Guidelines on administering pension payments in the context of the COVID-19 pandemic

This document provides governments, HelpAge International staff, network members and partners with key messages to advocate for the effective inclusion of older people in preparedness planning and ongoing responses to the COVID-19 pandemic.

Specifically, this document provides key messages in relation to COVID-19 preparedness and response in the context of pension payments.

This is a live document and will be updated as the situation evolves.

Messages should be adapted for use at the national level, based on the specifics of the outbreak in each setting and information available through programmes and engagement with governments, network members and other actors.

Please email Gabrielle Kelly (gkelly@sifar.org.za) or Florian Juergens (florian.juergens@helpage.org) with specific suggestions about modifications and additions for future editions.

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Valuable inputs from numerous experts will be acknowledged in future editions.

COVID-19 and pension payments

COVID-19 or coronavirus is a new virus that causes respiratory infection. Older adults are at significantly greater risk of complications from the coronavirus and case fatality rates increase significantly with age due to reduced immunity and the increased likelihood of existing chronic conditions. Preparing for an outbreak is essential to contain and delay the spread of COVID-19 and reduce the risk to older people.

Older people who collect pensions or other cash transfers from pay-points are at significant risk of exposure to the virus, if adequate provisions are not made by payment agencies to protect them and if behaviour change is not encouraged among beneficiaries and payment providers.

Below are guidelines for 1) measures that can be taken by administrators to reduce risk at pay-points; 2) advice about appointing people or local organisations to collect pensions on behalf of older people; and 3) the introduction of electronic payments.

Pension payment agencies need to collaborate with community-level leadership, government health services and commercial partners to develop an appropriate and coordinated response. Older people have the right to be consulted on response planning and can provide valuable input on how to reach older people across different contexts.

Preparedness and response should always be carried out in accordance with human rights standards and in a way that is necessary and proportionate to the evaluated risk.

1. Reducing infection risk at pension pay-points

1.1. Payment arrangements

- Agencies should stagger payment days to prevent large groups of people from congregating simultaneously at cash payment points.
    - These should start earlier than the usual payment day (if fixed) to avoid anxiety about being paid later than the first day of the month.
    - Payments could be staggered using birth dates or national identification card numbers. Older people could be easily prioritised using a date of birth system, with people over 80 who are most at risk being given highest priority in terms of payment dates.
- Older people should be allowed early morning access to pay-points and should be prioritised over the general population also waiting in line for cash transfer payments. Alternatively, consider having dedicated dates for paying older people.
- Other people who collect cash transfers should be made aware of the schedule to try to encourage them not to attend on the wrong day, or not until later in the day if older people are being prioritised
- Agencies should consider paying pensions less frequently: perhaps every 2 or 3 months. This should be the full amount for the combined payment period and this payment should be done on an advance basis (not delaying the combined payment).
- In some settings, payments are collected at retail merchants, banks and other outlets where large numbers of people congregate to draw and spend money. Agencies need to reach out to retailers to develop appropriate plans to manage payments in these areas.
- If payments are made to bank accounts, ATM fees should be waived.
- Agencies must partner with banks to ensure that appropriate hygiene and safety protocols are put in place at ATMs (e.g. cleaning keypads and ensuring beneficiaries queue at a safe distance from one another) and that older people are allowed priority access to ATMs to draw cash on payment days.
- Provision should be made for older people to nominate a trusted person to collect their pension on their behalf. (See section 5)
- Where appropriate, electronic payment methods should be explored. (See section 6)
- Information on COVID-19 – what it is, how it is spread, and measures people can take to protect themselves – should be available at pay points
- If possible, health workers or trained volunteers should be on-site to share information and to look for anyone displaying symptoms. In this case, the person should be moved away from others and given information about the steps they need to take and where they should go for testing and support.
- Designated areas should be established for handwashing, screening, payments and information sharing, and crowding should be avoided.

1.2. Screening protocol (where feasible)

- If staff and equipment are available allocate an area at the entrance to pay-points for body temperature checks.
- If possible, temperature checks should be conducted on all recipients, ideally by a health professional using a non-invasive thermometer.
- Establish a sheltered area for beneficiaries that do not receive clearance at the body temperature check point. The allocated area should be spacious enough to allow recipients to sit/stand at least two metres apart from each other.
    - Recipients detected to have a fever should be given information and advice on where to go for testing, treatment and support. This will be dependent on the local health system and how they are managing COVID-19.
    - Provision should be made to allow individuals who have high temperatures or show symptoms of the illness to appoint a third party to collect their cash on their behalf later that day or the following day.
    - Ensure that there is a separate exit point from this designated area to prevent those without clearance from entering the pay point.

- Recipients cleared at the temperature check area should be directed into the pay point. Note that a normal temperature reading does not guarantee that the person does not have COVID-19 so precautions should still be taken.

1.3. Hygiene protocol

- Basic hand washing facilities should be made available at the entrance to the pay point *before* the body temperature checkpoint.
- Washing hands with clean water and soap should be compulsory for staff of all payment agencies and payment partners (including retail merchants that may pay out cash).
- All staff handling cash should be provided with alcohol-based hand sanitiser to use throughout the day.
- There should be no physical contact between pay point staff or recipients or between recipients.
- Cash should not be handed directly to beneficiaries by pay point staff. Cash should be placed on the table and then picked up by the recipients.
- Recipients must be encouraged to and provided with space to queue at a safe distance from one another (2 metres). Markers should be placed on the ground to encourage this.
- Payment desks/officials should be positioned at least two meters from one another, to prevent crowding as recipients collect their pensions.
- All biometric devices (e.g. fingerprint scanners) must be cleaned between use in all payment settings.

2. Information sharing

- Regular communications with the public and at-risk populations is one of the most important steps to help prevent infections, save lives and minimise adverse outcomes from a disease outbreak.
- Information must be provided in multiple formats and local languages to address the barriers which older people often face, related to literacy, language and disability.
- New plans regarding payment arrangements need to be widely advertised using television, radio and newspaper campaigns, loudspeakers in community settings and social media.
- Older people are more likely to have low literacy levels, physical or sensory disabilities that prevent them from accessing information or participating in community life, and may be less likely to be exposed to mainstream media.
    - o Older people are more likely to speak local languages and information needs to be available in a format they can understand.
    - o Communication can be made more accessible through the use of universal or local sign language interpretation, live captioning, easy-to-read formats (combining simple text with images), or braille.
    - o Where possible, consider playing simple and short audio messages over speakers.
- Community leaders and committees also need to be briefed on pension payment arrangements and community health and social workers need to share information with all households, particularly in rural settings.
- Lists of households where older people live could also to be generated, either from pension databases or via community identification, and these houses and could be targeted in information sharing campaigns.
- Information, Education and Communication (IEC) materials on the virus should be shared at all pension pay-points and where possible, health workers or trained volunteers should be on-site to share information and answer questions.
- Messaging must inform the public that older people are more likely to become seriously ill or die from the virus and they should get special access. **It must be made very clear that older people are not more likely to spread COVID-19 than anyone else who is infected, and they should not be stigmatised or discriminated against.**

- All engagement campaigns targeting beneficiary groups or the general public should include specific measures to reach older people with practical information to reduce their exposure to the virus.

3. Safety and security

- Despite media outreach, there is still likely to be significant confusion about new processes, particularly in hard-to-reach rural communities. Staff need to be available outside of retailers and pay points to explain the process to those who have concerns.
- Given potential confusion and panic, well-trained security staff need to be on-site to manage crowds and ensure that the needs of vulnerable people are attended to.
- Recipients must be instructed to leave the pay point and immediate vicinity after collecting payment.
- No vendors or non-recipients should be allowed to congregate in the area around the pay point.

4. Developing a strategy for nominating person to collect a pension on behalf of an older person

- In some countries it is possible for people with functional limitations to appoint a third party to collect money on their behalf. In some countries, a trusted person can be given power of attorney to apply to collect a grant on someone's behalf if they provide a doctor's note and a letter from the beneficiary.
- Large numbers of applications to do this will pose a large administrative challenge to be prioritised by pension agencies. The process will need to be streamlined as much as possible but ensure the third-party acts in good faith.
- As a short-term emergency measure, consider working with community organisations, including religious groups to develop strategies so they can collect and then distribute pension benefits for their members/congregations.
- Home visits by community health and social workers or payment agency staff could help to facilitate the appointment of a third party reducing the need for older people to visit agency offices to appoint an alternate recipient. It may be helpful to prioritise older people who fail to collect their pensions for such visits. Home visitors will need to be provided with information on how to protect themselves and appropriate protective gear.

5. Exploring electronic pension payments

- As the pandemic continues, Governments should explore transitioning from manual to electronic payment methods that reduce the risk of exposing older people to COVID-19.
- These mechanisms could include cash-cards, mobile phone-based e-wallets or payments collected at retail merchants, depending on context and capacities.
- These efforts should consider that not all older people have ready access to appropriate technology such as cell phones, or might find it difficult to access ATMs or pay-agents.
- Therefore, such efforts should be accompanied with appropriate communication and education campaigns, as well as support from community groups and officials.

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HelpAge International information hub on COVID-19 and older people:

- https://www.helpage.org/what-we-do/coronavirus-covid19/