



# **CASH AND VOUCHER ASSISTANCE (CVA) IN COVID-19 CONTEXT: CASE STUDIES FROM NEPAL**

**November 2021**





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# ACRONYMS

CCG:	Cash Coordination Group
CfW:	Cash for Work
COVID-19:	Corona virus pandemic of 2019 origin
CTP:	Cash Transfer Programme
CVA:	Cash and Voucher Assistance
DCA:	DanChurchAid
DRR:	Disaster Risk Reduction
DWO:	Dalit Welfare Organisation
DWRF:	Dalit Women Rights Forum
FGD:	Focus Group Discussion
GBV:	Gender Based Violence
IME:	International Money Express Group
INSEC:	Informal Sector Service Center
KII:	Key Informants' Interview
MEB:	Minimum Expenditure Basket
MoU:	Memorandum of Understanding
MPG:	Multipurpose Cash Grants
NGO:	Non-governmental Organization
NNSWA:	Nepal National Social Welfare Association
NPR:	Nepalese Rupees, the national currency of Nepal
PDM:	Post Distribution Monitoring
RAM:	Rapid Assessment of Markets
UCT:	Unconditional Cash Transfer
VA:	Voucher Assistance
WASH:	Water Supply, Sanitation and Hygiene Promotion

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Special thanks goes to Study Team- Binod Ghimire, CVA Specialist/Team Leader and Deepak Raj Subedi, Impact Analyst for consolidating the information into the report.

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## INTRODUCTION

### 1.1 Background

With the first and second surge of COVID-19 pandemic in Nepal, followed by lockdown with mobility restrictions imposed by the government to reduce the spread of the virus, most vulnerable people witnessed impacts on their lives and livelihoods-affecting food security, health and nutrition, and education, amongst others (see box 2 with information on most vulnerable people).

As an international development and humanitarian organisation serving Nepalese communities who are marginalised through a right based approach, DanChurchAid (DCA) Nepal implemented Cash and Voucher Assistance (CVA) programme to help communities in reducing the negative impacts of COVID-19 in Kailali, Kanchanpur and Achham districts of Nepal with mixed modalities based on the local contexts and need identified.

Therefore, there is a need to consolidate existing evidence around CVA during the COVID-19 crisis,

### Box 1: DCA and the CVA in Nepal

The use of CVA is proven to improve the efficiency and effectiveness of humanitarian assistance and to result in more aid directly reaching rights holders, while offering dignity choice and flexibility. CVA is a tool to assist people in the best way - and not a goal in itself. DCA aim to assist people's needs in the most optimal way, taking into account the different needs and capacities of individuals in the community, and programmes can be using and combining in-kind assistance, cash for sectoral objectives and multipurpose cash grants with people's preference and needs as guidance. DCA is committed to always asking "why not cash?" while making sure that the cash assistance does no harm to the people and communities it is supposed to help.

document current practices, and discuss the findings with key actors. This report presents and analyses the process adapted by DCA and its implementing partners for CVA implementation, its effectiveness and provides key lessons and good practices.

DCA has designed and implemented different types of CVA based on the participatory assessment to meet people's needs and priority during the COVID-19 pandemic.

DCA has designed and implemented different types of CVA based on the participatory assessment to meet people's needs and priority during the COVID-19 pandemic. DCA support on CVA included the following:

- Multipurpose Cash Grant (MPG) for COVID-19 affected 502 families in Dhangadhi Sub-Metropolitan City in Kailali district with no conditionality applied
- Multipurpose Cash Grant (MPG) to 15 women affected by Gender Based Violence (GBV) during the COVID-19 pandemic situation in Gauriganga Municipality and Kailari Rural Municipality of Kailali district.
- Voucher Assistance to 633 families in Bhimdatta Municipality of Kanchanpur district
- Cash for Work in Melekh Rural Municipality for 15 families in Achham district.

Thus, in total CVA benefitted 1,165 families affected by COVID-19 in Kailali, Kanchanpur and Achham districts using a range of modalities as mentioned above.

## Box 2: Most Vulnerable people affected by COVID-19

- Families affected by COVID (deaths and infections)
- Poor laborers engaged in transporting goods from traders to households
- Tourist laborers, laborers engaged in transporting construction materials and laborers carrying goods in places not connected by roads
- Laborers engaged in loading and unloading goods from trucks, trippers and vans
- Agriculture laborer working for others for daily living
- Caregivers engaged in providing care giving services other than at their own or relatives' houses
- Laborers engaged in brick kilns and refining of aggregates and sand
- Laborers engaged in masonry and furniture industry
- Persons engaged in mobile business such as on newspaper distribution, foot path shops, etc.
- Caretakers of persons with disabilities and other children and senior citizens

Source: COVID-19 targeting criteria developed by local and federal government agencies

*DCA has designed and implemented different types of CVA based on the participatory assessment to meet people's needs and priority during the COVID-19 pandemic.*

The CVA programme was implemented by DCA with the implementing partner Non-Governmental Organisations (NGOs) indicated in Box 3 between July and September 2021.

**Box 3: Implementing partner NGOs of DCA Nepal to deliver the CVA programme**



**1.2 Specific objectives of the study**

- To document the process utilised by DCA and implementing partners in implementing CVA during COVID-19 pandemic situation;
- To assess the effectiveness of the CVA modalities that DCA implemented for COVID-19 response together with the local implementing partners;
- To draw a key lesson learned of CVA utilised for COVID-19 response by DCA and its implementing partners; and
- To document significant case stories to highlight how the CVA programme provided dignified choice to people according to the CVA modalities utilised by DCA and its implementing partners

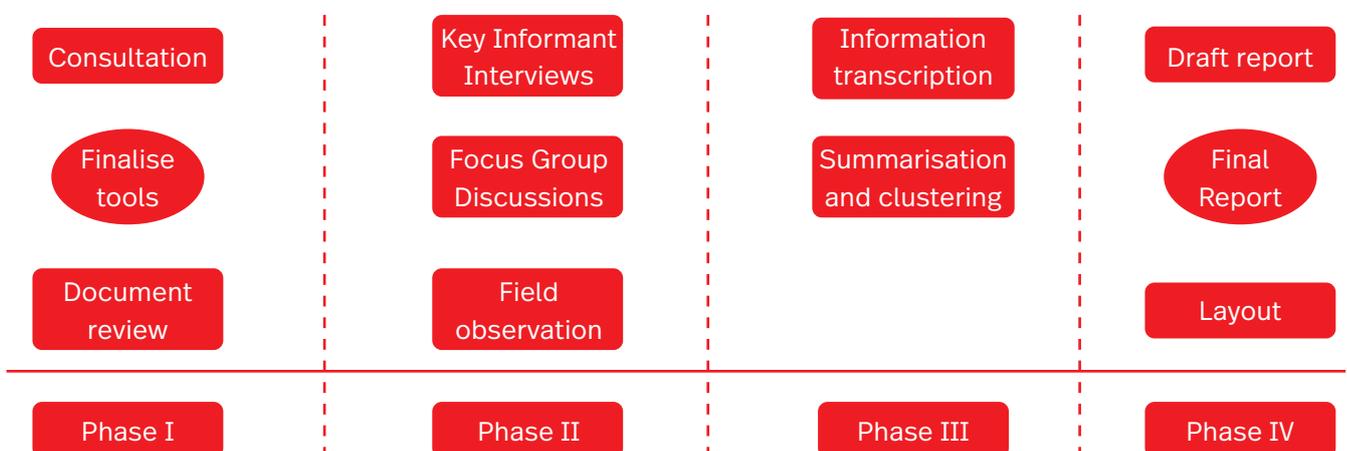


# METHODOLOGY AND SCOPE OF THE REPORT

## 2.1 Overall methodology

Overall methodology utilised for completing this assignment is presented in the figure below and a summary of different steps is provided in subsequent section.

### Box 4: Methodology used for carrying out the assignment



The study started in consultation with DCA to understand the scope of the assignment. This was followed by review of available documents from DCA Nepal and partners on the process and progress of CVA work. The study team visited the implemented areas in Kailali and Kanchanpur to collect firsthand information while telephonic conversations were carried out with partner in Achham for the analysis.

## 2.2 Specific methods used

During the field visit, 27 Key Informant Interviews (KIIs) were undertaken with local government officials, staff of implementing partners, beneficiaries and service providers (shops that exchanged coupon).

The list of KIIs is provided in Box 5 below:

### Box 5: List of Key Informant Interviews

#### 1. Local government officials

- 1.1 Nirpa Bahadur Odd, Mayor, Dhangadhi Sub-Metropolitan City, Kailali
- 1.2 Narendra Dev Bhatta, Ward Secretary, ward number 18, Bhimdatta Municipality, Kanchanpur
- 1.3 Ganesh Thagunna, Head of Forest, Environment and Disaster Unit, Bhimdatta municipality, Kanchanpur
- 1.4 Dal Bahadur Kumal, Ward Chairperson, ward number 7, Gauriganga Municipality, Kailali
- 1.5 Padam Bahadur Air, Ward Chairperson, ward number 10, Kailari Rural Municipality, Kailali
- 1.6 Bineta BK, Judicial Committee Member, Kailari Rural Municipality-10, Kailali

#### 2. Staff of implementing partners and DCA

- 2.1 Sabitra Ghimire, Chairperson, DWRF, Kailali
- 2.2 Srijana Parajuli, Project Coordinator, DWRF, Kailali
- 2.3 Dan Bahadur BK, Field Officer, Gauriganga Municipality, Kailali
- 2.4 Govinda Upadhyaya, Project Coordinator, NNSWA, Kanchanpur
- 2.5 Chitra Bahadur Bishwakarma, Programme Officer, Dalit Welfare organisation (DWO)
- 2.6 Dinesh Gurung, Programme Manager-Humanitarian and DRR, DCA Nepal

#### 3. Service providers (traders)

- 3.1 Devaki Chand, Makalu Mart, Bhimdatta Municipality, Kanchanpur (for voucher assistance)
- 3.2 Nanda Lal Bhatta, Trader, Bhimdatta Municipality, Kanchanpur (for voucher assistance)

.....  
*The study team visited the implemented areas in Kailali and Kanchanpur to collect firsthand information while telephonic conversations were carried out with partner in Achham for the analysis.*  
.....

#### 4. Beneficiaries

- 4.1 Binita Chaudhary, Dhangadhi Sub-Metropolitan City, Kailali
- 4.2 Dhan Kumari Darji, Dhangadhi Sub-Metropolitan City, Kailali
- 4.3 Asha Dangara, Dhangadhi Sub-Metropolitan City, Kailali
- 4.4 Shiva Chaudhary, Bhimdatta Municipality, Kanchanpur
- 4.5 Shanti Chaudhary, Bhimdatta Municipality, Kanchanpur
- 4.6 Samma Devi Dangaura Chaudhari, Bhimdatta Municipality, Kanchanpur
- 4.7 Dhanu Dhama, Bhimdatta Municipality, Kanchanpur
- 4.8 Damayanti Chaudhari (pseudo name), Gauriganga Municipality, Kailali
- 4.9 Manisha Nepali (pseudo name), Gauriganga Municipality, Kailali
- 4.10 Manju Devi Chaudhari (pseudo name), Kailari Rural Municipality, Kailali
- 4.11 Gauri Rana (pseudo name), Kailari Rural Municipality, Kailali
- 4.12 Bhanmati Dhama, Betal, ward number 10, Kailari Rural Municipality, Kailali

#### 5. Other stakeholders

- 5.1 Kamala KC, Female Community Health Volunteer, Bhimdatta municipality, Kanchanpur

Likewise, a total of 3 Focus Group Discussions (FGDs) were held with a mixed group of beneficiaries. These FGDs included two in Bhimdatta Municipality Kanchanpur and 1 in Gauriganga Municipality of Kailali. Some pictures related to administration of various tools are provided in Box 5.

### Box 5: Consultations with the beneficiaries and stakeholders



FGD in Bhimdatta Municipality, beneficiaries of Voucher Assistance



FGD (informal, due to GBV case sensitivity) in Gauriganga Municipality



KII with trader in Bhimdatta Municipality who participated in the Voucher Assistance programme



KII with Ward representatives in Kailari Rural Municipality

Moreover, information on 6 good practices were also collected through implementing partners at the district level. While the team met the persons demonstrating good practices, partner NGOs were requested to send additional information based on which the good practices are presented and analysed.



## DOCUMENTATION OF THE CVA PROCESS

### 3.1 Overall modalities used for CVA

Assessment of the CVA programme implemented by DCA and its implementing partners revealed that following modalities were utilised for cash transfer to support COVID-19 affected population as indicated in Figure 1

**Figure 1: Overall modalities utilised by DCA and its implementing partners for COVID-19 CVA**

Multi-purpose cash transfer to COVID-19 affected families

Cash assistance to women affected by Gender Based Violence during COVID-19

Voucher assistance to COVID-19 affected families

Cash for work support to COVID-19 affected families

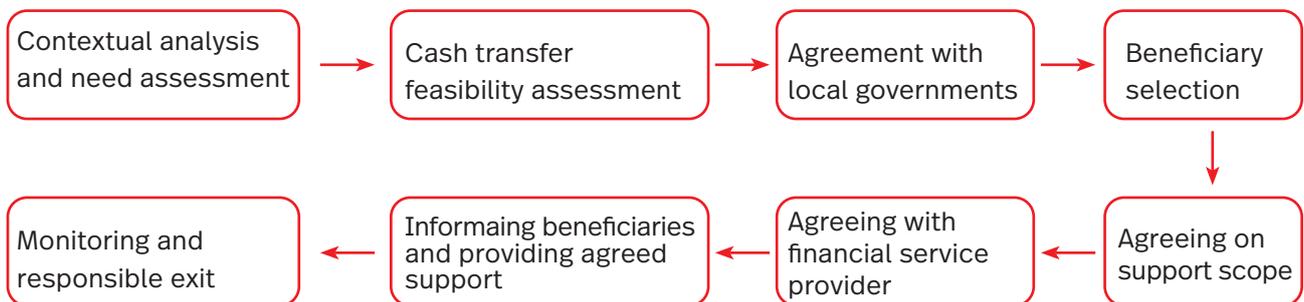
Following sections provide information on the process steps followed by DCA and its implementing partners on each of the modalities used for CVA interventions in responding to COVID-19 pandemic

### 3.2 Unconditional cash transfers process for COVID-19 affected families

Under the Unconditional Multipurpose Cash Transfers (UCT), 502 families in Kailali district were provided cash (Amount: NPR 4,500) as multi-purpose direct grant with no conditions or work requirements. The beneficiaries were given the option to use the cash provided however they wished.

Overall UCT process is summarised in Figure 2 below.

**Figure 2: Process followed for cash transfer to COVID-19 affected families**



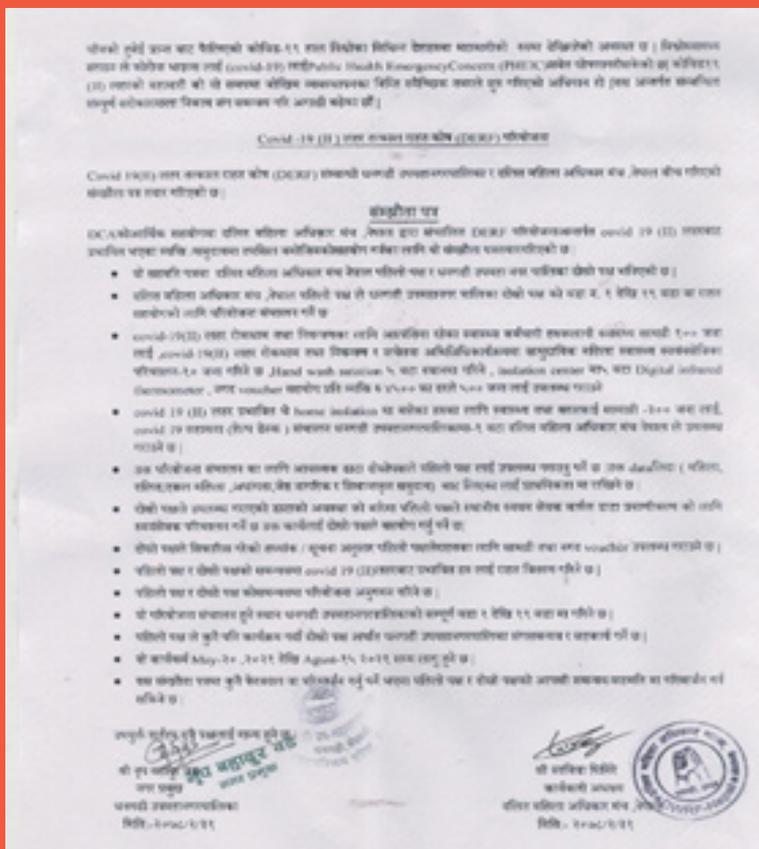
The overall process for UCTs utilised by DCA and DWRF, the district based implementing partner in Kailali, is provided and analysed below:

- **Carrying out a contextual analysis and need assessment:** DWRF carried out a contextual analysis and need assessment with information on COVID-19 affected population in Kailali and it was informed to DCA to make decision in regards to addressing the key needs. During this exercise, consultation meetings were organised with local government officials and representatives of COVID-19 affected population. Though a detailed need assessment report was not prepared, tabulated information on COVID-19 caseloads were found to be shared by implementing partners with DCA to inform and support the decision on the CVA approach.
- **Assessing the feasibility of cash transfers for informed decision making:** DCA and DWRF analysed UCT feasibility considering the attitude of government towards cash distribution, potential risks of using the cash for COVID-19 recovery or for meeting household needs during the pandemic, reviewing the approaches for cash distribution through financial service providers and agreeing on the potential targeting criteria. It was reported that local government officials including the elected representatives (such as the Mayor of Dhangadhi Sub-Metropolitan City) had positive attitude to provide cash grants, the households and families affected by COVID-19 would benefit from cash support to manage minimum needs that they could not address due to mobility restrictions and lack of earning opportunities, and that there were financial service providers such as International Money Express (IME) Digital Solution Limited available and willing to distribute cash to the beneficiaries.

.....  
*During this exercise, consultation meetings were organised with local government officials and representatives of COVID-19 affected population.*  
 .....

- **Reaching consensus with local governments:** Engagement with local government officials and elected representatives to reach consensus on the UCT delivery was identified as a strong factor for this project. Several round of formal and informal discussions were organised on potential scope of work including on the scaling up of the UCT or using other resources from government and other non-governmental actors. A Memorandum of Understanding (MoU) was signed between DCA's partner DWRP and Mayor of the Dhangadhi Sub-Metropolitan City.
- **Selecting beneficiaries for cash transfer:** Selection of beneficiaries was not easy as shared by the local government officials and partners with a number of phone calls that had to be attended by partner, government officials, elected representatives and even the financial service provider. However, thanks to local partners' coordination with the local government to agree on the beneficiary selection criteria- to support only those families who had at least one member of the family affected by COVID-19 (death or infection). This criterion was found to be very significant in terms of reducing the grievances and additional pressure such as from elected representatives to include more beneficiaries.

**Box 6: Copy of MoU signed with local government**



*Engagement with local government officials and elected representatives to reach consensus on the UCT delivery was identified as a strong factor for this project.*

- **Agreeing on the amount of cash to be transferred:** Initially, DCA and partner considered supporting NPR 7,500 per family considering the Minimum Expenditure Basket. However, this had to be adjusted after consultations with local government officials who wanted to cover larger number of beneficiaries. Subsequently, it was agreed to provide NPR 4,500 per family aiming to meet the necessary food supply in the emergency with reference to the MEB. The assessment carried out in the early sage provided information that the people have other aspects of needs such as shelter, water supply, NFIs but they were found struggling with food deficits. The authorities and the implementing partners therefore made a decision to cover the immediate needs that was enough to cover a month's food needs for a family with an amount of NPR 4,500.
- **Identifying and agreeing with financial service provider:** DCA and DWRF identified IME Digital Solution Limited as the financial service provider. An agreement was signed with this service provider by DWRF with clear terms and conditions. Assessment of the agreement revealed that the per transaction cost was agreed at reasonable service fee (NPR 100/transaction or per beneficiary) while other utility cost was waived by the financial service provider.
- **Informing the beneficiaries:** During KIIs and FGDs, the beneficiaries reported that they received call or got information on them being selected for the cash support either from DWRF staff or from IME or from ward representatives. It reflected that no uniform approach to inform beneficiaries was used, and this is one of the key areas that future cash support programme could improve as some beneficiaries felt that they should have been informed by either DWRF or from municipality officials only.
- **Delivering the cash:** As agreed between IME and DWRF, selected beneficiaries were informed to come to IME office at a specified date and time. The beneficiaries were requested to come with an identity card to collect the cash. Most beneficiaries consulted during the study revealed that it did not take more than 30 minutes to collect the cash. However, only a few of them informed that they had to wait more than 30 minutes or had to go twice to IME to collect cash mainly because they did not have identify cards with them. A proper social mobilisation to share information on what documents to have when going for cash collection could have reduced these problems of waiting for longer period of time or coming more than once to collect the cash.
- **Monitoring the cash support and addressing the risks:** DWRF staffs were found to be present in the IME outlets when the cash support was provided. Staff were monitoring on the amount the beneficiaries receiving and on any potential frauds. DWRF staff reported that there were no frauds. Beneficiaries also informed that they received what they were informed of and there were no middle persons trying to have undue benefit.

*The assessment carried out in the early sage provided information that the people have other aspects of needs such as shelter, water supply, NFIs but they were found struggling with food deficits.*

- **Carrying out Post-Distribution Monitoring (PDM):** DCA and DWRF carried out a PDM (though after the field visits for this assignment) in Kailali and Kanchanpur but no such survey was carried out in Achham where Cash for Work (CfW) was implemented-it was understood that number of beneficiaries was just 15 for CfW which did not require PDM but follow up consultations only.
- **Handing over the information on cash support to local government:** DWRF informed that they provided the final information to Dhangadhi Sub-Metropolitan City with the information on the families that received cash support. The ward officials in the Sub-Metropolitan City also confirmed that they have received the list of beneficiaries.

KII and FGD participants' objective remarks on the process followed are presented as factual statements in box 7 below.

### Box 7: Remarks of stakeholders and beneficiaries on the process of unconditional cash transfer

DWRF and DCA came to us when COVID-19 pandemic was affecting people. We had a series of discussions on the process and on the selection of the beneficiaries. If all organisations had come to us as DWRF did, a lot of people could have been supported without duplication. It was a joint agreement with DWRF and DCA in deciding the scope of the support.

- Nirpa Bahadur Odd, Mayor, Dhangadhi Sub-Metropolitan City, Kailali

Voucher is a good approach when people needed support for food during COVID-19. We witnessed challenges from community to include more number of beneficiaries but when resources are known and limited, we were able to jointly agree with NNSWA on the criteria to support most vulnerable families where there were COVID-19 infections and deaths in these families. Thanks to our agreed processes, we were able to reduce pressure from political leaders to include new beneficiaries that were not entitled to receive the vouchers.

- Nanda Lal Bhatta, Ward Secretary, ward 18, Bhimdatta Municipality, Kanchanpur

All the processes, was agreed with the Sub-Metropolitan officials. Being locally based, we anticipated the tensions and pressures to include additional beneficiaries for cash transfer. However, local level government engagement in making decisions for targeting with our own priorities to focus on the most vulnerable worked well in reducing the complaints.

- Sabitra Ghimire, Chairperson of DWRF, partner NGO in Kailali

*The ward officials in the Sub-Metropolitan City also confirmed that they have received the list of beneficiaries.*

There were higher expectations from local governments, mainly to cover more beneficiaries. But we clearly informed that criteria to select beneficiaries need to be very much targeted. We knew all of us were affected but support could not be provided to all equally. It was agreed that most vulnerable mainly those families who had at least one member infected by COVID-19 or the family that experienced loss of family members need to be supported. This was a clear process criterion that enabled us to ensure VA to the most vulnerable without much complaint.

- Govinda Upadhyaya, Project staff, NNSWA, Kanchanpur

We supported relief work previously but we were not used to following such a rigorous process to be selected to provide service. Initially, we felt that our engagement does not contribute to our profit motive but later we realised that profit is second to service. We made profit but we also were part of service for COVID-19 affected population.

- Nanda Lal Bhatta, trader in Bhimdatta Municipality, Kanchanpur

We tried our best to support women affected by gender based violence after the cases are registered, but the complex and hidden cases within the family made it difficult to make decisions. Because of the lack of knowledge for paralegal procedures as well as a continued threats from the family members, there are several such cases undocumented. After the supports received from DWRF, these women are able to speak to the authorities with hope of life. What could a woman who has no income and has been through violence do, to take care of her kids? The cash assisted to these highly vulnerable people giving hope for legal aids, micro-entrepreneurship, and hope for a better living. The government thanks to all involved in this support. We request to DWRF/DCA and other humanitarian agencies to provide needful supports to these families and replicate to other wards.

- Dal Bahadur Kumal, Ward Chairperson-7, Gauriganga Municipality, Kailai

*Because of the lack of knowledge for paralegal procedures as well as a continued threats from the family members, there are several such cases undocumented. After the supports received from DWRF, these victims are able to speak to the authorities with hope of life.*

### 3.3 Unconditional cash assistance process for survivors of Gender Based Violence (GBV)

DCA and DWRF provided UCT to 15,000 survivors of GBV to ensure protection as well as provide living supports to the survivors of GBV during COVID-19 situation. This support was planned considering that women face additional burden than men and that they experience violence during emergency situations. This recognition was based on previous emergencies such as the 2015 earthquake and other studies such as from Informal Sector Service Center (INSEC) on COVID-19 impact on human rights.

Overall unconditional cash assistance process for GBV survivors is summarised in Figure 3 below.

**Figure 3: Process followed for providing cash assistance to GBV survivors**



The overall process for providing cash assistance to GBV survivors is briefly mentioned below:

- **Conducting contextual analysis and need assessment:** DCA and implementing partner DWRF carried out a contextual analysis to identify the needs of women who could face or have faced violence and protection concerns during COVID-19 situation. The assessment identified that 20 women were found to be impacted through violence and needed support. The number was identified in coordination with local government officials and elected representatives in Kailali.
- **Agreeing on the criteria and number:** In line with the contextual analysis and as per the feedback received from the local government officials and elected representatives, DWRF selected 20 women to be supported with cash assistance, while only 15 women had received the assistance and other 5 were in the background process at the time of this study.
- **Agreeing on amount of cash transfer:** In consultations with local government officials, it was agreed to provide NPR 15,000 per GBV survivors.
- **Agreeing on cash transfer mechanisms:** With the assessment of service providers, it was agreed to provide cash to the affected ones. Ward offices in the presence of DWRF field staff provided the cash to these beneficiaries.
- **Providing cash support and monitoring:** Because of the case sensitive, all the recipients were not informed at once. To reduce the economic burden, the hard cash was handed over to the recipients.

*The assessment identified that 20 women were found to be impacted through violence and needed support. The number was identified in coordination with local government officials and elected representatives in Kailali.*

KII and FGD participants’ objective remarks on the process followed are presented as factual statements in box 8 below.

### Box 8: Remarks of beneficiaries and stakeholders on the process of unconditional cash transfer for GBV survivors

I was asked why I was chosen to get the cash. Initially I could not answer but when DWRF staff met me, I was informed on the criteria. I shared the same information and later such questions on my eligibility to receive the support were not raised.

- **Binita Chaudhary, Dhangadhi Municipality, Kailali**  
(beneficiary of cash assistance for GBV survivors)

My husband died due to COVID-19. No one came to my house as they feared that they will also be infected. Thanks to this project, I got resources as well as confidence to reduce stigma against the members of families infected by COVID-19 or those families who experienced death of their family members.

- **Dhan Kumari Darji, Dhangadhi Municipality, Kailali**  
(beneficiary of cash assistance)

I was hopeless when my husband treated me wrongly. He sold our small piece of land without informing me, and got married to another women. We feel unsafe as sometimes he gives life threats. We are taking shelter at our parents. I have gathered hope after I got to know the legal tools for rights through the counseling received from DWRF. DWRF provided me cash with which I managed the critical times of COVID-19 pandemic. I have made some savings with which I want to run a tailoring centre for my living.

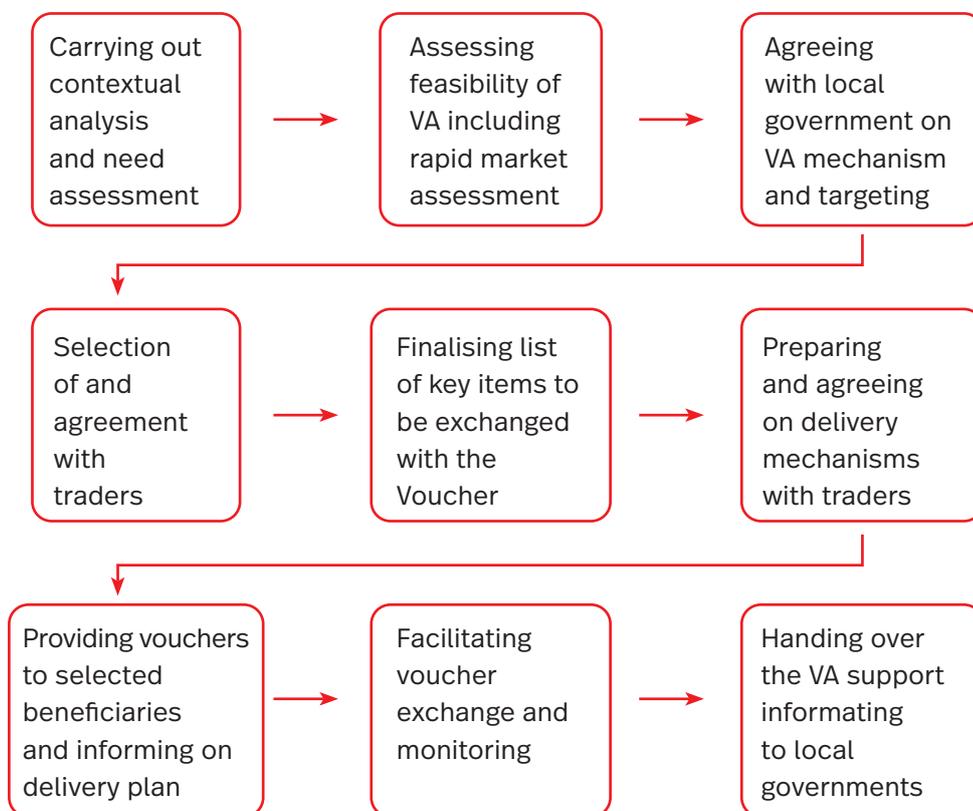
- **Damayanti Chaudhari (pseudo name),**  
**Matkauna village-7, Gauriganga Municipality, Kailali**

.....  
*Thanks to this project, I got resources as well as confidence to reduce stigma against the members of families infected by COVID-19 or those families who experienced death of their family members.*  
.....

### 3.4 Process utilised for voucher assistance

DCA and implementing partner Nepal National Social Welfare Association (NNSWA) provided Voucher Assistance (VA) to 633 families affected by COVID-19 (infections or deaths in the families) in Bhimdatta Municipality of Kanchanpur district. The overall process of VA is presented in Figure 4.

**Figure 4: Process followed for providing VA in Kanchanpur district**



**The overall process followed for VA in Kanchanpur included the following:**

- **Carrying out contextual analysis and need assessments for voucher assistance:** NNSWA, the district implementing partner of DCA was found to have conducted a contextual analysis and need assessment of COVID-19 affected families in Bhimdatta Municipality. The assessment identified the number of people affected by COVID, their current situation including number of people on quarantine and in isolation centers and overall challenges COVID-19 affected households from vulnerable families faced and their priority needs. It was found that absence of job or regular income was key cause why people needed financial support for meeting food supply needs at the family level.
- **Assessing the feasibility of VA including the rapid market assessment:** NNSWA also carried out VA feasibility assessment including a rapid market assessment. Focus Group Discussions and interviews were found to be organised to collect information about markets and traders.

Information was collected about traders' experience of participating in VA interventions, their collaboration with relief agencies, their stock capacity, ability of managing goods without advanced payment, ware house capacity to store additional goods and their willingness to participate in VA initiatives. Rapid assessment informed that VA was feasible in the municipality and traders had the capacity and willingness to participate in the VA initiatives.

- **Agreeing with local government on VA mechanism and targeting:** NNSWA, local implementing partners of DCA informed that they shared the information with local governments on the resource available to provide VA. It was agreed to support most vulnerable households- with at least one member affected by COVID-19. The number of target groups to be supported was found to be increased by reducing the amount each household would receive. This was agreed considering the resource availability and higher needs with similar situation related to impacts from COVID-19. The size of cash assistance was determined jointly by the implementing partners and the municipalities considering the relevancy to the similar future assistances from the government with reference to the MEB put forward by Cash Coordination Group (CCG) of Nepal. NPR 4,500 was agreed as the value of the voucher. In line with the above procedures agreed, implementing partners were found to provide VA support to selected beneficiaries.
- **Selection of and agreement with traders:** NNSWA collected the quotation from traders against the food items that voucher could be exchanged with by the beneficiaries. The price rates were obtained for rice, pulses, oil, salt, spices, sugar, tea, beans and eggs. Price rates were also received for soap, masks, and other nutritious food items such as Horlicks, nuts, juice, honey, etc. Based on the analysis of the price and the capacity to deliver the agreed quantity, NNSWA selected suppliers in Bhimdatta Municipality. An agreement was signed by NNSWA with each of the selected traders.

*The number of target groups to be supported was found to be increased by reducing the amount each household would receive.*

Figure 5: A Local Trader who participated in the Voucher Assistance Programme in Kanchanpur (left)



- **Preparing and agreeing on delivery mechanisms with traders:** NNSWA and traders agreed a time and date plan for beneficiaries to exchange the vouchers. During the consultations, traders informed that all COVID-19 precautions were considered such as provisioning of sanitizer and masks for the beneficiaries, ensuring physical distancing, avoiding crowds with different time and date provided to different beneficiaries, etc.
- **Providing vouchers to selected beneficiaries and informing on delivery plan:** Selected beneficiaries were provided with the vouchers and information on date and time for them to exchange the vouchers from the list of items proposed and agreed with the traders and also the local governments.
- **Facilitating voucher exchange and monitoring:** NNSWA supported the selected beneficiaries to go to traders' place to exchange the voucher against the materials. Partner staff were present in the traders' place to monitor the exchange process and to address any complaints. Moreover, there were complaint boxes placed in the municipalities for beneficiaries and non-beneficiaries to report grievances. As local government clearly informed about the criteria, no major complaints were filed by the community members. During the discussions with beneficiaries and government officials, no complaints on frauds were reported. Traders informed that beneficiaries exchanged the coupon against the targeted scope of the support. While project's implementing partners mobilized stakeholders to carry out real time monitoring, it was found that post distribution monitoring was conducted after the assistance.
- **Handing over the information on the support to relevant government stakeholders:** Though government officials informed that they are aware of what DCA and its implementing partners were doing under this VA programming, it was found that final handover note including objective information on people/households/families supported was needed.

### 3.5 Process utilised for cash for work

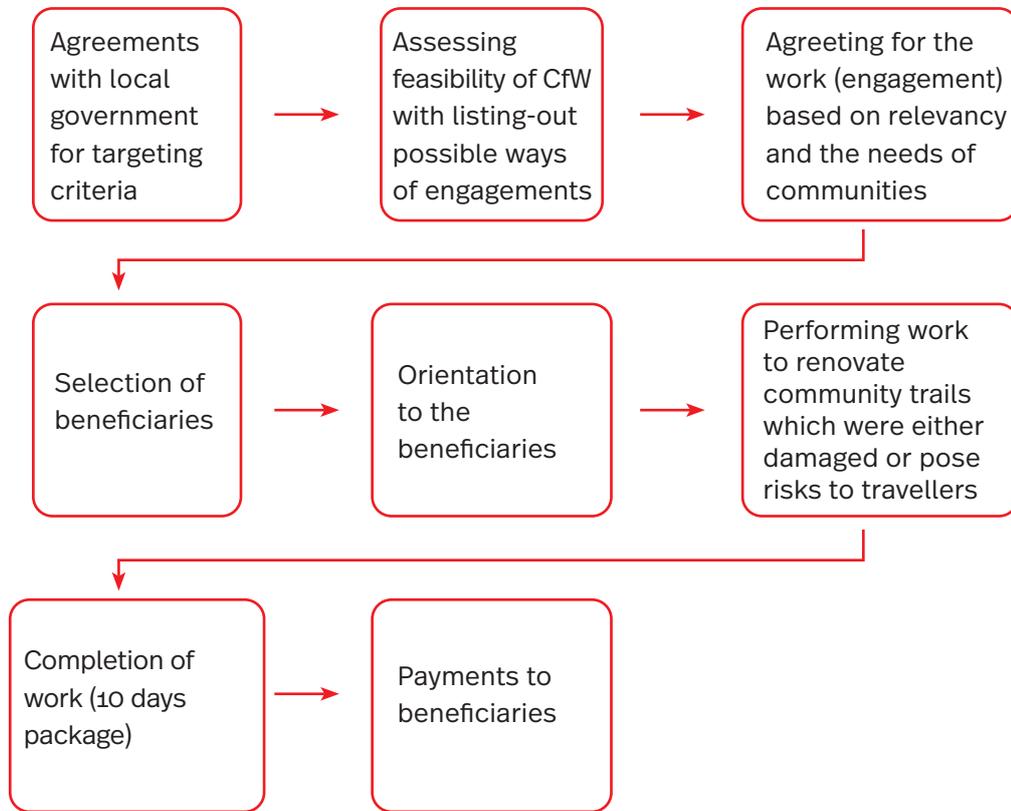
Cash for Work was a small pilot intervention implemented in Mellekh rural municipality of Achham implemented by partner NGO Dalit Welfare Organization (DWO). With a technical assistance from DCA, DWO made consultations with Municipal and ward representatives of ward 7 and 8 for the modality of cash transfer that is the most suitable with labor in-migrants due to COVID-19.

Through a joint planning with local governments, 15 needy people from Dalit communities who had to go for self-isolation were selected for the restoration and renovation of community trails through a 10-day employment opportunity. With a daily wage rate of 800/p considering the current rates for the semi-skilled, these families were able to harness a sum of 8,000 each.

This pilot project assisted to the self-isolation of these 15 in-migrants, migrated from India after losing jobs. Though small, this assistance using CfW approach used the following process in figure 6.

.....  
*As local government clearly informed about the criteria, no major complaints were filed by the community members.*  
 .....

**Figure 6: Process followed for providing VA in Kanchanpur district**





## EFFECTIVENESS ANALYSIS OF CVA PROGRAMME

The study infers that the objectives of the CVA have been met through the CVA programme of DCA, thanks to adequate CVA processes in place and implemented, beneficiaries reporting the effective use of the cash and voucher to meet their needs, project's reach to most vulnerable families and effective partnerships established and operationalised in the delivery of CVA.

### 4.1 Overall effectiveness on the process related to CVA modalities

Most of the processes required for CVA were found to be contextual and relevant to the local context as informed by the following evidences:

**Selection of beneficiaries in consultations with local governments:** As mentioned above, implementing partners in the districts coordinated and consulted with the local government officials and elected representatives of Bhimdatta Municipality in Kanchanpur, Gauriganga Municipality and Dhangadi Sub-Metropolitan City and Kailari Rural Municipality in Kailali, and Mellekh Rural Municipality in Achham. This coordination was useful in agreeing on the beneficiary selection criteria and number of households/families to be supported. While there would have been a lot of pressure to implementing partners if they had selected the beneficiaries on their own, selection of the beneficiaries together with local governments reduced such pressure.

*This coordination was useful in agreeing on the beneficiary selection criteria and number of households/families to be supported.*

**Priority was given when selecting the beneficiaries:** Though beneficiaries were selected together with local governments, there were clear selection criteria agreed. The priority was given to families and households who had at least one member affected (deaths or infections) due to COVID-19, to the families/ persons affected by GBV and the COVID-19, and to the needy families whose member/s are returnees from India due to COVID-19. Within the broader but specific criteria, there were clear priorities for the families of daily wage labour, Dalits, those that lacked regular income source and those without agriculture land.

**Beneficiaries were informed in advanced on the CVA support:** During FGDs and KIIs, the participants informed that they knew why they were eligible to receive the CVA support and what criteria were followed for the support being provided. They also informed that they received the information on CVA well in time. This is further verified through the Post Distribution Monitoring (PDM) report of DCA Nepal where it is found that 37.3% of the PDM respondents (143 of 383 respondents) stated that they received information one week in advance, followed by 24.1% of the respondents who stated that they received information on CVA 1-2 days before the distribution date. While 19.3% of the respondents received information 3-6 days in advance, 14.1% received information 2 weeks in advance.

**Distribution points were maintained at accessible locations and distance:** FGD and KII participants were asked to share their experience in reaching distribution points for receiving cash and for exchanging their vouchers through the selected traders. Overall findings reflected that distribution points were selected in locations not very far from beneficiaries' place of residence. However, some of the beneficiaries had to use different means of transport such as tricycle, taxi, motorcycle, bus, bicycle and auto rickshaws. PDM report indicates that over four-fifth of the beneficiaries had to use less than NPR 60 to travel to distribution points. However, senior citizens and persons with disabilities consulted during the field visit informed that the physical location of the distribution point was not accessible. Even the cash outlets were not accessible for persons with disabilities.

**Beneficiaries did not experience over-crowding or prolonged time to wait in voucher exchange and cash receiving points:** Beneficiaries of cash assistance in Kailali were asked if they had to face specific problems related to submitting documents and receiving the cash in time. Beneficiaries in Kanchanpur were asked to share their experience in terms of time to exchange the vouchers with the commodities they preferred to choose. Except in one or few instances where beneficiaries had forgotten to bring the identity cards, beneficiaries reported that they received the cash within 20-30 minutes of reaching the cash outlets (office of service provider- IME). Likewise, beneficiaries receiving vouchers also informed that traders were supportive to open their shops for extra hours to provide the services and they were not required to be in long queue. Findings from the KII and FGDs is validated by the PDM report which

.....  
*Though beneficiaries were selected together with local governments, there were clear selection criteria agreed.*  
.....

indicates that over three-fifth (63.4%) of the respondents reported less than 30 minutes of waiting time to get the services from the service providers.

**Beneficiaries did not face problems in receiving full amount and full voucher value commodities:** Beneficiaries informed that there were no problems in receiving full cash amount or commodities equivalent to voucher value. No middlemen were found to negatively affect beneficiaries in receiving what they were entitled to. While the municipal officials in Kailali and Kanchanpur were confident that such a transparent process reduces any mishandling of the humanitarian support, municipal officials in Kanchanpur highlighted the need for close monitoring as beneficiaries may not always exchange the commodity voucher to the fullest value. However, no reports on exchange of commodity voucher with unintended supplies was reported or shared.

#### 4.2 Strengths and areas of improvements of various CVA modalities utilised

Based on the analysis of the information received, following areas are identified as the strengths of CVA process utilised by DCA and implementing partners:

- Carrying out need assessment and contextual analysis for the emergency situation (COVID-19) by mobilising local implementing partners which included the information on the number and nature of people affected by COVID-19.
- Assessing the CVA feasibility for informed decision making by collecting and analysing the information on local market to some extent especially the functionality and capacity to respond, presence of and willingness of service providers to be part of CVA and assessing the perception and attitude of local government officials to implement CVA.
- Reaching consensus with local governments in terms of number of people to be selected for CVA including on the criteria of beneficiary selection and communication of selection criteria to beneficiaries and non-beneficiaries. A list was produced with details of beneficiaries which was provided to ward representatives for farther communication to the selected beneficiaries.
- Selecting private service providers for CVA delivery including replenishment and reconciliation process as well as assessing local cash out capacity. This included collaboration with IME for cash distribution in Kailali and with traders in Kanchanpur.
- Reaching agreement on target groups and number to be supported including making local level adjustments considering the feedback from the local governments such as increasing the number of people to be benefitted but slightly with less resource per beneficiary. In case of CfW programme in Achham, the number of beneficiaries was determined by adding a criterion of 'in-migration from India due to COVID-19' in the beneficiary selection criteria.

.....  
*No middlemen  
 were found to  
 negatively affect  
 beneficiaries in  
 receiving what they  
 were entitled to.*  
 .....

- Agreeing on selection criteria of beneficiaries with local governments focusing on families that are COVID-19 affected and those depending on daily wage labor work and without regular source of income.
- Ensuring complaint response mechanisms through sharing on complaint systems comprising of telephone numbers of focal persons of implementing partners at district level and placing of feedback boxes. Box 9 below provides a picture of placing complaint handling boxes at the Municipality office.

*In case of CfW programme in Achham, the number of beneficiaries was determined by adding a criterion of 'in-migration from India due to COVID-19' in the beneficiary selection criteria.*

### Box 9: Complaint handling boxess



Based on the analysis of the work being carried out as per the process followed above, following areas of improvements are identified:

- **Conducting market assessment:** Implementing partners informed that a rapid market assessment was conducted in Kanchanpur, no specific assessment report was available for review and assessment for the cash assistance in Kailali. Though the scope of the project did not require a detailed market assessment, yet, full analysis such as Rapid Assessment of Market (RAM) is pre-requisite for CVA response planning and decision making.

- **Monitoring of the exchange of the vouchers:** While the traders informed that beneficiaries exchanged the value vouchers against the listed commodities, it was found that the monitoring system was not strong as shared by government officials in Kanchanpur. Staff of the implementation partners also shared that it was not clear if the beneficiaries used the total voucher value to purchase commodities. Traders shared that it was themselves who ensured that beneficiaries fully utilised the vouchers. However, no clear monitoring system was found to be reported from the project staff.
- **Identifying minimum expenditure basket:** The amount of cash and value of voucher were largely based on the feedback provided by the local government to increase the number of beneficiaries. The minimum expenditure basket was brought in discussion in the initial stage of planning but not considered when fixing the value of cash support when it came to NPR 4,500 from its initial plan of NPR 7,300.
- **A clear risk mitigation plan could be further improved:** During CVA, there are potential risks related to corruption, access to mobiles (to get information on cash assistance), delays of providing assistance, undue advantages that may be taken by those who select beneficiaries, etc. It was found that monitoring by project partners assisted in reducing these risks but having a clear risk management plan would have improved more accountability and transparency of the CVA programming.
- **Referral mechanism for unmet needs could be integrated into the CVA programming:** Due to the limited resources, one CVA project is not able to meet large number of needs or target large number of beneficiaries. It is important that the unmet needs and under-covered population information should be shared to different stakeholders including government and other non-governmental organisations. In the project area, while governments knew the needs, there was no specific system or mechanism for sharing the unmet needs and information on population not covered by the project.
- **Follow-up programmes could enhance the resilience of the beneficiaries:** Specific to multipurpose cash grants to GBV survivors in Kailali, follow-up support programmes can give strength to the survivors' living and livelihoods opportunities. These supports are giving a hope of life to the poor, most vulnerable and psychologically affected survivors of GBV where a top-up supports such as cash assistance for petty-trade, legal aid or similar could provide multiplier effect to this CVA support.

### 4.3 Achievement of CVA objectives

Overall, CVA programme was found to be able to meet the intended objective of CVA- to support COVID-19 affected families to access goods and services giving beneficiaries the options to use cash and vouchers to meet their needs in a difficult situation due to COVID-19. CVA programmes contribution to achieve the intended objectives is highlighted with the evidences obtained from the field as outlined below:

.....

*It is important that the unmet needs and under-covered population information should be shared to different stakeholders including government and other non-governmental organisations.*

.....

**The value of cash and voucher was limited but adequate to meet immediate**

**needs:** Beneficiaries of CVA programme informed that they would have coped with the situation by taking loan or borrowing money from relatives and money lenders. They informed that it was not easier to get loans and borrowings during COVID-19 situation as it had affected all. Beneficiaries informed that while needs were many and they could have earned more than what was supported, the value of cash and voucher provided by the CVA programme was instrumental to assist them in delaying taking loans or borrowing money from relatives. It was shared that the support received was useful for them to manage at least one-month cost for their households in terms of food, health and nutrition.

**CVA support was utilised to meet some major needs for the family:**

Respondents of KIIs and FGDs reflected that CVA support in the form of cash and voucher was utilised to meet the critical needs of the family during the COVID-19 restrictions. It was informed that the support was useful to meet daily household needs such as buying food, nutritious items such as fruits and eggs for COVID-19 affected and recovering family members and for meeting other needs such as rental payment or loan payment. PDM report also verifies these findings as they shared different areas where they spent the cash and voucher. Specifically, the support family received to procure nutritious food for pregnant women and children is worth mentioning.

.....  
*PDM report also verifies these findings as they shared different areas where they spent the cash and voucher.*  
.....

**As an unintended impact, there has been positive perception towards the**

**work of NGOs:** All three implementing partners in Kanchanpur, Kailali and Achham revealed that the CVA support has improved the positioning of NGOs in the districts. While NGOs are blamed to be focused on rights and capacity building measures, direct support through cash to COVID-19 affected families has improved the image of how NGOs are perceived and how they can play significant roles as humanitarian agencies who address immediate needs of the affected population.

**As another unintended impact, CVA programme has assisted in addressing discrimination and stigma against persons affected by COVID-19:**

KII participants, which included COVID-19 survivors or the family members of those who died informed that when nobody was willing to support the COVID-19 affected families, this CVA programme bridged the gap between the affected and not affected, for example, those who denied to be around the house of COVID-19 affected families and took it as a stigma, started coming to get information and to understand the support needed. It was also found that community members realised that self-protection measures should not restrict them from being to those affected.

**Collaboration with local government has been effective:** As explained in previous sections, collaboration with local government has been very effective to agree on beneficiary selection criteria and to select the target beneficiaries. As a result there were very few complaints, and they were immediately

addressed after diligent investigation of the needs and resources available to reach to those who actually needed it.

**Partnership with traders was useful to enable them to provide services during restricted situation:**

Though there were restrictions in opening the shops during COVID-19, project's partnership with the traders supported the beneficiaries to receive service in odd hours as well. Traders shared that felt that beneficiaries came at times than what the government had scheduled for opening the shops but they were able to coordinate with security officials to ensure provision of services to the beneficiaries in time.

**Partnership with local NGOs was beneficial for local social mobilisation:**

DCA worked with local implementing partners to implement this project. The NGO partners had a good relationship with the government stakeholders as informed by the elected representatives of local governments in Kailali and Kanchanpur. Both these organisations were found to be engaged with the targeted communities through their regular development work and these NGOs had information on local government systems and actors. This was of great support to build relationship with government and communities and agreeing on the CVA implementation methods in particular on the beneficiary's selection and selection of traders.

.....  
*PDM report also verifies these findings as they shared different areas where they spent the cash and voucher.*  
.....

**Localisation of Humanitarian Action:** The study finds that DCA had very less influence in planning and decision making process expect in providing technical guidance and remote assistance where required. With reference to the agendas of localisation, the study team found that implementing partners were given full responsibilities to design the CVA interventions in close coordinate and collaborate with respective local governments. "This is a great learning and a great achievement for us that has build-up our confidence for similar future interventions", says Srijana Parajuli, PC of DWRF Kailai.



## KEY LESSONS AND LEARNINGS

The overall lessons and learnings from DCA's CVA interventions are summarised below.

### 5.1 Collaboration with local government

- Collaboration with local government reduces risks and challenges associated with selection of beneficiaries.
- Coordination with local government reduces further complaints against the implementing partners in selecting beneficiaries and providing support.
- DCA and its implementing partners need to refer unmet needs to other actors, service providers and stakeholders as one project has limitations of meeting the overall needs of affected population.

### 5.2 Accessibility of distribution points

- Distribution points need to be accessible to all- to persons with disabilities, pregnant women, children and senior citizens in particular.
- Accessibility can be improved through reasonable accommodations made at distribution points – trader's location and cash receiving outlets. A temporary distribution centers/sites can be created and informed to the beneficiaries in advance.
- Providing vouchers at one time slot can lead to a crowd at the traders' outlet which can be minimised through creating different batches and timing slots.

### **5.3 Advanced information and communication**

- Advanced preparation and communication on the CVA improves accountability and transparency. Likelihood of complaints are reduced when advanced information is communicated to beneficiaries or potential beneficiaries.
- Mobilisation of local government representatives and officials in sharing information on the CVA support increases acceptance on the criteria utilised and number of beneficiaries identified and agreed for support.

### **5.4 Flexibility of CVA**

- Opportunities should be given to exchange voucher for multiple times- not only at one time as there will be emerging needs of affected population. A period can be specified within which vouchers can be exchanged.
- CVA needs to be linked with immediate and mid-term response and development priority of local governments. CVA needs to be linked with seed support for trainings and recovery priorities.
- CVA can also be an approach for emergency response preparedness through mainstreaming CVA in DRR, resilience building and livelihoods empowerment.

# GOOD PRACTICES FROM CVA WORK

## 6.1 Hope of life regenerated

Under the women Empowerment Project supported by DCA, counselling desks were established at Gauriganga Municipality and Kailari Rural Municipality of Kailali district in July 2020 in the first wave of COVID-19. Travel restrictions were imposed by the government authorities in the lockdown.

Dalit Women Rights Forum (DWRF) had organised a series of dialogue and interaction programme among the stakeholders including local governments. During that time of pandemic, cases like rape, suicide and GBV were noticed, especially in Gauriganga Municipality, and records suggested that the trend was increasing. DWRF was able to support 40 such serious GBV cases during that time through counselling, legal aid and livelihoods inputs.

The GBV survivors then realised that DWRF was speaking for them, providing them and their dependents with much needed support and hope. The trust of confidentiality and safety became stronger.

In the second wave of pandemic, DWRF, DCA and municipal governments made decisions to support such survivors with cash through an approach of CVA under the Emergency Response Project. 15 survivors of GBV and extreme vulnerable cases received the cash assistance which helped them with living expenses. The cash assistance provided them with daily living supports, seed money for small businesses, inputs for legal aids and other needful supports such as medicines and education.

Damayanti Chaudhari (F/30) (pseudo name) with her daughter are living at her parents' since last two years after she was refused by her husband to live together. Her husband sold small piece of land they owned in Gauriganga Municipality uninformed, and married another girl which caused a series of tensions and threats to her life. Working as a daily labour she could not manage her expenses as she could not get any work due to lockdown.

Rays of hope shined for her when she found DWRF would support her. A seed money of NPR 15,000 as a multipurpose cash assistance was given to her which supported to her in taking care of costs like transportation to visit the district court and also to buy medicines for her children. She now has plans to buy a sewing machine to run a small tailoring business for living for which she has



Figure 7: Interview with DWRF Officer

*Rays of hope shined for her when she found DWRF would provide her with legal supports and for her livelihoods.*

already requested to municipal government for needful support.

Manisha Nepali (F/48) (pseudo name) lives with her 3 children in a small hut in a neighbors' land in Gauriganga Municipality. She was found sheltering in an open space in the street of the community, until a helpful family provided a temporary shelter in their land. In the time of COVID-19, they had extreme difficulties for survival. When DWRF reached to her through community volunteers of the project and the local government, she received multipurpose cash assistance of 15,000 by DCA with which she purchased a sewing machine of better quality. Now she is making her needs fulfilled with the income she makes from the tailoring business.

Overall, the study team found that the cash assistance programme to the neediest and highly vulnerable people impacted by the GBV has been very relevant with appropriate inputs and counseling supports leading to mainstream to the local government's regular support mechanism where possible. The team interacted with GBV survivors and government representatives to understand the effectiveness and relevancy of the CVA intervention to address the immediate needs. Ward representatives have appreciated the work of DWRF, and have requested other agencies to replicate this approach. The government has also requested DWRF to make continued support until the survivors can self-sustain through livelihoods opportunities.

*The team interacted with GBV survivors and government representatives to understand the effectiveness and relevancy of the CVA intervention to address the immediate needs.*

## 6.2 Unexpected relief in the pain of COVID-19

Samma Devi Chaudhari (F/45) and Dhanu Dhami (F/50) are the residents in the Bhimdatta Municipality of Kanchanpur district. In the second wave of COVID-19, both were in great panic because their members of the family got infected with this virus. Living under the vicious cycle of poverty, it was difficult for them to take care of their family members as they could not afford medical treatments and much needed diet for the infected.

As a humanitarian organisation, NNSWA received several requests from the community groups, local governments, and individuals for humanitarian relief. As a result, with the support of DCA it designed and implemented a Voucher Assistance programme to support to the needy, vulnerable and those impacted by the COVID-19 pandemic.

With a criterion of 'Infected with Corona Virus' in the list of beneficiary selection process, Samma Devi and Dhanu were selected. They had no money, had lost their daily labor jobs, had very limited ration left in the house and were worried. When they came to know that NNSWA is providing them with voucher assistance, it was a great relief for them. The voucher amount of NPR 4,500 had multiple choice. "I got



Figure 8: Samma Devi Chaudhari and Dhanu Dhami (right)

this kind of shopping voucher for the first time which was very exciting as I could buy several items as per my need. With it, we got rice, lentils, soaps, cooking oil and spices and they were all of very good quality”, opines Samma Devi. They also purchased rice, lentils, soaps, cooking oil and spices. They shared that they were surprised with the quality of the items they received because they thought that the quality would not be up to the mark from what they had heard and seen in earlier humanitarian responses. NNSWA had made sure that the quality assurance was maintained for which they had done good rounds of homework and supervision.

### 6.3 Government’s Appreciation

With the relevance and success of this scheme, it was highly appreciated from all levels.

Narendra Dev Bhatta, Chair Person of ward 18 shares, “This type of humanitarian response integrating CVA was done for the first time in this locality and it was found very effective. I have asked other humanitarian organisations to replicate this model and preferably with more addition of cash assistance so that people can get more of what they need”.

### 6.4 A relief in the COVID-19 pandemic

Mahesh Nepali (M/18) is a resident of Nimbukheda in Bhimdatta Municipality. He got infected with COVID-19 which caused his family to invest NPR 30,000 for the treatments.

The crisis unfolded in the family of 6 when they were running out of food-stock and had no money remaining after his treatment. In that situation, he got to buy needful food and hygiene items when he received a voucher worth NPR 4,500 from NNSWA. “I was very happy when NNSWA provided us relief in that critical situation,” says Mahesh. He purchased rice, lentils, eggs, cashew nuts, almonds, vegetables, masks and soaps.



Figure 9: Ward Chairperson (Ward 18): Mr. Narendra Dev Bhatta in an interview



Figure 10: Mahesh Nepali, Bhimdatta Municipality

### 6.5 A relief in during the hardship of COVID-19

Dhan Kumari Darji, a single woman living in Dhangadhi Metropolitan city fears of COVID-19 every day after her husband died of it in the second wave.

Dhan Kumari and her husband used to meet the basic requirements of the family through their earnings, and the family of 6 were living happily. Amidst, the second wave of COVID-19 entire family got infected by COVID-19. Her house was sealed for a week and the family had to go through difficult times. The situation even worsened when her husband died due to COVID-19. Though other family members gradually recovered after COVID-19, the family suffered emotionally and financially. Meanwhile, the DERF project from DWRF supported the family with NPR 4,500 via IME , with which she could purchase much needed food items for her family.

### 6.6 Cash assistance meant a lot during my pregnancy

Asha BK, a pregnant woman lives in ward 1 in Dhangadhi Metropolitan city. Asha got infected by COVID-19 during the second wave of the pandemic. Being pregnant it was difficult for her to manage the nutritious supplement for the growth and development of her child. She was not able to purchase nutritious food as her husband had no job. When she got a call from DWRF mentioning that she will be provided with a cash assistance of NPR 4,500, she felt very happy. This news has created some relief in her life. She was informed to withdraw cash from the nearby IME center. Asha says, “Even though I have survived from COVID, it was hard to manage nutritious food, thanks to DWRF for this support which was very helpful for me and my child”. With this support, she managed to buy necessary and nutritious food items needed for her and the baby in that difficult situation.

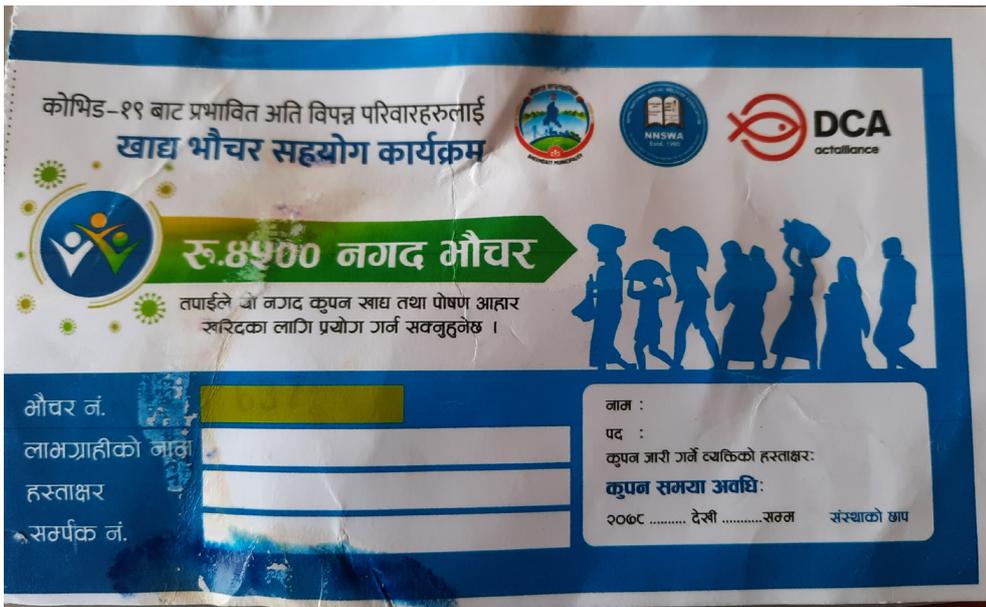


Figure 11: Dhan Kumari Darji, Dhangadhi Metropolitan City



Figure 12: Asha BK, Dhangadhi Metropolitan City

# CONCLUSIONS AND RECOMMENDATIONS



## 7.1 Conclusions

Based on the information collected for this assignment, following conclusions are made in regard to the CVA programme of DCA implemented with partner NGOs.

- DCA and its implementing partners have followed globally and nationally accepted procedures on CVA- from need assessments to market analysis, selection of beneficiaries and delivery of CVA.
- The CVA programme of DCA has ensured the support to meet the needs of affected populations, coordinated with local governments and limited the risk around beneficiary selection.
- CVA initiatives have taken into account well defined procedures such as market analysis, risk management plan and putting into place the monitoring procedures.
- CVA has very well followed the CVA process, achieved the CVA goals and objectives and ensured the external environment is conducive to implement it.

## 7.2 Recommendations

Key recommendations based on the lessons learned from CVA programme are around

- Continue to promote collaboration with local government to reduce project related risks and if possible coordinate with federal government and Cash Coordination Group to agree on the beneficiary selection criteria and value of cash and vouchers agreed to be provided at local level, particularly when amount has to be reduced to increase the coverage to a larger number of beneficiaries.
- Ensure better access to distribution points, mainly for senior citizens and persons with disabilities so that distribution points are those with reasonable accommodations ensured for these groups who need accessibility support.
- Use market information for selection of response options and determine the transfer modalities where possible, such as choosing more number of traders or financial service providers to ensure that beneficiaries spend less time to receive services they are entitled to receive.
- Integrate process, output and impact monitoring in the CVA programme management cycle which includes having a joint monitoring team including representatives of local government officials, elected representatives, partner NGOs and beneficiary groups, amongst others.
- Enhance the capacity of implementing partners on CVA and market based planning so that they can use the available short time in the emergencies for assessing the market and expertise to deliver CVA.
- Look at the multiplier effects of CVA in humanitarian assistance where possible which includes support to partner organisations to collect and analyse information on intended and intended impacts of the CVA support.
- Put in place the sharing of information to the beneficiaries and stakeholders on CVA, which include clarity on criteria utilised for selection of beneficiaries.
- Consider flexibility of CVA considering the emerging needs, contexts and government inputs, such as in making adjustments on the value of cash or voucher being supported.
- Put in place the discussion of MEB while determining the transfer amount.





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