

The background of the entire page is a photograph of an elderly woman with dark skin, wearing a yellow headwrap and a colorful patterned dress. She is looking down at a stack of US dollar bills (including \$20 and \$100 notes) being handed to her by a person whose arm is visible from the right. The setting appears to be an outdoor market or distribution point in a dry, arid region, with other people and bicycles visible in the blurred background.

**CHOICE.
IMPACT.
DIGNITY.**
**GOAL'S STRATEGIC
AMBITIONS IN CASH &
VOUCHERS ASSISTANCE**

2023-2026

GOAL'S CASH AND VOUCHER ASSISTANCE STRATEGIC COMMITMENTS

This paper outlines GOAL's vision regarding the use of Cash and Voucher Assistance (CVA) in its programming. This overarching framework clarifies the expected minimum standards for all CVA delivered by GOAL, either directly or in partnership with other agencies, while bringing coherence to the way GOAL positions, communicates, and programmes using CVA. It will also inform programme and operational strategies and planning, stakeholder advocacy, donor engagement, and inter-agency coordination.

The commitments outlined in this document were developed following internal and external consultations with country offices, headquarters (HQ) teams, and external CVA experts, as well as a comprehensive desk review of CVA policy trends, donor funding trends related to CVA, and other agencies' CVA strategies.



WHAT IS CASH AND VOUCHERS ASSISTANCE (CVA)?

Cash and vouchers are modalities, it is the form assistance can take. CVA refers to projects where cash transfers or vouchers for goods or services are directly provided to individual, household, or community recipients. Cash transfers and vouchers can be used by themselves, or as a complementary modality along with other forms of assistance like services and in-kind assistance. CVA can be used to help achieve a variety of outcomes such as enabling people to meet their basic needs, health, water and sanitation, nutrition, shelter, protection, etc.

Figure 1: Global CVA Commitments

SCALE UP

Scale up CVA and expand its use across the breadth of GOAL's work.

WHAT DOES THIS LOOK LIKE?

- Prioritising CVA for access to life-saving assistance, including food, health, nutrition, and WASH.
- Using CVA in more countries.
- Increase the number of people supported by CVA.

INSTITUTIONAL QUALITY

Systematic quality of CVA.

WHAT DOES THIS LOOK LIKE?

- Strengthen post-distribution monitoring.
- Multi-year framework agreement with a financial service provider.
- CVA SoPs reviewed annually.

EXPLORE CVA FOR HEALTH

Intentional exploration of CVA approaches to improve health outcomes/seeking behaviours.

WHAT DOES THIS LOOK LIKE?

- Pilot initiatives, generate learnings, strengthen institutional capacity, development of tools.

STRATEGIC COMMITMENT #1

Scale up CVA and expand its use across the breadth of GOAL's work. GOAL will systematically ask, "Why not cash or vouchers?" in all its programming. This will include both Multi-Purpose Cash Assistance (MPCA) for basic needs,¹ and cash/ vouchers as modalities within sector-specific and integrated programmes. It will also include a commitment to replacing 'in-kind' assistance² with CVA in all appropriate contexts and complementing other forms of programming with CVA where evidence supports its use is an essential step towards enhancing the efficiency and effectiveness of assistance.

STRATEGIC COMMITMENT #2

Systematic quality of CVA across all of GOAL's countries of operation so community members, authorities and donors in all contexts can rely on GOAL for a minimum level of consistent quality.

Quality CVA is seen as timely assistance, accountability mechanisms, community participation, transparency, and risk-appropriate design and delivery – all in ways appropriate for people with specific needs and are sensitive or responsive to gender, age and other factors that can influence experiences of exclusion. CVA standard operating procedures (SOPs) and multi-year financial service provider agreements in every country office are critical enablers to timely and quality CVA. GOAL will seek to expand its use of digital cash and voucher transfers, recognising its security, efficiency, and potential cost-effectiveness (when transfers are at scale) benefits.

¹ The concept of basic needs refers to the essential goods, utilities, services, or resources required on a regular or seasonal basis by households for ensuring survival and minimum living standards, without resorting to negative coping mechanisms. MPCA for basic needs is often based on a methodology which the intention of simultaneously supporting the recipient to meet their multi-sector basic needs such as food, hygiene needs, water, communications, and utilities, as defined by a [survival] minimum expenditure basket or its equivalent.

² In-kind assistance is assistance provided in the form of physical goods or commodities. This can be goods that are procured by GOAL or a partner for the onwards distribution to communities. It can include goods that are provided to GOAL/our partner by another partner or donor (such as food from WFP, hygiene items from UNICEF etc) for the onwards distribution by GOAL/partner to communities.

STRATEGIC COMMITMENT #3

GOAL aims to explore the application of CVA approaches to improve health outcomes and health-seeking behaviours, initially across country offices already delivering CVA or health programming at scale and with systematic quality. GOAL will build on its organisational-wide health capacity and further expand it, bringing health into CVA and CVA into health. A broad view of what 'health' encapsulates will be taken so it includes nutrition. CVA should be considered complementary to supporting health systems. This commitment will be implemented progressively to understand if gains can be made in setting the foundation for these ambitious piloting initiatives, developing learning, and gradually building internal capacity over four years. GOAL will promote and actively contribute to the practice research and learning community on CVA for health outcomes.



WHY FOCUS ON CVA AND HEALTH?

Poor health affects people's ability to withstand shocks, engage economically, and live a full and healthy life. Irrespective of sector, attention to health status can enhance the impact of GOAL's assistance on people's lives. The developing body of evidence on CVA and health shows that even when health services are supposed to be free of charge to the user, there are often direct and indirect financial barriers. Moreover, economic insecurity can drive poor health status, such as malnutrition. CVA and health are quite new areas that have not been researched.

The COVID-19 pandemic stimulated significant interest by donors and agencies in how to link CVA and health, as well as the adaption of CVA in response to health crises. The Global Health Cluster has become much more receptive to using CVA for health outcomes and has an [inter-agency global health cluster CVA task force](#). It is predicted that CVA and health is an area that will see the most rapid growth in the coming year. Since health and nutrition are key competencies for GOAL, linking health with CVA will allow GOAL to leverage and expand this identity.

IRAQ CDP EVALUATION:

In this project, vulnerable households were supported with cash for basic household needs, i.e. MPCA. In Iraq, the Cash Working Group sets the MPCA transfer value based on a basket of essential household basic needs. This basket of goods/services does not include health-related needs. However, monitoring and evaluating findings showed that there were frequent expenditures on accessing and using healthcare services as people faced financial barriers to go to the doctor, health centres, hospitals or pay for medicines.

WHAT EXPLORING CVA AND HEALTH COULD LOOK LIKE IN PRACTICE

1. CVA IN HEALTH OUTCOMES PROGRAMMING, E.G., CVA FOR ACCESSING HEALTH SERVICES, CVA FOR SEXUAL REPRODUCTIVE HEALTH, AND CVA FOR SUPPORTING NUTRITION OUTCOMES.

A 'health lens' applied to sector outcomes programming (e.g., water, sanitation and hygiene [WASH], basic needs, nutrition, protection, social protection, etc.) that incorporates CVA through the integration of a health lens in aspects of the project cycle such as targeting, monitoring tools and processes, referrals to health services and complimentary health-related activities/approaches (such as health-related social behaviour change).



GOAL'S COMMITMENT TO CVA

It is globally accepted that assistance transferred in cash and vouchers (particularly cash) can be more efficient, effective, and better for people and markets than other forms of assistance.³ It is fast becoming the modality of choice for a growing number of donors.⁴ The rapid growth of CVA in crisis and fragile settings and its significant evidence base make it a must-have in any programming toolbox. A Global Public Policy Institute report estimates that cash assistance is appropriate in 70-80% of all humanitarian crises.⁵

2. ACHIEVING GOAL'S ORGANISATIONAL STRATEGIC OBJECTIVES

For the communities GOAL works with, economic insecurity and a lack of purchasing power can compound shocks and stresses. By scaling and expanding the use of CVA in GOAL and defining our organisational identity in CVA, GOAL can enhance its ability to effectively assist communities and contribute to resilience while **reinforcing organisational commitment to systems approaches**. CVA supports the achievement of GOAL's three programmatic organisational goals:

Goal 1 People Survive Crises: Systematising the quality of CVA across GOAL and ensuring appropriate systems and processes are in place to deliver CVA quickly will allow GOAL to respond to crises in a timely and appropriate manner whilst also offering opportunities to support people in anticipation of incoming shocks. The robust experience of using CVA in first-phase emergency responses shows us that markets can recover very quickly, and CVA can accelerate market recovery. Moreover, due to the volatility of the context in this phase, needs can change from one day to the next. Scaling our use of CVA, mainly cash, will allow GOAL to meet people's needs flexibly as situations evolve.

Goal 2 People have Resilient Health: Financial barriers frequently prohibit access and uptake of health services and healthy behaviours. These barriers go beyond payment for health-related goods and services, including transportation, accommodation, feeding patients and caregivers, etc. Health financing is a crucial pillar of health systems strengthening but traditionally focuses on service-provider sustainability. CVA can be used to promote health by addressing cost-based barriers people face in accessing health services and promoting positive health-seeking behaviours and strategies for themselves and their families. This represents an opportunity for GOAL to leverage our health expertise to explore complementarities in using CVA in the health sector.

Goal 3 People have Food and Nutrition Security: CVA globally is most established in the food security sector. CVA has been evidenced as the most cost-efficient and preferred modality of assistance for meeting food needs and supporting local food systems. Evidence shows that the provision of CVA supports dietary diversity, enhances food consumption, and reduces negative coping strategies to meet food needs. GOAL's commitment to exploring CVA and health will encompass CVA for nutrition outcomes, leading to better health status. When combined with financial inclusion interventions, CVA can facilitate longer-term financial and digital inclusion for local communities by offering entry points for building financial and digital literacy while connecting people with financial services.

Moreover, the integration of CVA can better support people in engaging in new livelihoods and livelihood-strengthening assistance by reducing financial opportunity costs for people to engage in such initiatives. For example, meeting basic needs through CVA is under the 'social protection pillar' in the Graduation Approach.⁶ In GOAL's livelihoods work, market actors often need some **initial support for asset building**, and cash grants are key to enabling this. **CVA helps build resilience by driving the recovery of local markets and livelihoods.**

3 Joint Donor Statement on Humanitarian Cash Transfers; 2019: found at <https://www.calpnetwork.org/wp-content/uploads/2020/03/190329cash-donor-statement-1.pdf>

4 CalP; State of the World's Cash Report; 2018; pages 20/21: found at <https://www.calpnetwork.org/wp-content/uploads/2020/03/calp-sowc-report.pdf>

5 "Drivers and Inhibitors of Change in the Humanitarian System"; 2016: Global Public Policy Institute; found at <https://www.calpnetwork.org/wp-content/uploads/2020/01/drivers-and-inhibitors-of-change-in-the-humanitarian-systemreport.pdf>

6 BRAC; Four Pillars of Graduation: found at <http://www.brac.net/program/ultra-poor-graduation/four-pillars-of-graduation/>

3. | BENEFICIAL TO COMMUNITIES

It is well evidenced that cash is the most preferred form of assistance, according to community members.⁷ People have more control over their lives and can buy what they need. They can choose to spend their cash, save it, share it, spend some, or save some as they wish; their decision, their choice. CVA is effective at addressing diverse, self-defined needs and can help support those who have been traditionally excluded from humanitarian and development assistance. Furthermore, CVA can influence gender roles, relations, responsibilities, and rights and contribute to gender equality-related outcomes.⁸ Cash and (to a lesser extent) value vouchers⁹ are inherently more flexible forms of assistance as needs change. CVA is a tool for financial empowerment and can leverage access to additional finance resources.

4. | COST EFFICIENT

From a budget perspective, CVA can be less costly per person compared to in-kind assistance, a key factor that donors look at when making decisions on funding. For example, evidence from the UN World Food Programme (WFP) has shown that in Ethiopia, cash assistance was up to 30% cheaper to deliver than in-kind. Another four-country study comparing cash with in-kind food aid found that 18% more people were assisted with cash transfers at no extra cost if everyone received cash instead of food aid. Efficiency gains increase over time – once the structure, skills, and processes needed for cash-based programming are in place and running, the actual delivery of assistance becomes a cheaper and less resource-heavy process. Furthermore, cost efficiency gains of cash, in particular, increase in accordance with the scale of cash assistance.¹⁰

5. | IMPACTFUL

Regarding the impact of assistance on communities, **CVA can reach more people**. Providing CVA to communities means injecting cash into the demand side of the market, which directly benefits vendors and service providers and supports the development of local economies. While in-kind assistance or direct service provision replaces the market (which is sometimes necessary), CVA and other market-based support use or develop the market by providing financial resources to consumers and businesses. According to the Overseas Development Institute (ODI), the multiplier effect of cash assistance is approximately 1.5-2.5, which means an additional \$1.5-2.5 is generated for the local and national economy for every dollar spent on providing humanitarian cash transfers to communities.¹¹

The pace of the evolution of CVA is so rapid, and **the expectations for its use are so widespread** that organisations must be able to deliver quality CVA at scale. At the same time, in addition to large-scale cash delivery models (such as safety nets) there is an **increasing need for more specialised, nuanced approaches using CVA to meet sector-specific outcomes and to reach those who are the 'hardest to reach'**. This offers an opportunity for GOAL, given its sector-specific expertise and geographical footprint, often in the most hard-to-reach areas.

Technological advancements increasingly offer opportunities to increase operations efficiency. Advances in information and communication technologies offer tremendous opportunities for programming, not only by providing new means of delivering assistance, such as **digital cash transfers**, but also by engaging with community members, gathering and analysing data, and making internal systems and tools more efficient.

⁷ For example, a 2021 Iraq CDP external evaluation found that cash assistance was the modality of support preferred by almost all beneficiaries (100% in post-distribution monitoring surveys and 97% in the evaluation surveys), as opposed to food kits, vouchers, and other support modalities. This is a common result when asked about modality preference, irrespective of context.

⁸ WFP: The potential of cash-based interventions to promote gender equality and women's empowerment: Summary report of the multi-country study (February 2019). Found at: <https://docs.wfp.org/api/documents/WFP-0000102949/download/>

⁹ A value voucher has a denominated cash value and can be exchanged with participating vendors for goods or services of an equivalent monetary cost. Value vouchers tend to provide relatively greater flexibility and choice than commodity vouchers but are still inherently restricted as they can only be exchanged with designated vendors.

¹⁰ K4D; Cost-effectiveness in Humanitarian Work: Cash Based Programming; 2018: found at https://assets.publishing.service.gov.uk/media/5c70274ae5274a0ec72b4896/458_Cost_Effectiveness_Humanitarian_Cash_Programming.pdf

¹¹ Bailey and Pongracz: Humanitarian cash transfers: cost, value for money and economic impact; found at <https://cdn.odi.org/media/documents/9731.pdf>

CVA IN GOAL- 2022 SNAPSHOT

AMOUNT TRANSFERRED TO PROGRAMME PARTICIPANTS IN 2022



CASH ASSISTANCE: €33.23M



VOUCHERS ASSISTANCE: €13.43M

TOTAL VALUE OF CVA IN 2022:

€46.66M

NUMBER OF PEOPLE / INDIVIDUALS RECEIVING CVA



CASH: 1.5M

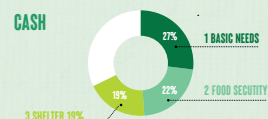
VOUCHERS: 307,000

TOTAL NUMBER OF PEOPLE REACHED WITH CVA:

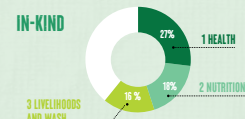
1.8M

TOP THREE MOST FREQUENT SECTORS PER MODALITY

CASH



IN-KIND



VOUCHERS



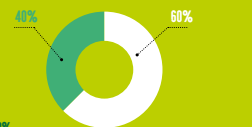
SERVICES



WAYS IN WHICH CASH ASSISTANCE WAS TRANSFERRED IN 2022 BY FREQUENCY



WAYS IN WHICH VOUCHER ASSISTANCE WAS DELIVERED IN 2022



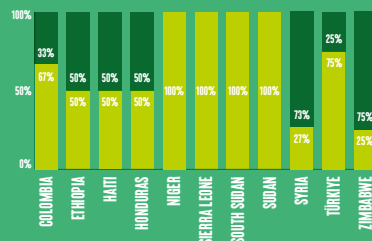
FUNDING

16 DIFFERENT FUNDING SOURCES

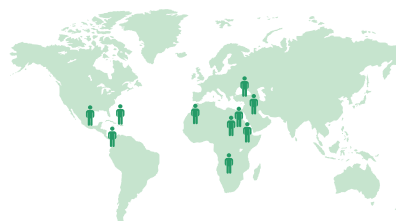
BIGGEST CVA FUNDING SOURCES; ECHO, BHA, IRISH AID AND UN AGENCIES (UNHCR, UNICEF, OCHA, IOM)

FREQUENCY OF CVA TRANSFERRED BY DIGITAL MEANS

● NON-ELECTRONIC
● ELECTRONIC



GEOGRAPHICAL SPREAD



11 OUT OF 14 COUNTRY OFFICES DELIVERED CVA IN 2022.

COLOMBIA	SOUTH SUDAN
ETHIOPIA	SUDAN
HAITI	SYRIA
HONDURAS	TURKIYE
NIGER	ZIMBABWE
SIERRA LEONE	

OPERATIONALISING THE STRATEGY TO ACHIEVE THESE AMBITIONS

GOAL will draw from internal and external capabilities and partnerships with a collective commitment across management levels, programmes, and functions to achieve its strategic commitments on CVA. This will involve challenging 'business as usual' and ensuring **collective responsibility and action from across the organisation**. GOAL will have annual action plans that detail key activities and monitoring indicators to track progress in operationalising its CVA strategic ambitions.



OPERATIONALISING THE CVA STRATEGY

STRATEGY	Global and country-level strategies and annual plans will include CVA as a focus area.
DESIGN	All projects will consider the potential to incorporate CVA in the initial design phase. Project design will prioritise CVA, where appropriate, over in-kind responses.
BUSINESS DEVELOPMENT AND FINANCING	GOAL will proactively pursue funding from institutional donors, trusts and foundations for sector-specific and multi-sector CVA. GOAL will seek funding opportunities to pilot new initiatives related to CVA, particularly CVA and health. Moreover, GOAL will capitalise on the GOAL Innovation Lab to support this ambition.
PARTNERSHIPS	GOAL will proactively seek partnerships with national and international peer agencies and private sector actors engaged in delivering CVAs. As part of our commitment to a locally-led approach, GOAL will work collaboratively with national partners to provide quality CVAs.
NETWORKS & COLLABORATION	GOAL will actively engage with and pursue membership in collaborative cash initiatives, consortia, networks, and technical working groups for CVA at the global and country level, prioritising CVA and health inter-agency networks. GOAL will seek to lead CVA and health inter-agency networks when needed. GOAL will build relationships for collaborative CVA research and learning with universities as well as advocacy and research-centred aid agencies.
PROGRAMME QUALITY	Tools and processes will be developed and strengthened to support monitoring and accountability mechanisms and improve the quality of GOAL's CVA.

OPERATIONS/ SYSTEMS	GOAL will invest in internal systems and processes to increase the efficiency and effectiveness of the delivery of CVA, particularly through the establishment of multi-year framework agreements with financial service providers. E-transfers, where feasible, will be strongly encouraged. SOPs will be developed and systematically reviewed for all aspects of CVA, including compliance, data protection and risk management. This should be an inter-departmental collaboration. Internal tracking of modalities (in particular CVA) and reporting systems will be strengthened so GOAL can measure progress in achieving its CVA-related strategic ambitions.
HUMAN RESOURCES	GOAL will invest in building internal capacity for CVA among programmes, supply chains, finance, programme quality and technical staff. Specific attention will be placed on building capacity for CVA in health.
COMMUNICATIONS, GLOBAL CITIZENSHIP AND ADVOCACY	GOAL will proactively raise awareness of the positive impact of cash distribution, GOAL's CVA approaches, capacities, and expertise among key stakeholders – including donors, partners, and the Irish public, through high-quality external publications across multiple media channels. Communications on GOAL's CVA should always have a health-related angle to build up GOAL's identity in relation to CVA and its connection with health. GOAL will draw from its experience in delivering CVA to influence the development of donor policies so that they best serve the communities we work alongside.
RESEARCH AND LEARNING	Research and learning on CVA and Health will be prioritised within GOAL's learning agenda. GOAL will pursue opportunities to collaborate with academic and research organisations to pilot new initiatives and conduct research on CVA. GOAL can draw on opportunities presented by its Innovation Lab. GOAL will actively contribute to and leverage the growing body of evidence related to CVA at the global level.



ZIMBABWE

DISASTER RISK FINANCE
Supporting communities
to be disaster ready

goalglobal.org