security.² Looking for potential opportunities for appropriate complementary interventions will therefore will be particularly important in the process of longer-term recovery (see Box 3).

Cash plus interventions also provide important opportunities to shift structural inequalities and discrimination in a way in which cash alone cannot do and offer important opportunities to contribute to longer-term empowerment objectives even in short-term crisis-response. Messaging, awareness raising and community sensitisation are common mechanisms used to promote changes in entrenched attitudes to gender inequality and discrimination against women and girls, for example, as are programmes which support training and employment opportunities for women, including in male-typical occupations, and providing complementary childcare, transport and meals to enhance women's participation.

Box 3: CASH PLUS INTERVENTIONS FOR LONGER-TERM RECOVER IN NIGERIA

FAO is providing direct support to urban households in Nigeria working in the agriculture sector, providing cash transfers for basic needs alongside agricultural inputs and training to support livelihood recovery for vulnerable farmers and informal agricultural workers. The aim is to 'link with national systems as much as possible' on this distribution, ideally using data in the State Social Registers as the starting point for

² Cash+ FAO's approach. FAO (2017)

targeting households, where available. Where FAO targets households directly, it expects that this data will then contribute to build and strengthen the national social register as a platform supporting future shock response.

Linking cash to complementary programmes can also create system efficiencies, coordination and improve the administration of programmes. Recent evaluations of cash plus interventions, including ‘graduation models’ and economic inclusion programming³ which provide multiple combinations of interventions tailored to recipients’ needs, have been found to be sustainable and cost-effective in increasing the incomes and well-being of extremely poor households, and recent studies suggest that combining cash transfers and productive activities in early crisis response could result in a reduction of up to \$3 in reduced humanitarian aid for every \$1 invested. It is important to note, that the quality and adequacy of these interventions are critical to ensuring positive outcomes.

Cash plus interventions also provide opportunities to improve coordination and efficiencies between a broad range of actors (including development and humanitarian actors, and national and local actors) and to support nationally owned and led social protection policies and systems, even where state capacity is weak (see Box 4). As we have seen in the response to COVID-19, building on existing social protection systems has been a priority policy discussion where government and partners have looked to adapt existing social protection programmes to respond to the crisis. Whilst many of the early discussions initially focused on horizontal and /or vertical expansion of these schemes, key recommendations have also been put forward to actively look for linkages to complementary programming to multiply the effectiveness of cash responses. This has especially been the case because of the need for quick responses and limited fiscal space whilst at the same time recognising that cash alone is unlikely to be sufficient to respond to needs given the scale of the crisis. For example, key suggestions have included offering digital parenting modules to prevent GBV and violence against children alongside cash distribution, or labelling and messaging cash transfers to support girls’ access to education as children return to school. Moreover, the crisis has also highlighted the key role which local actors (DPOs, WROs, member-based organisations etc.) play in continuing to deliver services during the crisis, and there is increasing emphasis on supporting and working with these actors in a coordinated way.

Box 4: EXAMPLES OF CASH PLUS PROGRAMMING SUPPORT TO NATIONAL SOCIAL PROTECTION SYSTEMS

The Sahel Adaptive Social Protection Program, funded by a multi-donor trust fund and managed by the World Bank, aims to strengthen national systems by providing regular cash transfers linked to economic inclusion and human capital interventions to reduce vulnerability to climate change impacts. In other countries, international and local actors may only implement the “plus” interventions for beneficiaries receiving national cash-based social protection programmes, as is the case in Kenya where UNICEF and the Government of Kenya is providing nutritional supplements and dietary information for families of the Kenyan safety net programme and in Nepal, where Save the Children are implementing complementary parenting skills programmes to families receiving the Government’s cash-based child grant. In other contexts, especially where state capacity is higher and there is a strong social protection system, cash plus interventions are more

³ See recent work by the Partnership for Economic Inclusion, as well as a forthcoming joint think-piece with SPACE (Archibald et al, 2020).

formalised and integrated within government and across government ministries and systems (both vertically and horizontally) – as is the case in [Brazil](#), for instance.

4 HOW CAN CASH PLUS INTERVENTIONS BE EFFECTIVELY DESIGNED AND IMPLEMENTED IN RESPONSE TO COVID-19?

As with any choice of intervention there are trade-offs to consider when determining the most appropriate intervention. This is particularly the case when considering the appropriateness and feasibility of cash plus interventions in response to COVID-19 and in the context of finite resources. Some of the key questions to consider when considering cash plus include:

- **Timeliness:** Which components of a cash plus option can be designed and implemented relatively quickly? Which components might be layered in overtime to support early economic recovery? Are there appropriate complementary components already being implemented by external providers that cash programmes can link to?
- **Coverage:** will including a “plus” option affect the proposed coverage levels of the cash transfer? Specifically, will including complementary components mean that the number of potential recipients will need to be reduced? What is the trade-off between investing more heavily now in cash plus to reduce caseloads over time, as compared with investing in cash only now but requiring ongoing support over time? Will all eligible beneficiaries receive the “plus” components?
- **Adequacy:** will including a “plus” option affect the adequacy of the cash transfer value? Specifically, will including complementary interventions reduce the value of the transfer (and / or the coverage, see above)? If complementary programmes are implemented by external actors, are they of sufficient quality and quantity?
- **Cost-effectiveness:** In addition to the decisions above related to coverage and adequacy, do the complementary components add significant value, and are they value for money? Would including complementary interventions require additional budget within the programme, and would the benefits outweigh the costs of the additional budget?
- **Operational feasibility:** What additional resources (financial, administrative, staff) are required to implement the cash components? What are the financial implications if complementary interventions are designed to be integral to the cash transfer programme? Or are they delivered by external providers? What additional skills do staff need to implement cash plus, and what administrative systems and inter-operability need to be in place?

Ensuring that cash plus interventions can provide a timely, responsive and cost-effective response in a way which maintains adequate transfer values and levels of coverage of the main cash intervention will thus be vital. Some key actions to take into consideration in the design and implementation of cash plus therefore include the following:

Analyse the context to prioritise needs: Context-specific needs assessment are required to understand the short-term and potential longer-term impacts of the crisis on particular groups. To inform appropriate cash plus responses it is important to move beyond income-indicators and to provide a comprehensive understanding of the underlying risks and vulnerabilities that individuals and households face. For example, identify the non-financial barriers to accessing services and the additional needs generated by the crisis (for example, risk of violence, increased food insecurity, loss of jobs and livelihoods, additional care responsibilities etc). It will be important to understand how these vary with respect to gender, age, disability and ethnicity, how gender and social norms reinforce and modify these risks, and to identify the opportunities to address and promote transformative outcomes through complementary interventions across the life-course. Special efforts should also be made for groups that are typically excluded from assessments, including people living with disabilities, migrants and refugees, and older people.

Maintain cash transfer values and coverage: Given the scarcity of resources, and the large-scale collapse of livelihoods across the population as we have seen in the context of COVID-19, it is essential to focus on getting adequate cash or other transfers to as many people as possible. The process of designing cash plus programmes needs to ensure coverage, as well as adequacy and comprehensiveness of support: it is important that the cash transfer component provide a generous enough cash transfer that beneficiaries can cover their basic needs (or most of them) for a complimentary intervention to have the desired enhanced effect [link to payments / blog]. This requires getting a balance between the “cash” and the “plus” components and looking for relatively quick and easy wins (see points below).

This also means not conceptualising a complex multi-sectoral intervention at the start but prioritising the most immediate needs of the target population group and layering and sequencing interventions that already exist. As the situation stabilises, more complex cash plus components and systems can be brought in to complement recovery, resilience and development programming to meet community needs (see Table 2 below). Relatively quick and simple complementary interventions could include:

- Community awareness, sensitisation, labelling, messaging etc
- GBV and protection services to address the very high risks in this crisis
- Automatic enrolment in health, fee waivers
- Immediate, high value initiatives that can help with early economic recovery, tailored to the specific characteristics of those most affected (e.g. urban, informal)

Map existing relevant services provided: in the context of ensuring a quick and timely response in the context of COVID-19, it will be important to look for complementary programmes which already exist, for example interventions already being implemented by government, development partners, local civil society and member-based organisations. Ideally, a mapping of relevant programmes and services, and coordination mechanisms between social protection and other sectors would already be in place to address the multiple vulnerabilities which poor households face and in preparation for a crisis [link to Preparedness piece]. However, even where these existing linkages do not yet exist, establishing simple coordination mechanisms and information exchange during a crisis can be a relatively quick way of implementing cash plus interventions.

Establish contact and coordination mechanisms between cash transfer programmes and relevant (quality) services: Establishing institutional relationships and coordination mechanisms will inevitably range in levels of cost, effort and skills required. Lower levels of resources would be required to provide information to cash transfer recipients on available local services or helping cash transfer recipients to access these programmes (e.g. supporting contact, enrolment or registration), or mobilising existing trained staff to provide relevant

referrals. The level and type of formalisation may also vary, for example, establishing Terms of References between actors, signing Memorandum of Understanding (MoUs) or Standard Operating Procedures (SoPs).

Work with local actors: Working with local actors should be prioritised in the design of cash plus interventions. Local actors – such as women’s rights organisations, informal worker membership-based organisations, CSOs working on child rights, disability rights etc. are all well-placed to deliver relevant complementary interventions and often cover a large proportion of their target population. Moreover, evidence suggests that drawing on trusted local individuals leads to positive behaviour change and can help to avoid the spread of rumours and misinformation, suggesting that local actors are well-placed to deliver community sensitisation, messaging and labelling activities, for example.

Monitor and adapt as the impacts of the crisis change: Whilst immediate response has prioritised ensuring basic needs are met, as the pandemic continues the disruption to livelihoods and services will have longer-term effects. Providing appropriate and timely cash plus interventions relevant to the needs of programme recipients is therefore vital, which requires on-going assessments of the economic and social impacts of the crisis on different groups of the population. The specific needs of women, elderly, disabled and other vulnerable groups much be understood with cash plus interventions tailored accordingly.

Where feasible, support administrative systems strengthening for the longer-term: Institutionally, establishing cash plus interventions also provides the opportunity for setting up longer-term approaches to combining interventions, including supporting formal agreements and system strengthening between programmes and administrative structures where appropriate. This has the advantage of improving the efficiency of systems in the long-term, especially where cash-plus interventions are linked to government-run national social protection systems.

Table 2: Possible cash plus response options at different stages of the crisis⁴

Timeliness of response, coverage, level of resources required	Examples of cash-plus intervention options
<p>Immediate response</p> <p>Timely (quick response)</p> <p>High coverage</p> <p>Adequately responds to needs of crisis (high impact)</p>	<p>Livelihoods and jobs:</p> <ul style="list-style-type: none"> • Provide market and job support to those most impacted by COVID-19 e.g. informal workers • Provide information on / support access to financial services and products e.g. via cooperatives and Self-Help Groups Support • Promote financial inclusion (e.g. use and training on e-payments, bank accounts etc.) • Access to child care services • Provision of productive assets (e.g. seeds, tools, equipment, fertiliser, livestock, fishing kits) <p>Food and nutrition security</p>

⁴ Sources: Adapted from SPACE Informal Workers and Social Protection; SPACE Programming Guidance: Embedding Localisation in the Response to COVID-19; SPACE Gender and Inclusion in Social Protection Responses during COVID-19.

<p>Low cost and operational requirements</p>	<ul style="list-style-type: none"> • Provision of nutritional supplements, especially for high-risk groups (pregnant and nursing women, young children) • Provision of behaviour change communication if already implemented by other actors (local actors, UNICEF etc.) including focus on reducing negative intra-household food-related coping strategies (women eating last and less) <p>Water, sanitation and hygiene (WASH)</p> <ul style="list-style-type: none"> • Provision of simple messaging / sensitisation through existing contact points (pay points, cash delivery) on the importance of WASH to COVID-limitation • Provision of personal protective equipment especially for informal workers classified as essential workers • Improve facilities through existing programmes (e.g. upgrade of communal water and washing points) e.g. if combined with well-planned public works' programmes <p>Health, education and well-being</p> <ul style="list-style-type: none"> • Messaging and labelling of cash transfers to promote the importance of education (especially getting girls back into school) • Automatic enrolment into fee waivers, subsidised health insurance etc. especially for maternal health, sexual and reproductive healthcare, and immunisations (effective if services are of good quality, particularly when combined with subsidies to health providers) <p>Protection, equality and empowerment</p> <ul style="list-style-type: none"> • Mobilisation of CBOs to proactively address GBV and child protection is essential, linking to existing available services on GBV, child protection, psychosocial support (including helplines), legal advice; sensitisation • Messaging and labelling around GBV, intra-household conflict resolution etc. • Investment in local groups, networks to provide real time information on the ground needs as well as accountability, sensitisation, etc.
<p>Longer-term recovery stages</p> <p>Higher investment of time, resources, staff skills, institutional collaboration and administrative operations required</p>	<p>Livelihoods and jobs</p> <ul style="list-style-type: none"> • Business support (e.g. grants or low-interest loans to small traders, access to start-up capital) • Training and skills development (e.g. in agriculture, manufacture, business, financial management, re-skilling programmes) • Job placements / apprenticeships - tailored based for women and men, persons with disability as well as new groups affected by COVID-19 e.g. informal workers. Depends upon proper market analysis to ensure relevance of training (avoid training people in skills that are not equipping them for jobs) <p>Health, education and well-being</p> <ul style="list-style-type: none"> • Longer-term coordination and investment required to support improved health services (facilities' and supplies' upgrade, recruitment, payment and training of staff) <p>Protection, equality and empowerment</p> <ul style="list-style-type: none"> • Formalising linkages for systematic cooperation or integration of services, case management, training implementers on risks, signs of distress and abuse, child safeguarding and referral of at-risk children.

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