Refugees from South Sudan living in Uganda have received monthly cash transfers from WFP of 45,000 Ugandan Shillings (US $12.50). One recipient commented, "Life is good here. There are no sounds of guns. There is no-one knocking on your door."

**WFP/Hugh Rutherford. June 2017.**

# 3

## QUALITY PROGRAMMING

**Global objective: Ensure the quality of cash and voucher assistance (CVA)**

**Perceptions of progress are generally positive, with common views on factors enabling improvements to quality, and of how 'quality' should be defined**

The 2019 Grand Bargain (GB) annual report notes an overall shift within cash and voucher assistance (CVA) programming in recent years, from a focus on scale towards an increased focus on quality and outcomes.[1] This is reflected in the findings of the research undertaken for this report. The practitioner survey found consistent perceptions of improvements in the quality of CVA programming since 2017. Perceptions were most positive among sub-national actors – encouraging since these stakeholders are closest to affected communities. All 24 key informant interviews shared the perception that in the last two years, the quality of CVA has improved.[2] Several factors were seen to be driving this improvement, including agencies' capacity building investments over the past few years, the increased knowledge base of what works (best practices), and greater levels of experience.

**BOX 3.1  Perceptions on changes to the quality of CVA**

Practitioners who agreed that in the last 2 years the policies of their organisation had been effective at increasing the quality of CVA.

**Role location of respondent/number of respondents**



% Practitioner survey respondents
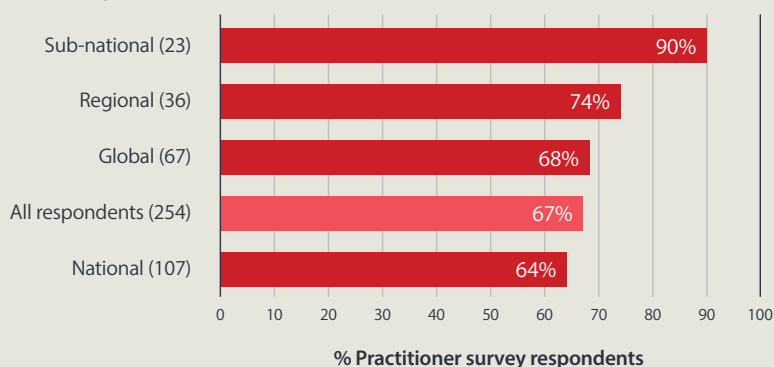
> Quality has increased as a direct consequence of having so much attention on it. **Concern**

> It's the improvements with processes and systems – the fruits of institutionalisation. **Independent**

> In the last 2 years we've focused on CVA quality, with a country review of quality of implementation based on 15 indicators. Quality was defined as: well thought out design, with clear documentation on targeting, service provider contracting, strong M&E, clear segregation of duties, and including feedback from communities. This showed real improvement. We've also established a quality assurance mechanism to monitor implementation of our Cash Minimum Standards Policy. **Mercy Corps**
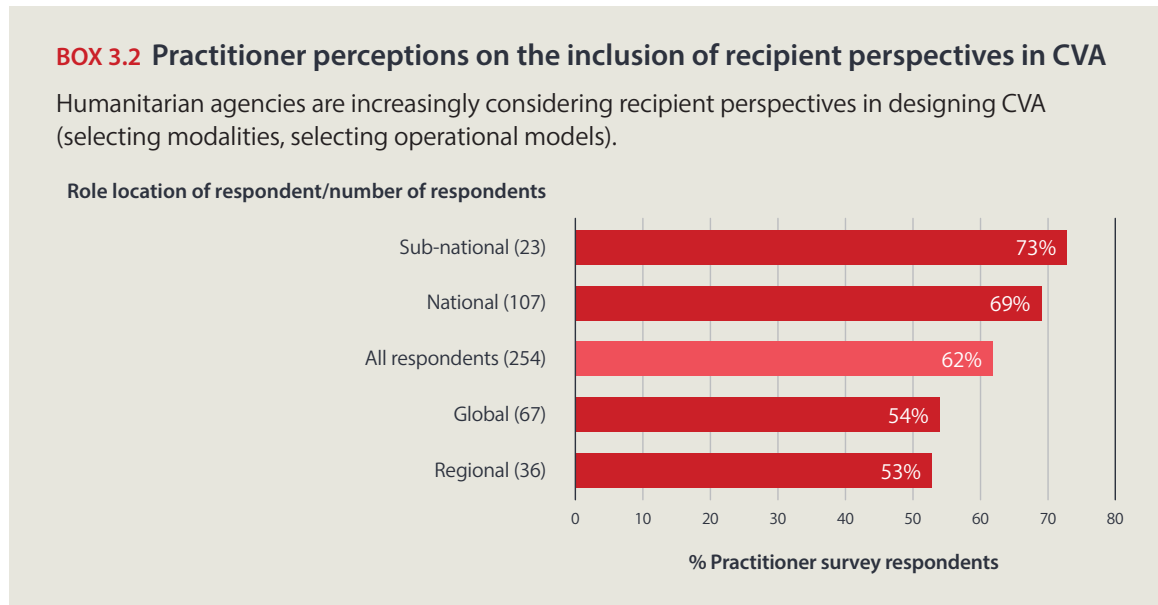
Key informants acknowledged some similar limiting factors as those reported in 2017 – for example, a lack of common metrics to measure 'quality', or robust (especially comparative) evidence of changes over time. However, a clear consensus is emerging on what constitutes 'quality'. Key informants consistently defined the quality of programmes using CVA in relation to notions of efficiency (cost, timeliness), effectiveness (coverage, appropriateness for meeting needs, achieving outcomes as defined by affected communities, collecting evidence, learning from monitoring) and accountability (understanding and acting on recipient perspectives). They cited common examples of changes that they consider demonstrate evidence of increasing quality in CVA. This to introduce list included investments in monitoring, independent evaluation and recipient feedback; increasing demand from countries for support with aspects of programming seen to drive quality (such as response analysis); improved quality of proposals; and greater adoption of common approaches and harmonised designs. There was also an appreciation among key informants of the need to better measure quality. Some organisations such as

1 Metcalfe-Hough, V., Fenton, W. and Poole, L. (2019) Grand Bargain Annual Independent Report 2019. HPG Commissioned Report. London: ODI.
2 Including donors, cluster representatives, implementing agencies and commentators

Mercy Corps have started to do this systematically within their own programmes, to connect and monitor achievement of disparate elements of what constitutes 'quality', including communities' own perspectives.

**Efforts to understand recipient perceptions are increasing knowledge, but there is little evidence yet on how these investments are improving quality**

**BOX 3.2** **Practitioner perceptions on the inclusion of recipient perspectives in CVA**

Humanitarian agencies are increasingly considering recipient perspectives in designing CVA (selecting modalities, selecting operational models).

**Role location of respondent/number of respondents**



% Practitioner survey respondents

Practitioners perceive that some progress is being made to better consider perspectives of affected communities when designing CVA. 88 percent of respondents in the organisational survey stated that their organisation was taking recipient perspectives into account. Similar findings were reflected in the practitioner survey (box 3.2). Practitioners at national and sub-national levels were more positive than those based globally or regionally – potentially a positive indication since they are more responsible for engaging with affected communities. Consistent perceptions were reflected by the 20 key informants that discussed this topic, as well as by participants in CaLP's Cash Week 2019. Humanitarian agencies recognise the importance of 'putting people at the centre' and are making various efforts to move forward with this in CVA programming. The most common approaches mentioned were collection of feedback and complaints through post distribution monitoring (PDM) and hotlines. The potential for such information, (especially metadata from Complaints and Feedback Mechanisms (CFM)/hotlines on large scale programmes using CVA) to inform programme quality was clearly recognised. Fewer organisations (the Red Cross and certain INGOs) reported more proactive mechanisms such as integrating participatory research methods on community perspectives into programming to inform CVA (and wider) design (this approach is discussed further in chapter 6).

> To do this well implies a diversity of actors on the ground, which has kind of been reduced in many of these larger programmes. **Relief International (RI)**

> It is great that we have such a strong focus on accountability to affected populations. Equally it is a one of the deepest signs of crisis that we need to have a project to make ourselves accountable. Accountability should be anchored at the heart of everything we do. **ACAPS**

> We need a new set of independent actors that serve as checks and balances to these [large scale cash] platforms. **ACAPS CaLP Cash Week Panel Discussion**

Key informants noted common challenges. This includes difficulties in resourcing (both the expertise and funds) in order to do this well – to inform programme design, and to ensure that data collected from monitoring and complaints is actually used to inform programme decisions (discussed further below). Some also noted that delivery of 'cash at scale', and the operational models being employed to enable this,

are reducing 'last mile' person to person engagement with communities. These challenges were perceived to constrain efforts to put communities at the centre and act on recipient perspectives.

Since 2017 there have been investments in research aiming to capture voices of affected communities on aid, and specifically on CVA.[3] Key informants welcomed this and the work of Ground Truth Solutions (GTS) was widely praised. It was however highlighted that the increased focus on accountability reflects the critical gap that still exists in humanitarian programme practices generally (not only CVA).

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**BOX 3.3 Lessons from research on recipient perspectives of humanitarian assistance and CVA**

Studies capturing voices of affected communities on aid, and specifically on CVA, have generated consistent findings, which have implications for efforts to improve quality of humanitarian assistance.

■ **Recipients have different perspectives to humanitarian actors on what they value in aid, and on what constitutes 'quality'**. Affected populations tend to prefer cash, or cash combined with other support (see also box 3.4). They generally do not prefer vouchers. Recipients value predictability, timeliness, and accessibility of assistance. Effectiveness is perceived in terms of whether assistance (modalities and value) is sufficient to meet needs. People value face to face communications over hotlines.

■ **Agencies' operational design choices on CVA programmes are driven by assumptions rather than evidence about how these design choices will benefit end users**, which are not necessarily borne out in practice. For example, there is often a mismatch between payment systems chosen to deliver CVA and people's previous financial practices or preferences. CVA recipients are generally not against new payment systems, provided these are not difficult to use or they are supported to learn how to use it. Without this support, vulnerable people are left behind, or struggle to access assistance.

■ **The lack of information provided about CVA and other aid programmes, especially on targeting, is a major frustration for communities**, and a barrier to accountability to affected populations.

■ **Operational models for delivering cash at scale offer potential to improve accountability to affected populations** (use of technological innovations, and harmonisation of assistance) **but also risk undermining it by increasing distance between providers and recipients** and reducing programme flexibility to respond to different needs.

**Source:** Sagmeister & Pavanello (2018); CCI (2018); Ground Truth Solutions (2019); Smith (2019); Juillard et al. (2020); Ground Truth Solution's 'Cash Barometer'; GTS Key Informant Interview; GSMA (2019)

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Some twenty years since the value of participatory methods for aid programming was recognised, the voices of affected communities are still not present in or sufficiently guiding decisions. While the evolution of cash at scale is contributing to this drive for positive change, it was noted that this push for quality should be applied to the whole response. Some recommended that having a response-wide independent accountability function would add value.

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3 Including: Sagmeister, E. & Pavanello, S. (2018); CCI (2018); Ground Truth Solutions (2019); Juillard et al. (2020); Ground Truth Solution's 'Cash Barometer'. In Lebanon the CAMEALEON third party monitoring programme has undertaken two research studies capturing the voices of refugees concerning WFP's MPC programme. One on factors affecting accountability to affected populations (AAP), with CaLP (Smith 2019) and another with Key Aid Consulting investigating how operational design of the MPC affects its value for money.

These studies have generated consistent and important findings (box 3.3) that have implications for efforts to improve the quality of CVA, and of aid generally. Two messages, which key informants mentioned, stand out:

i) The people that humanitarian programmes, including CVA, aim to serve have different perspectives to humanitarian actors on what they value in aid, and what constitutes 'quality'.

ii) To improve quality of programming for affected communities, these views must be a) understood, and b) acted on and, to the extent possible, given priority in programme design.

> I only received US$44, but my neighbour received US$141 dollars even though we have the same household size and we started building our houses at the same time. Do you know why? I don't.
> **CVA recipient in DRC, 25 years old, male (2019)**

> The aid providers trust their own opinions more than the refugee's opinions.
> **Female refugee, 46, from South Sudan in Uganda**

> As I cannot read, I had to rely on my neighbours for information. No one showed me how to use the card.
> **CVA recipient, Kenya, woman 52 years old (2018)**

**All quotes above provided by Ground Truth Solutions**

The actors most trusted by communities may be able to improve these engagements and put communities at the centre of the response. In many cases, this may be local actors and this could be a natural entry point for fostering greater localisation of CVA (see chapter 7 on CVA and local systems).

As indicated above, the issues affecting the systematic collection and incorporation of recipient perspectives into CVA programme design are largely sector-wide issues. While there is limited data on perceptions that are specific to either CVA or other forms of assistance, GTS has been consolidating the data they have collected since 2017, which allows some comparison (for a summary of some key areas of this analysis, covering indicators of quality, see box 3.4). The variations across different countries indicate perceptions on these issues are often context specific. However, without discounting variations and exceptions, it is notable that in most places, **CVA recipients were more likely on average to respond positively than non-CVA recipients**. This might in turn be interpreted as reflecting positively on the relative relevance of CVA interventions from a recipient perspective.

**BOX 3.4** **Recipient perspectives on CVA versus other forms of assistance (Ground Truth Solutions)**

This analysis is drawn from GTS' Humanitarian Voice Index, which combines perception data from relevant surveys since 2017. Responses are divided into those who received CVA, and those who did not receive CVA. In both cases respondents also received in-kind aid or services, as there were very few people who received only CVA in the surveyed populations. The first four graphs show mean responses to questions asked using 5-point Likert scale responses ('not at all', 'not really', 'neutral', 'mostly yes', 'yes, very much') comparing CVA recipients (■ red), and non-CVA recipients (■ grey).
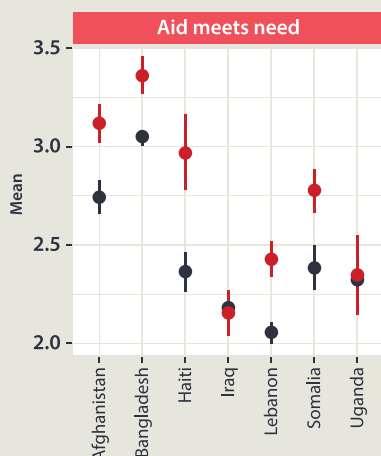


**Does the aid you receive meet your most important needs?**

■ On average people felt that the aid they received was either not at all or not really enough to meet their needs.

■ CVA recipients are more positive than non-CVA recipients, except in Iraq and Uganda where there was little difference. In Haiti, CVA recipients responded more positively than non-CVA recipients by the most significant margin.
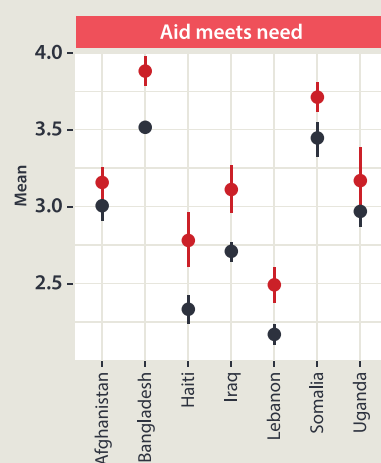


**Does aid reach those who need it most?**

■ Responses were slightly more positive overall, albeit with notable variations by country.

■ In all surveyed countries CVA recipients are more likely to say that aid reaches those that need it most.

■ In Haiti and Iraq, the difference between CVA and non-CVA recipients was the largest. In Afghanistan there was no difference between CVA and non-CVA recipients in terms of their likelihood to say that aid reached those who need it most.
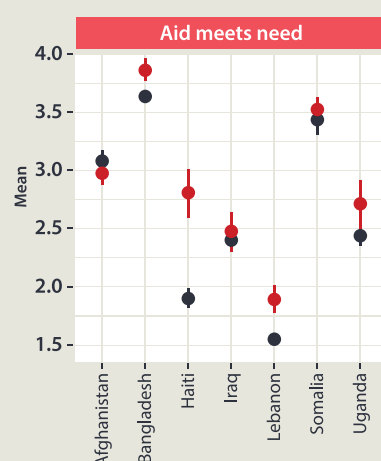


**Do aid providers take your opinions into account when providing aid?**

■ CVA recipients were notably more positive on average than non-CVA recipients in Bangladesh, Haiti, Lebanon and Uganda. In Haiti CVA recipients were over three times more likely to say that aid providers took their opinions into account.

■ In Iraq and Somalia there was no notable difference between the two groups. In Afghanistan, CVA recipients were slightly less likely to say aid providers took their opinions into account.

**BOX 3.4** **Recipient perspectives on CVA versus other forms of assistance (Ground Truth Solutions) cont.**



Aid meets need
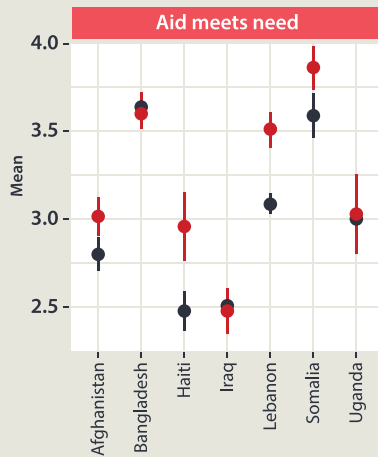
### Do you feel informed of the aid available to you?

■ Reponses to this question varied across the countries examined, with CVA recipients more likely to report they feel informed, on average, in four out of the seven countries. In Lebanon, Somalia, and Haiti, CVA recipients were over one and a half times as likely to say that they felt informed of aid available to them (in Haiti twice as likely).

■ In other countries there was little difference between CVA and non-CVA recipients.

### What is your most important unmet need?

In Afghanistan, Haiti, Iraq and Somalia people who responded negatively to the question 'Does the aid you receive cover your most important needs' were asked a follow-up question on their most important unmet need. In all instances, cash was in the top four unmet needs.[4] In Iraq it was the most common unmet need, with over 70% of respondents citing it. In Haiti, 25% of respondents cited cash as their most important unmet need. In Somalia, cash (14% of responses) comes fourth after education (19%), healthcare (18%) and food (16%).



Unmet Needs
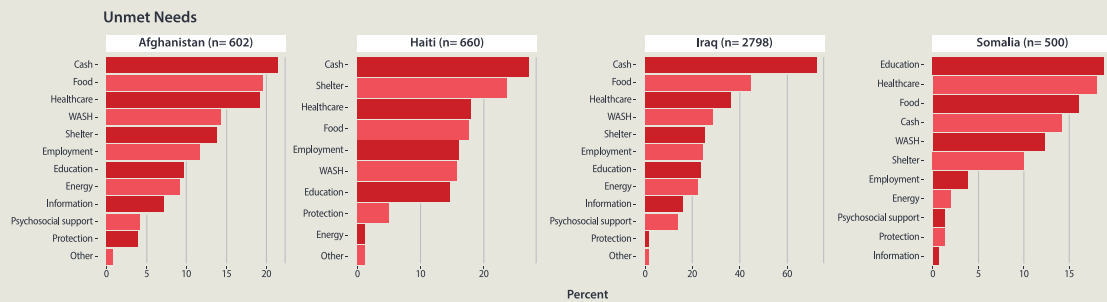
### How would you prefer to receive humanitarian assistance?

Data was collected on modality preferences in a sub-set of the countries - Bangladesh, Iraq and Somalia. This shows a clear preference for assistance packages that include some form of CVA in all three countries. In Bangladesh the preference was for a combination of cash and in-kind aid, while in Iraq and Somalia, the preference was for cash only. Preferences on modality may be subject to familiarity bias.[5]



How would you prefer to receive humanitarian assistance?

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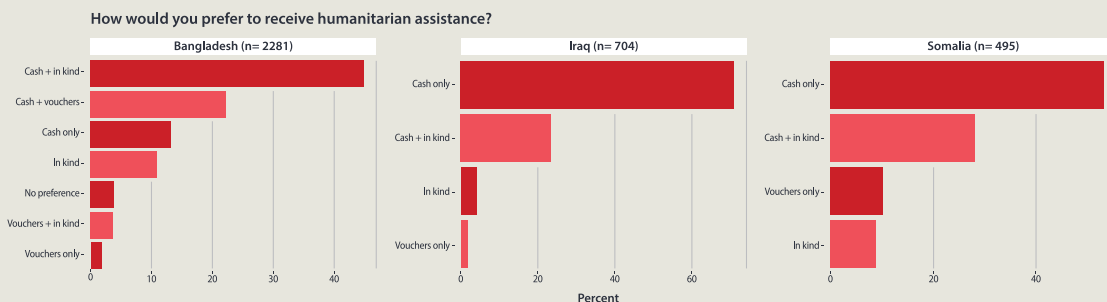
4 Though humanitarian actors tend to define cash as a modality to meet needs, GTS consistently has respondents citing cash as a need in its own right.
5 Findings from GTS's User Journey research in Kenya and Iraq showed evidence for this modality familiarity bias:
   https://groundtruthsolutions.org/our-work/improving-user-journeys-for-humanitarian-cash-transfers/

**Initiatives to facilitate consistent, quality CVA design and implementation are showing good uptake, though challenges to adopt common guidelines were noted**

**BOX 3.5** **Perceptions on using common quality standards and guidelines**

81%   76%
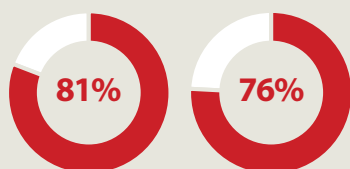
81% of surveyed organisations and 76% of practitioners agree that their organisation has taken steps in the last 2 years to embed common standards and guidelines for CVA.

" [The PQTB] is very useful for countries, but country teams find it the most useful when guided by a cash adviser. There's a lot there and it can be overwhelming – I ask teams what they need and act as a guide by screening the tools... In some contexts a 'good enough' approach to quality should be enough. **ActionAid**

The surveys highlight consistent, and positive, perceptions that agencies are continuing to take steps to make use of common standards and guidelines for CVA (see box 3.5). Key informants discussed the adoption of both the revised Sphere standards and CaLP's Programme Quality Toolbox (PQTB). In 17 key informant interviews the main added value of the Sphere revisions was seen to be giving greater legitimacy to CVA as a tool for quality response, positively influencing trends towards greater consideration of CVA across sectors.[6] At operational level, these revisions were felt to influence quality in the setting of minimum expenditure baskets (MEBs) and multipurpose cash (MPC) transfer values.

The PQTB was considered instrumental in improving the quality of CVA design and implementation. 19 out of 21 key informants reported making use of the PQTB and were positive about its use. This was in line with survey findings, where two thirds of respondents reported using the PQTB to improve quality of CVA. Key informants had various suggestions for improving the PQTB,[7] which CaLP is acting on in the 2020 revision.

Key informants and focus group discussion (FGD) participants also reflected that there is now increased commitment to using other common standards and guidelines at response level (facilitated by Cash Working Groups – discussed in chapter 5). This is perceived to be driving quality through greater consistency in approach, reducing the risk of fragmentation, confusion, and duplication of effort. It was however recognised that more work is needed to support this harmonisation, which can be challenging and time consuming to realise in practice. This was also reflected in the practitioner survey, where the main perceived challenges to using common standards and guidelines (box 3.6) are the same as those cited in 2017. To illustrate these challenges, several key informants gave the example of setting MEBs. While there is strong commitment to harmonise this approach among operational agencies, MEBs can be calculated with different methods using varying degrees of rigour or complexity and there is no one recognised 'common' or 'best' approach. In 2020 CaLP published MEB Decision Making Tools to help practitioners decide whether a MEB is relevant and the best approach for the context.[8]

**BOX 3.6** **Perceived challenges to using common standards and guidelines on CVA**

| Challenge | % |
|---|---|
| Agencies develop their own standards and guidelines leading to multiple products | 68% |
| Lack of common agreed standards for CVA across organisations | 61% |
| Standards are sectoral but cash is multi-sectoral | 49% |
| CVA guidelines are standalone so not integrated with other standards | 31% |
| Common guidelines are not promoted by management | 29% |

**% of surveyed practitioners**
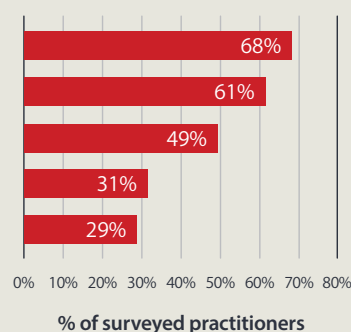
6 Including UN, INGO, RCM, clusters, donors.
7 This feedback is consistent with what members of CaLP's Technical Advisory Group shared in 2018.
8 Gil Baizan, P. and Klein, N. (2020) **Minimum Expenditure Basket (MEB) Decision Making Tools**, Oxford: CaLP.

The Grand Bargain Cash sub-Workstream on Efficiency, Effectiveness and Value for Money has spearheaded efforts to enable more consistent cost-efficiency analysis in humanitarian assistance. This has included the publication of a best practice guidance,[9] and the ongoing piloting and roll-out of the Systematic Cost Analysis (SCAN) tool which automates the process of implementing practices for cost-efficiency analysis recommended in the guidance.[10] Case study pilots using the tool to analyse NGO CVA programmes are pending. This work constitutes good progress in a complex area, but it is only part of the solution. As SCAN results are gathered, more work is needed to weigh cost-efficiency with data on outcomes to assess cost-effectiveness and broader value for money.

> There's a more harmonised approach to cash programming, the efforts to reduce fragmentation have helped – for example, agreeing on common targeting criteria, use of a common payment service; defining collectively an MEB and coming up with an agreed transfer value for all partners. **DG ECHO**

**Efforts to harmonise outcome indicators for MPC hold good potential, though more time is needed to see adoption and impact**

Quality outcome monitoring data is essential to document the effectiveness of any programme, including CVA. The previous report highlighted that an essential step for efforts to ensure quality of CVA, especially MPC, was the adoption of common outcome indicators across agencies. Practitioners perceive there has been progress over the last 2.5 years, with 81 percent of agencies in the organisational survey stating that their organisation has taken steps to monitor outcomes of MPC. Key informants highlighted the Grand Bargain Sub-Workstream to develop draft common indicators for MPC, led by CRS, USAID and CaLP, completed in mid-2019 (box 3.7).[11] In key informant interviews, 23 respondents including donors, UN,

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**BOX 3.7  GB Sub-Workstream to Develop Common MPC Outcome Indicators**

Drawing on the Grand Bargain commitment to simplify reporting, the need to develop indicators for consistent measurement of outcomes to which MPC contributes was identified as a priority for the GB Cash Workstream. Steps in the process included: crowd-sourcing MPC indicators used by and/or recommended by agencies, plus a review of MEBs; shortlisting and revising the indicators; consulting clusters to identify appropriate sectoral indicators; opening the draft to wider consultation before circulating a 'draft for testing'. Indicator development aimed to put affected people at the centre and focus on the outcomes to which MPC can most clearly contribute. It therefore did not seek to capture all potential outcomes of MPC, nor to attribute outcomes to MPC alone. The aim was to agree upon a core set of minimum indicators. These are broken down into crosscutting and sectoral, and mandatory and optional. As of early 2020, work is focused on encouraging uptake of the indicators and gathering feedback on their use.

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NGOs and clusters, were positive about the strong potential of this initiative to support improved quality through consistent measurement of a few mandatory indicators, across organisations and responses.

> Initially there was a big difference in what people were expecting to achieve and the realistic possible outcomes from the use of MPC. By the end, there was an appreciation for what [MPC] could and could not do. **CRS**

Those involved in the process also commented that it helped build understanding across clusters and cash actors, of the potential and limitations of MPC. This injected reality on which needs are likely to be prioritised and which sectoral outcomes are feasible from cash alone.

Implementation of the common indicators is just beginning, and it remains to be seen what the level of adoption will be. Four implementing agencies reported in key informant interviews having taken steps to roll these out.

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9 Van der Merwe, R. and Tulloch, C. (2019) Cost-Efficiency Analysis of Basic Needs Programs: Best Practice Guidance for Humanitarian Agencies. USAID/IRC

10 The IRC, Mercy Corps, Save the Children, Action Against Hunger, and CARE developed the SCAN tool:
   https://www.rescue.org/report/systematic-cost-analysis-scan-tool-fact-sheet

11 Grand Bargain Cash Workstream (2019) Multipurpose Cash Outcome Indicators – Final Draft for Testing (July 2019)

USAID officially adopted the indicators and ECHO is in process of doing so, which respondents felt was encouraging for wider uptake. However, some key informants noted that there is still no agreement from all cluster leads to include these MPC indicators in the humanitarian programme cycle (HPC) monitoring framework. Key informants' feedback shows that this relates to the positioning of MPC as a standalone section in the revised HPC guidance. Reporting on outcomes has historically been through sectors and there are, understandably, concerns about what changing this will mean for accountability and quality. It also reflects the ongoing tensions surrounding coordination of MPC (see chapter 5). On the other hand, some cluster representatives stressed that consistent adoption of these indicators across clusters was important and were hopeful that donors' promotion could secure this.

> Most of the shelter sector is fully supportive of trialling these indicators and I personally believe that all sectors should do it, to test if they work and as a true measure – however politics around power and money seem to get in the way of pragmatic solutions to issues that we as the sectors first identified. **Former Chair of Global Shelter Cluster CWG**

To support systematic adoption for quality programming, the global health and shelter clusters recommended clarifying responsibilities for MPC monitoring – such as to what extent clusters and their partners would be involved in measuring specialist sector indicators, whether this would fall to MPC actors, and how capacities would be built. Certain key informants stressed the need to critically examine outcome data that will become available, to inform global discussions on the benefits and limitations of MPC, on the outcomes that it can achieve, and the appropriate use of MPC as part of an integrated response.

Finally, some key informants reflected that the focus on MPC was a driving force that successfully enabled agreement on a common set of multisectoral indicators for the first time, but that this was also a limitation. They perceived that improving quality of programming requires use of common indicators across all types of interventions and measurement at the level of the response. The focus on MPC was therefore also a missed opportunity to improve consistency and quality overall. This is illustrative of a wider issue mentioned by several key informants, that a drive to improve quality of CVA, while commendable, risks siloing cash and diverting the focus from the need to improve the quality of programming in general. This is discussed further below.

### Third party monitoring approaches have potential to improve the quality of CVA and wider programming, though more evidence is needed to understand whether the benefits justify the costs

Since 2017, another emerging area of interest is the investments being made in third party monitoring (3PM). This approach can obviously be applied to programming beyond CVA. 3PM had previously been used on CVA programmes in conflict zones, as a solution to the challenge of restricted access, to ensure visibility for donors and programme quality.[12] In the past two years it has been adopted on a range of programmes that include CVA components in a range of emergency contexts including Uganda, Ethiopia, Somalia, Lebanon, Jordan and Nigeria. The role has been conceived and implemented in various ways,[13] and has evolved from a more audit-related verification role to encompass broader learning and accountability objectives.

> 3PM is about improving accountability. It moves us away from the idea that a single actor should do all activities in a programme. Segregation of functions gives accountability. **DG ECHO**

This approach is relatively new and evidence from implementation is still emerging. The 3PM process in Lebanon has received greatest attention and a learning review was undertaken in 2020 (box 3.8). Seven key informants made similar reflections on 3PM experiences elsewhere, noting that learning suggests the approach could contribute to the quality of CVA and humanitarian programming more generally. However, the evidence base

12 NRC (2016) *Cash Transfers in Remote Emergency Programming*, Oslo: NRC; DFID key informant interview

13 Including: an independently funded NGO consortium to monitor a UN programme in Lebanon; the assignment of separate CVA programme functions, including monitoring, to different NGO consortium members in Ethiopia; engaging a private sector agency in Jordan; Somalia; and a consortium of three organisations in Nigeria.

for if/how these investments improve the effectiveness, efficiency or accountability of CVA programmes still needs to be built. Learning reviews and evaluations such as that commissioned by CAMEALEON in Lebanon are therefore welcomed. Beyond this, there is also the question of the value for money of such investments. In contexts of limited humanitarian funding and unmet needs, there is a need to consider whether the benefits from 3PM are worth the additional costs, or whether the approach can best add value in particular contexts (e.g. protracted crises). Applying 3PM systematically at the response level may be able to leverage certain 'economies of scale' and contribute to efficiency gains, but evidence to prove, or disprove, this and enabling or constraining factors, needs to be collected.

> 66
>
> 3PM is not a substitute for doing your own monitoring and learning. It can play a complementary additional role, especially from the accountability side. Monitoring in general is too project specific rather than system wide. This is where 3PM could play a useful role and cut across agencies and sectors. **Independent**

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**BOX 3.8** **Experiences from third party monitoring on an MPC programme in Lebanon**

The Cash, Monitoring, Evaluation, Accountability and Learning Organizational Network (CAMEALEON) is a consortium of Norwegian Refugee Council, Oxfam and Solidarités International set up to provide a 3PM function with the aim to strengthen effectiveness, efficiency, accountability and learning of WFP's MPC programme in Lebanon, and inform wider sector learning. CAMEALEON is funded by the same donors as WFP's MPC and has been established since late 2017. It differs in important ways from some other 3PM models, such as being an NGO led consortium embedded into the same funding arrangement as a large scale UN cash programme as well as its wider scope of activity (on MEAL rather than monitoring).

In the first two years of the project, the consortium aimed to achieve deliverables under four broad areas i) independent outcome monitoring and evaluation of impact of MPC; ii) value for money analysis; iii) generation of learning and actionable recommendations for programme adaptation and iv) leveraging research and learning to influence national and global policies on MPC. The approach is considered extremely relevant to both national and global contexts, meeting the need stipulated under the Grand Bargain for an 'external' voice in the quality and accountability of large-scale cash.

An independent learning review commissioned by CAMEALEON in 2019, found that the programme has been effective in producing expected deliverables to a high standard. Enabling factors include the consortium structure which leverages the combined influence of 3 well respected NGOs, with established operational presence in Lebanon, and the team's diverse competencies including strong technical and analytical skills, detailed knowledge of the context as well as soft skills like diplomacy, negotiation and adaptiveness. Another factor was the donor's decision to make funding conditional on the inclusion of the 3PM component. The review also highlighted constraints of the model, including CAMALEON's independence being somewhat limited by WFP's membership in the Steering Committee that governs its work, and CAMEALEON's focus on the WFP MPC programme, as opposed to the wider operational model for MPC, which also includes UNHCR.

WFP has accepted most of the programmatic recommendations coming out of CAMEALEON's research streams to date. An evaluation of CAMEALEON's impact on the quality of the MPC programme, wider cash response and benefits for refugees is planned during the second phase of the programme (2020-2022). Building this evidence is important for understanding whether the benefits, or 'added value' of the 3PM approach justify the costs. Globally there is evidence that CAMEALEON's model is influencing the development of 3PM for CVA in other contexts such as Turkey and Mozambique.

**Source:** Grootenhuis et al. (2020) plus interviews with DFID Lebanon and CAMEALEON staff.

**Evidence from the use of operational models for cash at scale shows there is no automatic 'value for money' in collaboration, and no model that is best for all contexts**

Since 2017, recognizing that increased use of CVA implies shifting roles for humanitarian actors and changes in the ways we work together, there have been moves towards more collaborative approaches to the planning and delivery of CVA.[14] 88 percent of respondents to the organisational survey reported collaborating with other agencies to implement CVA. Significant investments in new and collaborative operational models for delivering cash at scale were highlighted in the GB cash workstream annual report.[15] The evidence base on how these operational design decisions can influence effectiveness, efficiency, and accountability of programmes using CVA has grown in the past two years. Learning to date shows that the relationship between the operational model used and the quality of outcomes is not clear cut. Further, it can affect effectiveness, efficiency, and equity (all aspects of 'value for money'[16]) in different ways. This highlights the importance of a broad and inclusive definition of what constitutes 'quality', taking into account all these aspects, especially as recipients place importance on specific aspects which are not necessarily driving decisions on the design of these models to date (see box 3.9). Findings highlight benefits but also challenges inherent in collaborative ways of working in practice, particularly around data sharing, which if not considered can constrain effectiveness.

> The debate on operational models needs to move from efficiency and delivering at scale to quality and delivering in an effective, equitable and sustainable manner. **Key Aid Consulting**

> We can of course also go too far with harmonisation of operational models if harmonisation translates to centralisation. E.g. a more centralised call centre that's not accessible or that replaces direct interaction with people, will mean an efficiency – effectiveness trade-off. We still need this face to face side. **DG ECHO**

'Operational model' **(OM) refers to the overall structure through which agencies work jointly** (through a partnership, consortium or another form of collaboration) to deliver cash transfers, vouchers and/or other modalities of humanitarian assistance, specifically in situation and response analysis, programme design and implementation (CaLP Glossary). There is no agreed taxonomy of different OMs, and this is an evolving space. However, CaLP's OM framework recognises several broad categories, including:

- Consortia and alliances, formed based on the contractual and funding relationships between members
- Shared cash delivery mechanisms entailing collaboration in the financial delivery of cash but not necessarily in other areas
- Broad integration of systems for cash delivery and aspects of the programme cycle, which build on the comparative advantage of each stakeholder
- Single-agency delivery which separates payment processes from other programming aspects
- Collaborative modular approaches which assign activities and competencies in the CVA programme cycle to different actors, such as through the Collaborative Cash Delivery (CCD) Network

Since 2017, two of the new developments in this space were the announcement of the UN's Common Cash Statement (UNCCS) and the operationalisation of the Collaborative Cash Delivery Network (CCD) – see box 1.8 in chapter 1 for further details. Key informants (members of these initiatives and others), as well as participants in CaLP's Cash Week 2019, raised consistent points. These initiatives are welcomed in the spirit of fostering greater collaboration, in line with GB commitments, with key informants acknowledging the importance of exploring new ways to increase effectiveness, efficiency and accountability of cash operations and better support those affected by crises. At the same time certain concerns

> The roll-out of the new UN cash system will have significant implications for the humanitarian community as a whole. Open and constructive dialogue will be key to success of this important initiative. **CaLP statement (December 2018)**

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14 Including in terms of the number of organisations implementing CVA within particular responses, and consolidation of several sector-specific grants into single transfers.
15 WFP and DFID (2019) **3rd Grand Bargain Cash Work Stream Workshop – Co-Conveners' Report: Rome, 16th – 17th May 2019**. Rome: WFP and DFID.
16 Commonly understood as comprising economy, efficiency, effectiveness and equity as per DFID's Approach to Value for Money: **DFID's Approach to Value for Money**

were highlighted. Respondents noted that the agencies involved are experiencing similar challenges to operationalise these collaborations as outlined in box 3.9, including issues with bureaucracy, lengthy set up times, legal and operational issues with data sharing and harmonising internal systems and indicators. The wider humanitarian community, as reflected in feedback from key informants and Cash Week participants, also perceive that there is a lack of clarity, and even different understandings, from member agencies on what these models are, what they seek to achieve, and which organisations can engage in, or with, them. Without clear and measurable objectives, key informants argued it is impossible to generate evidence on their success or added value compared to alternative ways of working. Making clear and measurable statements of intent is a necessary first step to determining how these ways of working influence quality. The lack of clear purpose also contributes to perceptions that these models may be being driven more by a desire to protect member interests and retain their relevance in a rapidly evolving space than by what works best for people affected by crisis. Overall, there was a consensus on the need for transparent and standardized evidence building on the benefits and limitations, or costs, of these ways of working. And for agencies to be willing to give up space where it is clear that an alternative way of working has more value. Two levels of effects were discussed – the need to demonstrate programme level effects (especially as these are perceived by/impact on recipients), and also wider benefits seen at a global level, e.g. from greater information sharing, and joint influence.

**BOX 3.9** **How operational models for delivering CVA at scale can influence quality – what the evidence shows**

Various research studies and lessons learned reviews published since 2017 are building an evidence base on how the choice of operational model can influence effectiveness, efficiency, and accountability of programmes using CVA. This has generated some consistent findings:

- **Operational design decisions affect VfM in different ways, presenting trade-offs between economy, efficiency, effectiveness, and equity**. For example, joint systems have the potential to reduce some costs, and enable programmes to roll out assistance more quickly. But it can increase set up times, and reduce the ability of particular agencies to be responsive to the specific needs of vulnerable recipients. This highlights the importance of considering VfM holistically when discussing quality.

- **Scale drives economy and efficiency but to date not necessarily effectiveness, equity, or accountability**. Implementing cash at scale has contributed to a certain lack of agility in the operational models. It has proved difficult to tailor processes for different (and most vulnerable) groups of recipients, which is essential for overcoming access challenges, mitigating risks associated with and maximising the protective benefits of CVA.

- **Agencies can face legal and operational challenges in harmonising internal systems and sharing data**. Lack of data sharing between agencies that are using collaborative platforms is a significant impediment to programme quality, contributing to delays in programming and meaning use of information cannot be maximised to understand challenges and inform changes in programme design.

- **It has proved challenging to access the data needed to measure aspects such as cost efficiency accurately and consistently**.

- **There is no single ideal model for providing CVA, for all recipients, in all contexts**. Barriers facing some groups means there is a place in the 'whole of cash response system' for other, additional, and agile models.

**Source:** Smith (2019); Juillard et al. (2020); Juillard and Maillard (2018); Smart (2018b); Nataf (2018); CCI (2018)

Several respondents commented that the focus of the operational models debate in recent years has centred on cash delivery, at the expense of other critical aspects of quality programming such as assessment and analysis, and that these need to be better explored. This same concern was highlighted in the 2017 report. The concept of the 'whole of cash response system' also has relevance here, highlighting the advantages of considering the full range of CVA platforms and interventions (including those which are state-led) in a given country, and the populations that these need to serve. Applying this type of system-wide lens to CVA can be useful in determining what the important roles, and existing gaps, are to achieve better quality responses, how this might be approached, and by whom. Certain key informants highlighted that current incentive structures in humanitarian aid have, at least partially, driven the focus to date on cash delivery, and that donors must facilitate reorienting agencies towards more niche roles in the whole cash response system. Some respondents saw the Common Donor Approach (see box 1.8 in chapter 1 for more detail) as an important step in acknowledging this, though more action is needed if this is to contribute to changes in practice.

> [Humanitarian agencies] are still only thinking that the objective is to deliver cash. Whereas the important things are the things we're still not doing well. Yes, there might be a change in who delivers cash, but can this be an opportunity for better ways of working that focus on these other aspects, like multisector analysis.
> **DFID, CaLP Cash Week Panel Discussion**

**Donors and implementers need to further maximise the use of evidence in CVA programme design decisions, while the challenges and opportunities for overcoming systemic barriers to quality programming are becoming clearer**

The investments made to capture recipient perspectives can be a powerful source of information to drive quality CVA programming. Meanwhile, the evidence base on good practices for designing quality programming has grown significantly in recent years. This includes topics such as the effectiveness of different types of assistance (including MPC), and the impact of operational design decisions on effectiveness and efficiency. However, the story of how this information is contributing to quality programming is more mixed. In the organisational survey less than two thirds of organisations reported systematically using evidence on the efficiency and effectiveness of CVA when planning programmes (no change from the previous report).

> It can be difficult to gauge the extent to which teams on the ground make decisions based on evidence, including how much this applies to modality choice. I think this still often comes down to what they're used to. **CARE**

The surveys reveal commonly perceived challenges that agencies face in their efforts to increase the quality of CVA (box 3.10). Key informants also raised consistent challenges.[17] **These are less about a lack of evidence, and more about systemic barriers to change**. As with many of the topics covered in this chapter, many of these issues highlight **a tension between "quality of CVA", as compared to "quality programming"**. This connects to other broader debates on topics such as risk, standards, response analysis and accountability. Several of the quality challenges identified relate to systemic weaknesses of the humanitarian system and processes, rather than the specifics of cash or vouchers. The increasing use of CVA is shining a spotlight on these issues. In fact, some CVA quality concerns highlight the different standards to which agencies continually hold CVA, compared to other types of aid. The challenge is to **move this debate on quality (and the solutions being developed to these on CVA programmes) to one that focuses on quality of the humanitarian response overall**.

Some of these issues currently limit the ability of agencies to maximise the use of evidence in programme design:

**Capacity gaps:** Key informants highlighted that limited resources and capacities for M&E and AAP (across all programming, not only for CVA) affects agencies' ability to collect, analyse and act on evidence. This applies also to agencies' ability to act on recipient feedback. WFP, for example, has made global and country level investments in expertise dedicated to AAP, focusing on large cash portfolios, to address this. Key informants mentioned capacities to conduct robust needs and response analysis across sectors as another gap which limits the integration of MPC with wider assistance and services (see chapter 4 for more on capacity).

17 It was also recognised that there is still a need to continue to fill specific evidence gaps – these are discussed in chapter 6.

**BOX 3.10** Perceptions of challenges to increasing CVA quality

**Challenges to Quality Perceived by Practitioners**



| Challenge | % |
|---|---|
| Limited capacity of processes/systems | 33% |
| Donors and agencies' priorities on efficiency and scale, rather than quality | 32% |
| Donors and agencies' concerns limit modality choice | 26% |
| Vested interests and mandates of agencies | 24% |
| Lack of funding for unrestricted grants | 24% |

**% of practitioners that cited it as a top 3 challenge**

**Organizational Challenges to Increasing CVA Quality**



| Challenge | No. |
|---|---|
| Lack of capacity for multisector assessment and response analysis | 14 |
| Limited capacity of processes/systems | 13 |
| Vested interests of agencies to retain 'market share' | 11 |
| Lack of support for MPC and/or unconditional cash | 10 |
| Donors and agencies' concerns constrain modality choices | 9 |
| Insufficient funding for critical aspects of quality CVA programming | 6 |

**No. of organisations (n=32) that ranked as top 3 challenge**

**Focus on scale:** Scaling up cash was perceived to have negatively affected quality in various ways. Firstly, in terms of process – that organisations' efforts to go to scale had necessarily consumed attention and limited focus on quality, but that now greater scale was being achieved, agencies were catching up and refocusing on these critical areas. Linked to this were perceptions that efficiency gains have been the primary driver in the design of mechanisms that enable scale and that these were sometimes at the expense of other aspects of quality. Some actors also highlighted what they perceive as an inherent limitation of programming at scale, whereby the design of assistance, and processes, are perhaps inevitably less agile and flexible to the needs of individuals. This is unless resources can be found to make the required investments – something that is also noted in various research studies on cash at scale.[18] On the other hand, some also mentioned the benefits from economies of scale, which could potentially enable investments to be made in cash response, or response-wide monitoring and accountability functions to support quality. Taking on niche quality-focused roles could be an entry point for INGOs or local actors (see chapter 7 for more on this) to add value to large-scale cash responses. At the same time, however, the drive for efficiency risks limiting investment in these actions. Some stakeholders welcomed the Common Donor Approach in setting out clear, common benchmarks for quality CVA beyond efficiency, but it is too early to tell whether this will help overcome challenges with quality in practice.

> We see lots of drive for 'using cash'. This alone is not enough. It is not clear that this leads to the choice of the 'right' modality, or best programme design.
> **Relief International**

> We should acknowledge the benefits but also the limitations of cash at scale. You can reach a critical mass, and this is important. But for those with specific needs, we need alternative and complementary measures to reach those falling through the cracks.
> **Relief International**

18 Smith (2019); Maunder et al. (2018); Juillard et al. (2020). In Turkey on the ESSN, for example, this is done but it comes at a cost.

**Barriers due to self-preservation and mandates:** There was a widespread perception that agency mandates can influence decisions on modality selection and, given the issues around competition for funding (see chapter 5), this is unlikely to change. Key informants also reflected that agencies have made significant investments in various operational models, and felt that concerns about self-preservation are perceived to be at least partially driving these, meaning that design decisions are not made based on evidence of what is the best approach for recipients. Equally such interests might undermine research findings which should inform future programme design.

**Concerns about MPC:** While the humanitarian community has fewer concerns about MPC than three years ago, as noted earlier, some concerns remain within clusters and certain sector actors. Primarily these are regarding: i) implications for accountability, if sector standards are not met, since this is usually the responsibility of the sector leads; ii) whether and how the responsibility is shared between actors leading MPC and wider sectoral programming aspiring towards specific sector outcomes; and iii) how MPC can be integrated into a comprehensive multisectoral response (see chapter 2 for more on sectoral perspectives on CVA). Some stakeholders considered that these debates call into question the validity of the current sector-based results system and that quality should be measured from a recipient-centric perspective. These issues are linked to the coordination challenges around MPC, discussed in chapter 5.

> We have tried to 'put people at the centre' but we are still making assumptions on their behalf. We [humanitarian actors] probably need to go back on some of our dearly held beliefs. **DG ECHO**

Calling cash MPC does not achieve multiple results – food security, nutrition, shelter, health, education etc – if there are no nutrients, dwellings, clinics, teachers etc to buy with the cash. It is critical that that donors not be content to fund cash delivery without also funding the availability of, quality of, and access to basic goods and services where they are not available, adequate, or accessible. We still need to stress context analysis - we can't just default reflexively to, 'phew all is solved because we funded MPC.' **WFP**

**Quality design constrained by limitations to funding:** Acting on findings from recipient feedback requires resources. Key informants felt that, while humanitarian actors may be asking more of the right questions, a big constraint is whether programmes can be implemented to the desired quality (e.g., investing in face to face communication and outreach) in responses where funding is constrained. For example, the CVA response in Lebanon can only reach a third of severely vulnerable households.

In such contexts the additional cost of programming changes which may improve the experience for recipients would impact coverage, presents dilemmas for implementers. Several organisations recognised that limitations observed in achieving outcomes on MPC programmes often result from transfer values which are insufficient to meet needs (i.e. due to limited funding, not inherent limitations in MPC). Some key informants also discussed how funding rules can affect quality. For example, there are still limitations on funding for unrestricted cash from certain donors, which means investment in good assessment and analysis cannot translate into the optimum response, while donor regulations can limit abilities to adapt CVA according to the dynamic needs of affected people.

# PRIORITY ACTIONS

Making further progress towards better quality CVA and programming in general will require humanitarian actors to continue to collaborate and explore different ways of working. The evidence generated should be used as the basis for decision-making. Priority actions in this regard are:

Operational agencies and donors should **collaborate to further implement different operational models** and collect and transparently share learning. They should also discuss and agree **on the benefits and limitations of different operational models in different contexts**, based on emerging evidence and trends.

Donors should require that operational agencies use **common indicators and metrics for effectiveness, efficiency, and accountability** where available, and develop them where needed. These can build on existing frameworks and research, with the results informing response analysis and programme design.

Relevant humanitarian actors should collaborate to pilot **systemic integration of an independent, people-centred approach to capture recipient perspectives, and independent MEAL functions** (e.g. third party monitoring) at response level.

Operational agencies, donors and researchers should generate **evidence of the benefits and costs of 'quality' components** (e.g. AAP mechanisms, investments in 'last mile' activities).

Donors and operational agencies should acknowledge **the trade-offs in different aspects of quality (effectiveness, efficiency, accountability) when delivering cash at scale, and engage in transparent discussions.** These should consider benefits and constraints, for example in terms of coverage, and serve as a basis to identify solutions.

Donors should revise award guidelines **to recognize and support components which foster quality programming,** with the right safeguards in place to avoid duplication, and enable agencies to **develop specialized roles**.

Donors in the Common Donor Approach should **identify and address challenges to quality programming**. For example, in Common Donor Approach pilot countries, fund and test more localised approaches to delivering cash at scale, AAP components, and integrated programming.

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