

# 10 CONSIDERATIONS FOR COVID-19 BUSINESS CONTINUITY PLANNING FOR LOCAL PARTNERS

With the emergence of the COVID-19 pandemic, OVC partners will need to shift programmatic priorities and service delivery modalities. Likewise, in a context where social distancing and quarantines may be mandated by host country governments, local partners will need to develop mechanisms to continue operations until the pandemic subsides. Accordingly, for ACHIEVE's local partners, the ACHIEVE Global Team has put together the following recommendations for local organizations to consider as they address business and programmatic continuity during this crisis.

1. **Convene a Task Force.** Leadership and access to expertise is important to guide your organization's response to COVID-19. Convene a task force of organizational leadership and any experts within the organization that can guide business operations and any public health specific aspects of COVID-19 response. Functions that the task force should cover include: executive leadership (ex. CEO, President, representatives from Board of Directors), human resources, finance, security/travel management, and technical program management. Your task force should have a regular meeting schedule, with virtual meeting capabilities (ex. whatsapp, skype, zoom, Goto meeting) if your organization needs to close an office or if individuals are working from afar. The task force should serve as they key point of contact for managing a response to any exposure to COVID-19 among staff. The task force should also be regularly monitoring local news, government guidance, and information about outbreaks in the organization's operating area.
2. **Develop a Plan.** Develop a business continuity plan that is flexible and has alternative options related to various potential situations that may arise. It should include scenarios for all types of risks that may arise, so that you are prepared to respond quickly. The plan should be developed, overseen, and managed by your organization's COVID-19 task force. Some key aspects to include in the plan are:
  - a. Communications mechanisms to share information with staff, donors, volunteers, beneficiaries, and other stakeholders. This should include phone trees with staff and press releases, public statements, social media postings, as appropriate to the audience.
  - b. Communication protocols in the event that a staff member is exposed or diagnosed with COVID-19.
  - c. Guidance on information technology (IT) systems for communication, document storage and back-up, remote IT support for access and computer issues, and cybersecurity while staff are working from home.
  - d. Different scenarios for office and service delivery site closure or scale down during any quarantine or surge aspects of the epidemic.
  - e. Travel management processes for staff or volunteers that may need to travel back home from business related activities during a quarantine.
  - f. Alternative supply chain options for necessary commodities required for service delivery, including identification of alternative vendors in the event that regular vendors stock out.
  - g. Alternative staffing and authority designations in the event that key staff are not able to carry out their duties related to illness or otherwise.
  - h. Budget scenarios for managing the cost of office closure or suspension of activities.
  - i. Contingency plans for cash management in the event of bank closures and needs to make

payments to vendors, volunteers, and staff during an extended crisis.

3. **Reach out to your USAID Activity Manager or AOR.** The U.S. Government is actively developing policies and programs to respond to COVID-19 that affect international development and CDC, USAID, and PEPFAR programming. If you are a prime implementer of USG funding, immediately reach out to your Activity Manager or AOR to ask for guidance for any programmatic shifts that you may need to make to be responsive to the USG COVID-19 policies.<sup>1</sup> This should include a discussion of the following:
  - a. Discuss guidance on the allowability of costs related to COVID-19 response in your program activities;
  - b. Share any potential shifts in programmatic timelines or activities related to any interruptions in service delivery or activity implementation related to country level COVID-19 responses;
  - c. Share information about any work from home or “stand down” of staff required for non-essential staff;
  - d. Share any cost implications for your project, as both budget and workplan approval will be required prior to moving forward with implementation.

USAID has developed guidance as related to COVID-19 costs and program implementation, which is available from Pact, along with templates for letters to USAID about any programmatic issues.

4. **Follow host country government guidance and heed warnings.** Your organization should actively track host country government decision processes at national and subnational levels where staff are based and programs are implemented. As government guidance is received, your organization’s task force should review as quickly as possible and make any internal decisions required to be responsive. This guidance should be followed both for overall operations as well as at the programmatic level, in the event that specific guidance is provided related to health or OVC programming.
5. **Enact precautionary protocols.** Be flexible and change how you work to enact physical distancing and maintain appropriate hygiene and cleaning protocols.
  - **Working from Home**
    - Enable non-essential staff to work from home, if possible, based on their daily responsibilities. If staff have laptops, provide them with the opportunity to take them home for work, along with other personal office equipment that may be required. When enabling this, make sure to have a “sign out” sheet for any office equipment so that inventory can be tracked and recovered when the situation subsides.
    - For staff to maintain contact and continue performing their responsibilities, purchase data airtime or “dongle” modems for staff, budget allowing.
    - Share tips and tricks about productivity and working from home with staff, including protocols for regular check-ins with supervisors.
  - **Working in the Office**
    - For essential staff that need to remain in an office or at a site, limit meetings or gatherings to no more than 5 or 10 people. In such meetings, staff should maintain a distance of at least 6 feet from one another. Holding such meetings outside or in open areas is ideal.

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<sup>1</sup>[USAID COVID-19 Partner Guidance: Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus \(COVID-19\)](#)

- Establish new cleaning protocols for offices, with equipment, doors, and other materials being regularly disinfected. This may include limiting the use of common spaces in the workplace.
  - Make handwashing stations and hand sanitizer available to staff for regular use.
  - Limit visitation to an office or site for essential visits only. For any visitors, require them to wash hands prior to entry to the compound.
  - Require any security personnel for the office to maintain hygiene protocols and to monitor visitors prior to entry, including a requirement for visitors to wash hands and use sanitizer before entering the compound.
- **Standing down staff**
    - For non-essential staff that cannot perform their duties from home, review organizational HR policies to determine what protocols must be followed to stand them down.
    - Review the organization's budget and benefits policies to determine what might entitlements staff may have during the period that they are stood down.
6. **Communicate! Communicate! Communicate!** The most important thing to do in a crisis is to communicate often and provide useful information. This will help to maintain staff morale and to make sure that key messages are pushed out in real time in the event that staff need to act on them.

**Who is your audience?** As a local partner supporting OVC programs, you have a broad audience, including USAID, your local government counterparts (ex. Ministry of Health, Ministry of Social Affairs, etc.), other CBOs and health facilities that are a part of your referral network, staff, volunteers, and your beneficiaries. Communication content and mechanisms should be tailored to each.

#### **How to communicate with staff?**

- **Email:** If your staff all have access to email, send regular updates with relevant information.
- **Phone Trees:** If your staff do not have email, establish a phone tree and associated protocols so that messages can be shared via SMS or phone call.
- **Virtual Team Meetings:** Supervisors should also plan to communicate regularly with their teams as groups through platforms like skype, zoom, whatsapp, or Goto meeting. Managers should share updates, collectively discuss changes in team priorities, and plan together how activities can be rescheduled or shifted in response to the COVID-19 epidemic.
- **Individual Check-ins:** Supervisors should follow-up with individual staff through check-ins to see how they are coping with work and otherwise during the situation. Individual check-ins are also an important mechanism to make sure that supervisors can track whether any staff or their families are affected by COVID-19, so that any associated information about exposure to other staff can be collected and shared with the Task Force, as needed.

**How to communicate with stakeholders?** For communications with program beneficiaries, stakeholders, and others outside the organization, consider first using your most effective and regular means of communications.

- **Donors:** use email or phone calls to share your organization's plans and to ask questions.
- **CBO partners:** Consider emails and phone calls for direct communication, based on access, to ensure that they understand any shifts in programming from your organization during this crisis.
- **Volunteers:** Use whatsapp groups, any relevant social media groups, or phone calls.
- **Beneficiaries:** Share messages through community volunteers household visits (with

appropriate social distancing protocols), posters at sites that host and support service delivery, social media posts, whatsapp groups, or phone calls from case managers.

**What should you communicate?** In your communications, provide messaging that is targeted at your audience. Consider covering the following topics, for relevant stakeholders:

Key Messages	Staff	CBO Partners	Donors	Beneficiaries and Volunteers
Updates on the work of the Task Force	X			
Updates on office closures	X	X	X	X
Guidance on work from home processes and procedures, including how to complete time sheets and manage approval processes	X			
Guidance on how to access benefits (ex. medical coverage, sick leave, vacation leave, etc.) during any period of office closure or program suspension	X			
Guidance provided by government health authorities	X	X	X	X
Travel restrictions	X	X	X	
Guidance on subgrants management, financial and programmatic reporting, and approval processes		X		
Guidance on programmatic shifts, activity, or service delivery suspension	X	X	X	X
Sharing information about impacts on budgets and reporting processes		X	X	
Updates on service delivery site closures or access protocols				X
Information about COVID-19 prevention and services, if included in the organization's scope of work	X	X		X

- 7. Check your insurance policies.** Check your organizational insurance policy and potentially contact your insurance broker or company to seek clarifications about what coverages you might have to protect the organization from financial losses during the pandemic. This should include a review of any health or other insurance coverages that might apply in the event that staff might be exposed to the virus in the course of their work.
- 8. Conduct a financial analysis.** The task force should conduct a full financial analysis to come up with various budget scenarios based on different aspects of business continuity during the pandemic. All project budgets should be analyzed to determine where there will be underspending related to the cancellation or suspension of activities and new costs to conduct new activities or purchase buffer stocks of supplies and commodities (ex. printing of COVID-19 communications materials, hand sanitizer, soap, disinfectant, additional communications costs for airtime and virtual communication). The analysis should also include a review of costs that will be required for business continuity or to support staff, that may not be billable to a donor (ex. staff salaries when stood down, non-refundable deposits for activities or travel). Financial reserves should also be reviewed in the event that there are costs that cannot be recovered from donors.

The financial analysis should include a review of cash flow, including cash on hand, any delays in payments that may result from delayed payments from donors, and any delays in financial transaction of banking processes. If your organization has subgrantees, review financial reporting, approval, and disbursement processes to determine what can be done electronically

and what, if any, physical signature or visits to banks may be required. For payments of staff salaries and incentives to volunteers, review to determine if direct deposit or mobile money options can be used in place of other mechanisms to enable payment remotely.

9. **Make Programmatic Shifts.** Understanding the importance of social distancing to prevent person-to-person and community level transmission of the virus, your organization may need to consider suspension of some activities or shifts in service delivery models. Health related precautions should be implemented in line with World Health Organization Guidelines<sup>2</sup> and any other relevant host country government guidelines. Some issues to consider in activity planning are:
- If your organization is planning large trainings or gatherings, these events may need to be cancelled, rescheduled, or shifted to virtual platforms.
  - For activities that need to continue, if you can access resources for the protection of staff and volunteers (ex. soap and water, hand sanitizer, masks/gloves or other personal protective equipment in a health care setting), then do so and provide them for staff.
  - Locally procure necessary stocks of necessary equipment and supplies for service delivery or continued activity implementation so that sufficient stock is available in the event of supply shortages in the future. This should include follow-up with vendors to ask about any potential supply chain interruptions they anticipate.
  - For data collection, shift to remote data collection (ex. email submissions, SMS/whatsapp, online reporting, uploading photos or scans of source documentation) rather than on-site.
  - Provide training for staff and volunteers on the virus and associated precautions so that they can keep safe and healthy while they support beneficiaries.
  - If services must be provided at the household level, require service delivery providers to meet with beneficiaries outside their homes, wash hands, and maintain appropriate social distancing.
  - Shift service delivery to phone-based follow-up with clients where possible. Review client files to identify which clients have mobile phone numbers and contact them via phone, SMS, or whatsapp for check-ins and to notify them of changes in service delivery.
  - During service delivery, share information with clients about COVID-19 prevention, how to identify signs and symptoms, and where they can access testing and health services if needed.
  - For clients with HIV, provide information about how they can access multi-month supplies of ARVs and other essential medications.
10. **Finally, remember your mission.** In times of crisis, it is easy to let panic set in and forget about what your organization stands for at heart. As PEPFAR implementing partners, we all work together to support communities to enable them to provide services for vulnerable children and families to prevent HIV transmission and to access services when they need them. Caring for each other and working together at the community level is part of what we are doing together through ACHIEVE. As we think together about managing through this crisis, remember your organizational mission and remember your beneficiaries. That will help us work together so that we can all manage through this crisis collectively.

As ACHIEVE local partners start to develop business and programmatic continuity plans, please communicate with your ACHIEVE Buy-in team so that the project can provide any technical assistance required. You may also reach out directly to Stephanie Calves, ACHIEVE Sr. Capacity Development Manager at [scalves@pactworld.org](mailto:scalves@pactworld.org).

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<sup>2</sup> [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1)