A WFP food voucher recipient prepares a healthy and nutritious meal with the ingredients purchased with this assistance and grown in the community garden. Over the past decade El Salvador has made significant progress in reducing insecurity and malnutrition. However, extremely serious levels of violence, inequality and poverty continue to pose major challenges to development.

Global objective: Strengthen the evidence base and invest in innovation
Since 2017, CVA research and learning has moved from proof of concept to a focus on programme quality and filling associated evidence gaps

The previous report established that the fundamental case for CVA as an appropriate and effective form of humanitarian aid had been made. In the intervening years, research and learning has shifted to a focus on programme quality covering a range of topics, including recipient perspectives, accountability to affected populations, inclusion, multipurpose cash (MPC) and sector outcomes, and data risks and management. On a related note, a review of guidance and tools undertaken to update the Programme Quality Toolbox (PQTB) in early 2020 also reflected this focus on ‘doing cash better’, with fewer gaps than before, and notable progress on protection, gender and child safeguarding. The PQTB review process found that jointly produced tools and guidance on CVA are still uncommon, with no evidence that this type of collaboration has increased since 2017. One reason for this could be that funding specifically aimed at collaboratively developing tools and guidance, of which ECHO’s Enhanced Response Capacity (ERC) facility is a primary example, has reduced in recent years. However, there are multiple platforms for interagency collaboration that could make more contributions in future, some of which are already starting to produce joint learning and/or agendas for doing so. Key examples include the cash sub-workstreams under the Grand Bargain (GB), cash task teams within various clusters, Cash Working Groups (CWGs) and consortia at response level, CaLP, the Collaborative Cash Delivery Network (CCD), and the UN Common Cash System (UNCCS).

The primary value of CVA evidence lies in its ability to positively influence programming. Almost three quarters of practitioners surveyed agreed that they have the required evidence to support quality CVA programming (box 6.1). This indicates that, for many, evidence (or a lack thereof) is not an immediate inhibitor of quality programming. This corresponds with only 15 percent of practitioners citing a lack of evidence among their top three challenges to improving the quality of CVA. However, questions about evidence are perceived as a more significant issue at the sectoral level. When asked to identify reasons why certain sectors are reticent to use cash, 39 percent of respondents selected a ‘lack of evidence of the effectiveness of cash in some sectors’ in their top three.

Findings from this research suggest that although CVA is increasingly well-researched, as programming evolves, new topics of interest emerge or come into focus. Practitioner perceptions on the adequacy of existing evidence varies depending on the topic and, to some extent, by region and role. For example, confidence levels in the evidence base for MPC and operational models are lower than for CVA in general (see box 6.1).

There has been some progress in building the evidence base for operational models since 2017 (see chapter 3) with an analysis of survey data showing that perceptions are more positive at field level (60%) as compared to global headquarters (36%), an explanation for this disparity did not materialise in the research. There are also some regional variations, with Latin America and the Caribbean (LAC)
notably less positive (31%) than for example West Africa (56%). Across the survey questions on evidence, respondents from LAC were consistently more likely than those in other regions to report they did not feel enough evidence was available or being shared. The reasons for this are unclear, but speculatively could relate to both limitations on resources available in Spanish, and a relatively shorter period of engagement with humanitarian CVA programming and networks.

Several key informants reflected that there is no shortage of information being produced on CVA, some of which can be classified as evidence. Scanning the top 200 publications downloaded from the CalP library in 2018/2019 provides a snapshot, with documents covering at least 35 different CVA-related topics. Examining any individual topic tends to show both progress and issues remaining and emerging, with variations in terms of the pace and extent of progress.

It was not possible within the scope of this report to undertake a systematic analysis of perceived evidence gaps and related priorities. In discussions with key informants, some subjects were mentioned more than others. Box 6.2 lists those topics which were raised by at least two or three key informants. The variation and range of topics likely reflects different organisational priorities, programming approaches, operational contexts, and perceptions. While not showing clear priorities, this list does highlight some of the complexities that organisations are attempting to address in designing quality programming and understanding its impacts. As noted above and in chapter 3, a lack of evidence is not generally seen as being a major barrier to quality programming, but the application of learning in practice can be more challenging. It is important when identifying critical evidence gaps to focus on those that are hindering progress, to understand how and for what purpose evidence would be applied once generated.

### BOX 6.2 Topics identified for further learning by some key informants:

- Cost efficiency and cost effectiveness of different modalities
- Accountability, well-being and recipient perspectives
- Localisation
- Digital payments
- CVA and inclusion (specifically, but not limited to, disability and mental health)
- Community solidarity (sharing of cash assistance)
- Financial inclusion and empowerment
- Metrics for operational models
- Integrated programming
- Impacts of transfer size and frequency on outcomes
- Sectoral CVA (e.g. health, nutrition, WASH, protection)
- MPC (including MEBs, transfer values and outcomes)
- Safety and protection (including physical/sexual abuse)
- Data protection
- Compliance (regulations)

*These topics were identified from key informant interviews – individual topics were generally highlighted by one to three informants only*

### More evidence is needed to understand programme effects and how CVA influences outcomes for recipients

A recurrent theme among those interviewed concerned the need to generate more evidence on how CVA influences outcomes for different groups of recipients and contributes to quality programming, including how agencies communicate and engage with recipients. The value of this is generally recognised in principle, but many respondents felt it is something that has not received enough attention in practice, even while acknowledging difficulties in impact attribution are not specific to CVA. Some argued that...
limited evidence on CVA and outcomes has resulted, in part, from relatively more emphasis on issues of efficiency (primarily cost-efficiency), as opposed to effectiveness, particularly from donors. Despite the level of interest in comparative cost-efficiency and cost-effectiveness the evidence base remains weak and fragmented. This is due to several factors, including a lack of shared metrics for analysis (something being addressed in part through initiatives such as SCAN2 – see chapter 3), the resources required, and many agencies not being transparent with their budget data.

The Future of Financial Assistance (FFA) report found that recipients “do not feel listened to […] their views do not influence humanitarian programming”, and that there are no clear signs that this is improving over time”. Similarly, several key informants noted that there is not enough evidence on what makes a difference for recipients, including in terms of processes, preferences, and outcomes. Effectively capturing and understanding recipient perspectives may require longitudinal studies, but in the immediate term it is recognized that there is an urgent need to do more to collect and incorporate recipient voices in the design, implementation, and evaluation of programming.

**BOX 6.3 MPC: Evidence on factors influencing use and outcomes**

The extent to which MPC contributes to achieving sectoral outcomes, and the factors which influence this, including expenditure decision-making, is a key area of interest for many practitioners. There have been efforts to expand the evidence base on this subject, with main findings including:

- **MPC has positive outcomes, including in sectors beyond food security.** However, inadequate MPC transfer values limit the achievement of outcomes (sectoral and cross-sectoral) – while frequency, duration and seasonality of transfers also play a role.

- **Cash “is usually spent according to a hierarchy of needs” –** most immediate needs first (e.g. food, basic shelter, primary health) and other needs later (e.g. livelihoods, less essential goods).

- **Household decision-making is influenced by a variety of factors:** context and programme design (e.g. labelling or conditions); household situation (e.g. health); household size and demographics; social and cultural background; and internal dynamics (e.g. gender and intergenerational relationships).

- **Protection and sector specific integrated programming is essential** for the supply of quality services and goods to affected populations, including displaced groups.

- **Technical knowledge, training and behaviour change** are needed to achieve some outcomes.

6.3). Nevertheless, key informants highlighted several topics as important issues to inform better quality programming, such as: understanding and capturing how MPC contributes to well-being, sharing and community solidarity, and recipient choices; and how MPC best supports multiple sectoral objectives. The development of recommended MPC outcome indicators (see chapter 3), published in July 2019, should eventually contribute to building a comparable evidence base across contexts. However, the process of widespread uptake and generation of results will inevitably take time and ongoing promotion.

Global clusters have made progress in identifying priority sector-specific evidence gaps and rolling out plans to systematically address them. While commitment and interest is growing (see box 6.4 for summaries from several sectors), progress varies and there is still some way to go before there is enough evidence on optimal design for sector specific CVA across all sectors. Equally, several key informants noted that momentum and engagement on CVA and associated research efforts is often much greater at the global than the response level. The reticence of many cluster coordinators towards CVA has been attributed to factors such as entrenched attitudes and ways of working, as well as simply not having the time to prioritise and keep up with developments in CVA. Additionally, there can be disconnect in expectations between clusters and cash experts, underlining the need to work more closely together to break down real and perceived barriers related to evidence gaps and applying CVA in practice.

**BOX 6.4 CVA in health, WASH, nutrition, protection and education:**

**Progress and evidence gaps**

Global clusters are progressing quickly in filling evidence gaps in the use of CVA for their sectors. Some – such as Food Security and Shelter – have already substantially addressed evidence gaps, and others, such as CCCM and Logistics, are focusing on other priorities such as the definition of CVA roles and piloting, and incorporating CVA in assessment tools.

**Education:** The global cluster is spearheading research efforts focusing on: increasing inclusion of girls, and children with disabilities; CVA for adolescent education; and CVA for preventing disruption, and restoring and maintaining safe access to formal and non-formal primary and secondary education for children affected by rapid onset emergencies (see box 2.6 in chapter 2 for more on work undertaken in the education sector to map and synthesise relevant learning on CVA).

**Health:** Addressing significant evidence gaps is a priority for the global cluster with various pieces of research and learning under way or planned. Topics include: CVA impacts on health specific outcomes; health-related behavior change; comparative cost-efficiency between different modalities; and the use of CVA for sexual and reproductive health.

**Protection:** The global cluster, which has established a cash task team, has made significant progress on CVA since 2017, including mapping evidence on CVA for GBV, child protection and housing, land and property (HLP) outcomes. Based on this, priorities for 2020 are to: advocate for practitioners and donors to address evidence gaps and take up best practice; map gaps linked to CVA and remaining areas of protection (mapping related to mine action is ongoing); and broaden access to CVA for protection guidance, tools, trainings and evidence. A stocktaking paper on the state of evidence, gaps and calls to action across stakeholders is under development.

**WASH:** The global cluster has been conducting an evidence review. It is creating a database of knowledge resources on market-based programming and CVA for WASH, in all five WASH areas as well as on MPC and WASH; evidence maps for water, sanitation, and hygiene; a report outlining evidence gaps; and four reports focused on current practices (MPC and WASH, MBP/CVA in water, sanitation and hygiene areas).

**Nutrition:** Work on CVA and impacts on nutrition outcomes is still at a relatively early stage. In 2019 the global cluster set up a reference group to work on commonly accepted generic guidance on CVA in nutrition with three case studies to support it. This builds on earlier agency-led research on the impact of cash on nutrition outcomes.

For more on the ongoing work on CVA by different clusters, see [here](#).
There is growing recognition of the importance of situating CVA, including how it is selected, designed, implemented, and evaluated, within the broader framework of humanitarian programming at response level (see chapter 3). Several key informants highlighted the need to build the evidence base on the use of CVA in combination with other modalities i.e. specifically analysing the best use of cash and/or vouchers as part of an integrated programming\(^3\) approach. A review of recent guidance and tools to inform the PQTB also found this topic had not been widely covered, something compounded by the lack of a common understanding of what it is.\(^4\) There is also a lack of alignment in the terminology used, with different organisations and individuals using and defining ‘integrated programming,’ ‘cash plus,’ and ‘complementary programming’ differently. Concerns have been raised about whether ‘cash plus’ (and to an extent ‘complementary programming’) is the best term to use as it implies a presumption or centrality on the use of cash, rather than it being selected as appropriate alongside other modalities through response analysis. Increased understanding of how cash best combines with other components to achieve specific outcomes will be critical to improving programme quality (see chapter 3). This also relates to knowing when to move between different modalities and programming approaches, and how these should be sequenced e.g. moving from basic needs to recovery – something a key informant noted as constituting a significant gap in current understanding.

There has been some limited progress in gathering evidence on this topic since 2017, but examples are somewhat scattered and would benefit from more coordinated efforts to generate and synthesise learning.\(^5\) Although specific research on combining cash with other modalities in humanitarian interventions is limited, there is an emerging evidence base on this topic from longer-term and social protection programming that also has some relevance.\(^6\) While an inward-looking tendency is not specific to the humanitarian sector, or CVA, several key informants noted the availability of relevant learning beyond the humanitarian space, the benefits of tapping into this, and a widespread failure to systematically do so. This can for example include drawing on learning from development programming, and the private sector.

Gender and CVA (including analysis of gender-based violence and protection issues), identified as a critical evidence gap in the previous report, has seen notable progress, although there are still many gaps in evidence and practice. There has been a big surge in the production of evidence and guidance on CVA, gender and gender-based violence (GBV), something highlighted in the 2019 Grand Bargain Annual Report. CaLP’s 2018 #GenderCash Symposium\(^7\) in Nairobi formally launched the Agenda for Collective Action to better integrate CVA and gender.\(^8\) Another instrumental result was the collection of papers\(^9\) on gender-responsive programming in humanitarian contexts produced by CaLP members and others. These efforts helped catalyse other actors such as CARE and UN Women, the Grand Bargain Cash sub-workstream leads, and WRC, who focus on policy, practice, and research at the intersection of gender and CVA.

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\(^3\) An ‘integrated programming’ approach assumes that a combination of modalities and interventions will usually be most effective in achieving better outcomes for recipients, to be determined through good assessment and response analysis. Integrated programming might be implemented by one agency or by multiple agencies working collaboratively. Ideally this will be facilitated by a coordinated, multisectoral approach to needs assessment and programming.

\(^4\) Harvey & Pavanello (2018: 21) highlight a useful conceptual framework for ‘cash plus’ for social protection developed by Roelen, K. et al (2017) whereby complementary components can include both those which are delivered alongside cash within the same programme, and those which explicitly link to external services or interventions.


\(^7\) #GenderCash Symposium organised by CaLP: Adeso, Women’s Refugee Council, Norwegian Refugee Council, and Oxfam.

\(^8\) CaLP (2018b) Gender and Cash Based Assistance in Humanitarian Contexts: An agenda for collective action. Oxford: CaLP.

\(^9\) CaLP (2018a) Collected Papers on Gender and Cash Transfer Programmes in Humanitarian Contexts. Oxford: CaLP.
Over the last two years, new guidelines have been produced on gender and CVA and efforts have focused attention on synthesising and identifying more robust evidence. Four out of the top 10 most downloaded resources from the CaLP library in 2018/2019 were gender related, which does indicate clear demand and uptake. However, focus group discussion (FGD) participants and others highlighted that while there has been substantial progress globally at the technical level, this has not yet translated into consistent changes in planning, implementation and monitoring. This may not be about a lack of evidence and tools as such, but about access (including language), capacity building needs, and guidance in application. Research also highlighted the importance of contextual analysis of gender issues and associated risks, which is rarely done, and being aware that learning from one place may not apply elsewhere. Also, although there has been some progress on gender and protection in recent years, there remain critical gaps in addressing this intersection with an age and diversity lens - in terms of evidence and practice.

The research process for this report also highlighted CVA and risk, including the use of CVA in insecure and conflict-affected settings, and the associated topics of data protection and responsible data management (see chapter 2), as areas of growing interest. Multiple pieces of research, along with guidance and discussion pieces, have been published on these topics. Interest in digital payments, and related topics of digital and financial literacy and financial inclusion, has also remained high, although the evidence base on financial inclusion and CVA is still thin overall. Research has shown that the enthusiasm for digital platforms for grievance mechanisms, monitoring and payments may fail to take account of community challenges to technology use due to infrastructure, costs of use, ownership, access, literacy, etc. The problem is exacerbated for women, elderly, disabled and the illiterate, issues regarding the digital divide were also highlighted in the Future of Financial Assistance report. A study by Consultative Group to Assist the Poor (CGAP) on financial inclusion in Lebanon and Jordan, both countries with large-scale digital CVA for refugees, found that “financial inclusion per se did not materialise” from these interventions. Similarly, an examination of financial inclusion in Red Cross projects in Kenya found some positive impacts on people’s ability to access and use financial services but noted the limits on demand for new financial services from the most poor and vulnerable. One key informant also highlighted the relevance of research findings from outside the humanitarian sector on these topics.

CVA information is perceived to be more systematically shared now than in 2017, but challenges remain, including a reluctance to share learning relating to programming failures

Several key informants raised the point that generating evidence is of limited value unless learning is translated into practice and influences programming. A key step towards this is ensuring that information is shared with others. Most practitioners (75%) agreed that there have been improvements in sharing CVA evidence and experiences over the last two years. Similarly, 74 percent of surveyed organisations agree that they systematically share CVA information, as compared to 70 percent in 2017. This does though demonstrate that a significant minority still do not routinely share information. Box 6.5 outlines barriers to systematic sharing of information as reported by surveyed practitioners. The results are very similar to the previous report, with a lack of awareness of common platforms being the main reason cited. Practitioners in country or field roles selected this barrier more often than those in global roles, indicating more could be done to raise awareness at those levels.

In terms of online platforms, key informants acknowledged the CaLP website (parts now available in multiple languages), library and d-groups (English, French, Spanish) as ‘go to’ places for CVA evidence, learning, discussion and sharing. It was noted however that the d-group would benefit from a search function for historical posts, and the CaLP library from more quality control and an improved search

11 CalP (2019) Recommendations and key messages - learning event on risks linked to CVA – Protection of beneficiaries 29 October 2019, Douala, Cameroon
13 “However, access to technology is not equal: gender, age, poverty, legal status and living in underserved rural areas are key factors in the likelihood of an individual having access” (CaLP & IARAN 2019), p.11
16 For example, Mastercard Financial Inclusion Centre, Better than Cash Alliance
function (note: this was addressed through the launch of the new site and library in 2020). Multiple key informants also mentioned information sharing mechanisms within their own organisations (e.g. the Red Cross Cash Hub, which acts as a platform for both internal and publicly accessible resources), along with formal and informal networks and bilateral exchanges. Meetings (including CWGs), conferences, and webinars were also cited as means of accessing learning.

Regional focus group discussions highlighted the need to adapt knowledge management according to context, and that online platforms and sharing are not always effective or fully accessible. For example, some participants in MENA reported they find face to face learning and direct sharing more effective, particularly if they lack the time to search online for the most relevant materials. The availability of resources in multiple languages also remains a challenge. There is need for more systematic translation of existing and new publications to address this. A key informant highlighted that sharing learning with partners outside the humanitarian sector (e.g. private sector) is limited and should be addressed to ensure evidence reaches all of those who can influence decision-making.

Given the volume of information produced on CVA, it is near impossible for busy field teams to stay updated and extract relevant findings. In line with this, key informants (including donors, INGOs and sector specialists) underlined the importance of consolidation of learning and providing short syntheses that focus on relevant findings for programming. Equally, being mindful where there are limits to the universal application of learning is critical. Efforts to generate evidence for topics such as operational models (chapter 3), CVA and social protection (chapter 8), gender, and value for money often underline the importance of contextual understanding and the limits on cross-contextual comparisons. This is not to say that learning from one context is irrelevant elsewhere, but applicability should be considered. It was also felt that, for example, it would be valuable to pay more attention to where similar findings are coming out of different contexts through aggregate analyses. Several key informants remarked on the role CaLP can play in facilitating better consolidation and cross-referenced analyses of CVA evidence.

There is a continuing reluctance to share learning from unsuccessful or challenging programmes due to issues of funding and competition, which has the effect of slowing down learning. Addressing this requires changes in organisational cultures, as multiple key informants highlighted. Donors’ buy-in would be needed to facilitate this change, by rewarding honesty and flexibility and requiring greater transparency from everyone. One key informant also talked about the value of creating safe spaces to share failures and build momentum for greater sharing. As the Future of Financial Assistance report found, humanitarian actors “need to be transparent about what works”, which can only effectively happen if both the ‘bad’ and the ‘good’ experiences are shared and used as a basis for evaluating impact.
PRIORITIZED ACTIONS

Generating useful knowledge which can improve programmes for recipients is not only about doing more research, but also building upon existing findings and better integrating learning mechanisms within programmes. Key actions to better leverage evidence and research efforts to support improve CVA programming are:

- **All humanitarian actors should** ensure greater transparency, treating relevant programme data and findings as ‘public goods’ which are essential to accelerate learning. This will require cultural shifts within and between organizations, and assertive action by donors to ensure that agencies are not penalized for being open about both successes and failures.

- **All humanitarian actors should** increase efforts to understand what influences the outcomes of CVA for recipients across all types of programmes/sectors, and make systematic use of recipient perspectives in programme design.

- **Relevant humanitarian actors should** collaborate to undertake more systematic analyses of perceived evidence gaps, and identify which are critical to improving the quality of programming. This would enable identification of priorities across organizations and contexts, and help assess what can feasibly be addressed, with resources channeled accordingly.

- **Relevant humanitarian actors should** develop practical syntheses of evidence, tailored to different audiences, to help ensure that existing and future learning is applied in practice. They should also collate learning from different contexts and explore evidence beyond the humanitarian sector.

- **Humanitarian organisations, donors and researchers should** increase and improve collaboration and coordination of research and the application of learning, building on existing networks and platforms at global and response level.
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