Humanitarians are increasingly involving recipients in the design and implementation of CVA....



Photo 1 Santosh Pandey - Project Manager based in Nepal - Mercy Corp

I. Why did you 'strongly agree' with the statement 'Humanitarian organizations are increasingly involving recipients in the design and implementation of cash and voucher assistance'?

I completely agree with the statement, as Cash and Voucher Assistance (CVA) is not a project or program in itself but rather a response tool to aid those people in need. CVA is preferred for its flexibility, dignity, and empowerment of individuals. Therefore, involving the recipients in the planning and implementation of CVA is crucial. Community engagement is also crucial because some governments may be skeptical towards cash assistance, and political acceptability is essential for which locally led advocacy and lobby is crucial.

CVA design must also consider market functionality, which is closely related to community involvement and engagement. This approach is evident in Nepal, where CVA agencies prioritize the needs and preferences of the community during the design and implementation. The recent trend of linking CVA with shock-responsive social protection and vulnerability targeting cannot be successful without community engagement. The operational conditions for the delivery of CVA, including safety concerns and the minimization of the risk of fraud, are of great concern to humanitarian agencies so the engagement of recipients is important.

2. From your answer I can see that you feel improvements are being made. But is *enough* being done to put people at the center of CVA programs?

Although progress has been made in involving community members and recipients in the design and implementation of CVA programs, I feel there is still a lot of work to be done to ensure that these programs are truly people-centered. Despite the efforts made by governments and humanitarian agencies, studies indicate that approximately 20% of eligible individuals do not receive assistance due to a lack of vital registration documents and not being part of the existing social protection system. This may be due to inadequate involvement of people in CVA programs.

Even though efforts have been made to involve more aid recipients in the design of aid programs, certain vulnerable groups, such as women, children, and people with disabilities, are still not adequately represented in decision-making processes. For instance, there is less engagement of people in setting transfer values and calculating minimum expenditure baskets, which could be increased. To address this issue, aid providers and program recipients can engage in consultations, focus group discussions, or community meetings to discuss the needs and preferences of program participants.

3. What advice would you give to your younger self about effectively involving program participants in the design and implementation of CVA?

To ensure the success of a CVA program, vulnerability targeting of beneficiaries, transparency, and accountability are crucial factors. My first suggestion would be to involve program participants through meaningful participation from the early stages of program design to ensure that their input informs the entire program cycle. This approach would enable program participants to provide feedback and ensure that the program is tailored to their needs and preferences.

Another recommendation would be to enhance local market systems and build the capacity of local businesses as part of community engagement. By involving local businesses and strengthening market systems, CVA programs can have a positive impact on the local economy. This approach can also create new opportunities for local entrepreneurs and increase the availability of goods and services.

Providing training and resources to community members and all local stakeholders in the CVA program is another essential recommendation. This approach can help to build the skills and knowledge of program participants and other stakeholders, ensuring that they have the tools they need to succeed. This approach can create an environment where program participants feel heard and valued and can contribute to the success of the program.

4. What do you think could lead to a positive transformation in this area across the sector?

Positive transformation in the involvement of program participants in the design and implementation of CVA programs across the sector could be achieved through a shift towards more collaborative, inclusive, and participatory approaches, which prioritize bottom-up approaches over traditional top-down approaches. Such a shift would require a change in mindset, as well as changes in organizational policies and practices both at government and humanitarian agencies.

However, despite progress in involving communities in CVA programs, there are still some challenges. In certain countries where the government is not supportive of CVA, or where there is a lack of conducive policy environment locally led agenda could be a way out. Hence, localization of this issue could be a magic wand to convince the government. In some countries, social protection and shocks/disaster-humanitarian programs are also working differently. Therefore, showcasing successful CVA programs could help to convince stakeholders about the importance of CVA and lead to its integration into the social protection systems, resulting in shock/stress responsive social protection (SRSP)

Humanitarians are increasingly involving recipients in the design and implementation of CVA....



Photo 2 Heba Ibrahim - Analyst - Ground Truth Solutions

I. Why did you 'strongly disagree' with the statement 'Humanitarian organisations are increasingly involving recipients in the design and implementation of cash and voucher assistance'?

I work as analyst for Ground Truth Solutions on our Cash Barometer project in Somalia. Part of our work is to engage regularly with people affected by crisis to understand their perceptions of the relevance, fairness, and accountability of aid and listen to their ideas of how things could be done better. Over and over again, people tell us they do not feel like they have a say in shaping the aid they receive. Only 39% of the cash and voucher recipients we spoke to in Somalia last year saidthat aid providers consulted them on their needs and less than half felt that they could influence decisions about aid. Many people feel that aid providers come to implement plans which they have developed in their offices without consulting with them or considering their needs. This often results in a waste of much needed humanitarian support when the 'wrong' items are provided or when designing cash programmes that do not exactly hit the mark. For example, one participant in a recent qualitative study said, 'when we needed food, they brought pots and pans' and another said, 'aid providers come and give out small cash assistance, which is not helping us.'.

2. What advice would you give to your younger self about effectively involving program participants in the design and implementation of CVA?

I would listen to people more and advocate for their needs. People affected by crises should be trusted to know their own situation and what works for them more than anybody else. If they tell us that certain programme designs do not work and give suggestions for what could be done better, aid providers and donors should be flexible enough to adapt their programming to people's needs.

3. What do you think could lead to a positive transformation in this area across the sector?

Through meaningful engagement with the community in all stages of the programme cycle, especially during the design phase, to make sure people's voices are included. Community consultations should not be just a checkbox - aid providers should be willing to adapt their programmes based on what people say and donor frameworks should allow for doing so. A displaced man in Banadir, Somalia sums it up when he said: 'People want to be asked about their own needs and priorities before planning any implementation. Then people can respond and raise their voices. Then aid providers should implement what was agreed, like providing food, providing healthcare or cash assistance. But the reality is that they plan and come to us with a fixed plan from the start.' Consultation should also be inclusive of the whole community without leaving certain segments out. This requires careful analysis of existing community structures to understand if certain groups are likely to be excluded and find ways to engage with them.