Better Gender Outcomes in Food Assistance through Complementary and Multi-Modal Programming

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Prepared by Key Aid Consulting for CARE

Rediet Abebe Kabela, Helene Juillard
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### Acronyms and Abbreviations

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<th>Full Form</th>
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<tr>
<td>AWOTID</td>
<td>Abim Women Together in Development</td>
</tr>
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<td>BA</td>
<td>Barrier Analysis</td>
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<tr>
<td>BHA</td>
<td>Bureau for Humanitarian Assistance</td>
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<td>CALP</td>
<td>Cash and Learning Partnership</td>
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<td>CFW</td>
<td>Cash for Work</td>
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<td>CLAN</td>
<td>Community Leaders Action for Nutrition</td>
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<td>CLARA</td>
<td>Cohorts Livelihoods and Risk Analysis</td>
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<tr>
<td>CRM</td>
<td>Complaint and Response Mechanism</td>
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<td>CRS</td>
<td>Catholic Relief Services</td>
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<tr>
<td>CVA</td>
<td>Cash and Voucher Assistance</td>
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<tr>
<td>DFSA</td>
<td>Development Food Security Activity</td>
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<tr>
<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<tr>
<td>EFSP</td>
<td>Emergency Food Security Program</td>
</tr>
<tr>
<td>EVD</td>
<td>Ebola Virus Disease</td>
</tr>
<tr>
<td>FANTA</td>
<td>Food and Nutrition Technical Assistance (program)</td>
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<tr>
<td>FFP</td>
<td>USAID Office of Food for Peace</td>
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<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
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<tr>
<td>FSP</td>
<td>Financial Service Provider</td>
</tr>
<tr>
<td>FY</td>
<td>Fiscal Year</td>
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<tr>
<td>GBV</td>
<td>Gender-Based Violence</td>
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<tr>
<td>GESI</td>
<td>Gender Equality and Social Inclusion</td>
</tr>
<tr>
<td>GEWE</td>
<td>Gender Equality and Women’s Empowerment</td>
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<tr>
<td>GHG</td>
<td>Growth, Health and Governance</td>
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<tr>
<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
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<tr>
<td>IDEAL</td>
<td>Implementer-led Design, Evidence, Analysis and Learning</td>
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<td>IDPs</td>
<td>Internally Displaced Persons</td>
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<td>INGO</td>
<td>International Non-Governmental Organization</td>
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<tr>
<td>IPV</td>
<td>Intimate Partner Violence</td>
</tr>
<tr>
<td>KII</td>
<td>Key Informant Interview</td>
</tr>
<tr>
<td>LEAP</td>
<td>Livelihoods Empowerment Against Poverty</td>
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<tr>
<td>LGBTQI+</td>
<td>An acronym for lesbian, gay, bisexual, transgender, queer, and intersex; the «plus» is intended as an all-encompassing representation of sexual orientations and gender identities</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>MSA</td>
<td>Multi-Sectoral Assessment</td>
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<tr>
<td>NBI</td>
<td>Nest Builders International</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>OFDA</td>
<td>USAID Office of United States Foreign Disaster Assistance</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<td>-----------</td>
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<tr>
<td>PAHAL</td>
<td>Promoting Agriculture, Health, and Alternative Livelihood</td>
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<td>PAISANO</td>
<td>Programa de Acciones Integradas de Seguridad Alimentaria y Nutricional del Occidente</td>
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<td>PASAM-TAI</td>
<td>Programme d’appui à la Sécurité Alimentaire des Ménages-Tanadin Abincin Iyali</td>
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<td>PDS</td>
<td>Permanent Direct Support</td>
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<td>POP</td>
<td>Power of the Purse</td>
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<td>PRA</td>
<td>Participatory Rural Appraisal</td>
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<td>PSNP</td>
<td>Productive Safety Net Program</td>
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<tr>
<td>RESSNER</td>
<td>Rapid Ebola Social Safety Net and Economic Recovery</td>
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<tr>
<td>SADD</td>
<td>Sex and Age Disaggregated Data</td>
</tr>
<tr>
<td>SBCC</td>
<td>Social and Behavior Change Communication</td>
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<td>SHG</td>
<td>Self-Help Group</td>
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<td>SIPS</td>
<td>Selection of Interventions by Participants</td>
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<td>SPIR</td>
<td>Strengthen PSNP4 Institutions and Resilience</td>
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<td>TIPS</td>
<td>Trials of Improved Practices</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>VIPP</td>
<td>Visualization in Participatory Programs</td>
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<tr>
<td>WASH</td>
<td>Water, Sanitation, and Hygiene</td>
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<td>WFP</td>
<td>World Food Programme</td>
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Introduction

Cash transfers as a form of aid have been provided as far back as 1870-1871 by the Red Cross in the Franco-Prussian War, as a response to famine in nineteenth century India, and in Botswana in the 1980s. In more recent years, their importance has grown as compared to in-kind aid. In recent years, with the recognition of the multifaceted benefits of using Cash and Voucher Assistance (CVA), but also the relative underutilization of the modality, commitments such as the Grand Bargain have been made to encourage uptake by humanitarian organizations. A recent study by the Cash and Learning Partnership (CaLP), revealed that there has been rapid growth in the use of CVA, with a 100% increase from 2016 to 2019 accounting for 18% (USD 5.6 billion) of total international humanitarian assistance. In addition, 91% of humanitarian practitioners see increased donor support for CVA, and 85% believe CVA is now more systematically considered as a response tool.

2 Provision of cash transfers or vouchers given to individuals, household or community recipients. The term is interchangeable with Cash Based Assistance (CBA), Cash Based Interventions (CBI), Cash Based Transfers (CBT) and Cash and Voucher Assistance (CVA)
3 The Grand Bargain is an agreement between some of the largest donors and aid providers, which aims to get more means into the hands of people in need.
There is now widespread recognition and evidence that CVA can have highly positive socio-economic impacts, ranging from poverty reduction and improved living conditions to enhanced psychosocial well-being. Despite these positive aspects, CVA alone cannot alleviate non-financial and structural barriers to improving living standards and well-being. To this end, evidence points to “cash plus” programming as a more effective option.\(^5\)

Cash plus interventions (otherwise known as multi-modal or complementary programming\(^6\)) combine the use of CVA with one or more types of complementary support. For the sake of this research, we have defined multi-modal programming as projects that use a combination of modalities from Groups A and B in Table 1.

**TABLE 1: MULTI-MODAL PROGRAMING**

<table>
<thead>
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<th>GROUP A</th>
<th>GROUP B</th>
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<tr>
<td>Cash transfer or voucher</td>
<td>Other modalities: in-kind aid, service delivery, information sharing, or support groups set up. The Group B list is non-exhaustive</td>
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Among the largest actors to embrace complementary programming has been the Bureau for Humanitarian Assistance (BHA),\(^7\) which incorporated the approach in its 2016-2025 Food Assistance and Food Security Strategy in order to better protect and enhance the lives and livelihoods of the most vulnerable.\(^8\)

Despite such steps toward food assistance programming that fosters dignity and choice and stimulates markets, there are obvious gaps and limited evidence in understanding how multi-modal, “cash plus,” or complementary programming can best contribute to gender equality and women’s empowerment. This point was reiterated in a recent study on shock responsive social protection, which found that most of this programming is gender-blind, with little attention given to the specific needs of women and girls across the life cycle in the context of crises.\(^9\) Another study\(^10\) conducted by CARE found that, to promote more positive and sustainable gender roles and relations, CVA needs to be combined with complementary interventions, stressing that this approach should be considered central to every response. However, the community of practice is not systematically designing multi-modal responses when using CVA.

In April 2019, more than 40 stakeholders representing the non-governmental organization (NGO), United Nations (UN), donor, and research communities working on humanitarian and development food and nutrition responses met at an event focusing on gender and CVA.\(^11\) Critical research areas were identified at the event, and the following key research questions emerged:

- How does CVA work with different types of complementary programming to produce greater or more long-lasting gender impacts?

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\(^5\) UNICEF. (2017).
\(^6\) CaLP defines complementary programming as programming where different modalities and/or activities are combined to achieve objectives. The definition states that complementary interventions may be implemented by one agency or by more than one agency working collaboratively. This approach can enable identification of effective combinations of activities to address needs and achieve program objectives. Ideally this will be facilitated by a coordinated, multisectoral approach to needs assessment and programming.
\(^7\) At the time of writing, the OFDA merged with FFP in July 2020 to form the BHA. However, as this report was commissioned, researched, and written prior to the merger, the nomenclature OFDA/FFP will be used here.
\(^8\) USAID. (2016).
\(^10\) CARE. (2019).
\(^11\) This event was titled “The Potential of Cash and Voucher Assistance to Empower Women and Reduce Violence: Evidence, Practice, and Future Research.”
What are the characteristics of the CVA or complementary programming that drive improved outcomes?

In light of this, and with an objective of contributing to the knowledge base of promising practices using a combination of modalities to deliver food security and gender outcomes, this study reviews Food for Peace (FFP) – [Emergency Food Security Program (EFSP) and Development Food Security Activity (DFSA)] and Office of Foreign Disaster Assistance (OFDA) projects that explicitly or implicitly incorporated gender-focused programming. More specifically, the research seeks to answer the following research question:

**How can the design, implementation, and monitoring processes of projects using a combination of modalities maximize gender outcomes?**

The following section details the methodology used to meet the research objective and answer the research question. The next section identifies promising practices.

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12 Here “design” will include the response analysis as well as the budgeting.
13 Gender outcomes are those related to gender equality and women’s empowerment.
I. Methodology

This study employed a participatory qualitative approach towards the identification of promising practices with the use of a structured desk review, key informant interviews (KII), and the Delphi technique\(^\text{14}\) to validate and create consensus on findings.

The study kicked off with the preparation of a research protocol by Key Aid Consulting, which was reviewed by CARE and a reference group composed of humanitarian professionals in May 2020. The purpose of the research protocol was to ensure methodological rigor, create consensus, and clarify the scope of the research in terms of the populations of interest, types of interventions, contexts where promising practices emerge from, and specific areas of outcomes targeted.

During the structured desk review, the study relied on a variety of research and monitoring and evaluation (M&E) reports, which were referred by key informants and review group members and found through manual searches on pre-identified research groups, NGOs, and funder websites (see Annex II Detailed Methodology). Only publications published after 2016 were considered, with exceptions made in cases where a pre-2016 document was referred

\(^\text{14}\) The method entails a group of experts who anonymously reply to questionnaires and subsequently receive feedback in the form of a statistical representation of the “group response,” after which the process repeats itself. The goal is to reduce the range of responses and arrive at something closer to expert consensus.
by a key informant. The year 2016 was chosen as a threshold to align with the establishment of the Grand Bargain commitments, which aimed to mainstream CVA.

Publications were also excluded if studies were not published in English, if concerned projects were implemented in an area where there are no humanitarian actors, studies were about interventions not funded in full or in-part by FFP or OFDA, studies covered disaster preparedness exclusively, and studies did not include good practices on gender. Fifteen KIs were also conducted with humanitarian practitioners with a range of relevant expertise and roles from nine different international non-governmental organizations (INGOs) and NGOs that have FFP- and/or OFDA-funded projects. Interviews were used to gather firsthand information on the use of multi-modal programming to attain gender outcomes. Subsequently, two rounds of surveys were deployed using the Delphi technique to validate emerging promising practices and arrive at a consensus (defined as ≥70% of agreement between experts). The expert group for this process consisted of 37 (+4) international professionals with knowledge of gender, CVA, food security and nutrition, livelihoods, and emergency and disaster response (see Annex II).

FIGURE 1: METHODOLOGY

SEARCH FOR EVIDENCE

Database search
15 key informant reviews

32 documents included

LONG LIST OF 36 PROMISING PRACTICES

Delphi consultation round one, across a group of 37 experts

25 PROMISING PRACTICES, INTEGRATING COMMENTS FROM THE FIRST ROUND OF DELPHI

Delphi consultation round two, across a group of 37 (+4) experts

FINAL LIST OF PROMISING PRACTICES

16 While the original pool of experts were 37 pre-identified individuals, responses from 4 additional humanitarian professionals were received and included in the second round of the Delphi survey. This was a result of the sharing of survey links among experts. The consultants made the decision to retain these responses in light of the fact that the second-round survey received a low response rate and the profiles of the additional humanitarian professionals was found to be in line with the requirements for the Delphi expert group.
II. Promising Practices

II.I. Promising Practices to Maximize Gender Outcomes During Situation Analysis

**PROMISING PRACTICE 1**

Integrate gender into programming by conducting a sex, age and disability disaggregated gender and barrier analysis.

**FREQUENCY: 11 DOCUMENTS**

**DELPHI CONSENSUS RATE: 100%**

17 The definitions of the different steps of the programme cycle follow the ones of the IASC.
The Inter-Agency Standing Committee (IASC) mandates that humanitarian organizations acknowledge differences with respect to sex, gender, ethnicity, disability, age, and other social markers of exclusion and use sex and age disaggregated data (SADD) to inform response. Conducting a gender analysis before the start of a program is key to sustaining gender considerations throughout the project cycle, as it becomes difficult to capture and adjust once the program has commenced. Therefore, conducting a gender analysis is a requirement for FFP-funded programs.

All eleven projects reviewed demonstrated the use of gender analysis for the purposes of identifying barriers to project outcomes, identifying opportunities for achievement of project activities, and identifying existing actors and lessons learned regarding gender equality and women’s empowerment (GEWE).

When identifying barriers, focus on: control over or access to resources; context-specific roles and responsibilities between the genders; differences in the level of labor borne by various gender groups; sources of information; access to markets and technology; freedom of movement; and common causes of gender-based violence (GBV), intimate partner violence (IPV), and child marriage.

When identifying opportunities, focus on: identification of influential individuals or groups; identification of community assets; positive traits associated with role models; the type of messaging people gravitate towards; and aspects of masculinity in relation to spouses and/or children that are seen as aspirational.

When identifying existing actors and lessons learned, focus on: the identification of what works and does not work; the specific context/setting for women’s participation; GBV reduction; male engagement; and existing legal barriers.

The above analysis should build on available secondary data (e.g. program materials or current research with a focus on gender). This helps increase efficiency by avoiding unnecessary inquiries. Incorporation of secondary data can be followed by primary data collection with target populations, such as through focus group discussions (FGDs) and KIIs (with religious or community leaders). It can also be substantiated by a yes/no barrier analysis questionnaire adapted to the intended sectoral outcomes that can be incorporated into the primary data collection methods.

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**EXAMPLES OF PROMISING PRACTICE 1**

The Nobo Jatra project (Bangladesh), Amashiga (Burundi), and Budikadidi (DRC) (along with the eight other reviewed projects) followed these steps. A thorough desk review was complemented by KIIs, FGDs, and surveys of men and women. Purposive sampling targeted traditionally disadvantaged groups (LGBTQI+, people with disabilities, people living with HIV, etc.). Data collection tools gathered relevant information on needs, challenges, and community dynamics.

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18 IASC. (2015).
19 KIIs.
21 “Influential individuals or groups” are those who are respected within their communities and have the ability to influence thoughts and actions. Examples are traditional leaders, elders, community organizations, etc.
23 IMPEL. (2020a).
Information needs to be collected in a way that reflects the age and sex of the respondents. Where collection of sex, age, and disability disaggregated data is difficult, estimates can be provided based on national and international statistics or data gathered by other humanitarian and development actors or through small sample surveys. In this case, assumptions made should be clearly documented.

It is important to engage a demographically heterogeneous group of women early in the process to gain an understanding of their existing responsibilities, household dynamics, and daily schedules to account for these in the logistics and distribution of CVA. It is also important to choose times and places for outreach where women are more likely to have the time and access to effectively participate in the registration and assessment processes. For example, choose times when women have fewer tasks (e.g., after sending children to school; after lunch).

The findings from the gender analysis help to identify which gender outcomes can be achieved by program activities and mitigate the risk of exposure to harm. This is best achieved when overlaid with livelihood and protection assessments. To this end, program staff should be included in the gender and barrier analysis data collection team and trained in basic gender concepts as well as participatory research methods. Internal participation is useful for increasing ownership and accountability and for building internal capacity on gender and research-related skills.

A full needs assessment at the start of a program ensures that a multi-modal program addresses the different needs in a community and avoids a one-size-fits-all approach.

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**EXPERT TIPS:**

- SADD gender and barrier analysis should be done early if it is going to inform the program design. It can then be conducted periodically during implementation to adapt programs as needed.

- It is useful to go beyond SADD by disaggregating by disability, ethnicity, level of income, and literacy levels. Examples of methods and tools towards collecting disability disaggregated data can be found from sources such as the Washington Group on Disability Statistics and Disability Data in Humanitarian Action.

- Relying first on secondary data also reduces opportunity costs borne by women as a result of unpaid time to respond to questionnaires and surveys. For example, consider using existing statements or reports from women’s right organizations. Alternatively, where possible, provide compensation to women.

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27 CARE International and Ideas42. (2020). Applying behavioral science to humanitarian cash & voucher assistance for better outcomes for women.
28 KIIs
29 Best, R., et al. (2017); Finan, T., et al. (2017); AVSI. (2019 a); IMPEL. (2020a); Packard, M. (2018); Wasilkowska, K. (2017); WFP (2019)
30 Spangler, T. (2019); IMPEL, (2020a)
31 KIIs
32 Washington Group on Disability Statistics
33 Humanity & Inclusion: Disability Data in Humanitarian Action
**PROMISING PRACTICE 2**

When conducting need, market or security assessments ensure women’s voices are heard and analyzed separately.

**FREQUENCY: 5 DOCUMENTS**

**DELPHI CONSENSUS RATE: 87%**

Conducting needs assessment and analysis using a joint, inter-sectoral approach allows for a more holistic understanding of the relationships between needs, their root causes, and underlying vulnerabilities and allows for a more targeted response.

Aligned with these examples, key informants noted that incorporating the voices of various genders in multi-sectoral needs assessments through FGDs conducted separately with men, women, and youth and adolescents should be considered as a best practice.

**EXAMPLES OF PROMISING PRACTICE 2**

In the DRC, Catholic Relief Services (CRS) and Samaritan’s Purse (with partners) conducted rapid multi-sectoral assessments (MSA) of household needs, market capacity, and security. CRS’s DRIVE project was amended by the MSA to integrate questions on shelter, food security, beneficiaries’ preferences for assistance modalities, and perceived access to markets. Gender and protection concerns were included in these assessments and data was sex and age disaggregated (Boulinaud, 2017).

The Sabal project (Nepal) conducted extensive assessments at program inception to inform Gender Equality and Social Inclusion (GESI) interventions. The project specifically aimed to incorporate women’s voices in the livelihoods analysis, including: gender transformation issues like GBV; household decision-making, and control of resources and income. The mapping of resources and assessments of labor and value chain markets identified opportunities for training and guided the selection of appropriate public and private sector partners (Finan, 2017).

Some projects reviewed – such as the Njira project (Malawi) and the VimPlus project (Burkina Faso) – included multiple formative research studies, such as rapid market analyses, youth-inclusive needs assessments, social and behavior change assessments, and more, incorporating cross-cutting gender considerations (Best, 2017; Victory Against Malnutrition Plus, 2019). The Tuendelee Pamoja II project (DRC), through their subcontractor Search for Common Ground, conducted gender discussion groups so that women’s voices could be analyzed separately on issues like commonly consumed foods, food preferences, and barriers to dietary diversity.

**EXPERT TIPS:**

- Hearing women’s voices separately during need assessments is necessary but not sufficient. It should be complemented by the gender and barrier analysis mentioned above.

- Capture information on the distinct purchasing power of men and women (i.e., if there is a price difference in the market for women buyers/customers).

- Ensure the assessment also captures the gender determinants of food security and livelihoods related strengths and vulnerabilities.
PROMISING PRACTICE 3

To define outcomes to be met via a combination of modalities, use methods that promote a participatory approach to problem and solution identification.

Also consider participatory capacity and vulnerability assessments to capture marginalized groups in the community when incorporating gender and social inclusion elements.

EXAMPLES OF PROMISING PRACTICE 3

For the Rapid Ebola Social Safety Net and Economic Recovery (RESSNER) project, CARE considered the differential needs of household members, especially women, the elderly, and people with disabilities. Representatives from each group were consulted during planning, especially during the registration process. Decisions were made collaboratively on payment days and locations, considering distance and accessibility for beneficiaries. These consultations also shaped the timing of trainings and sensitization campaigns (e.g. on agronomic practices, nutrition, and Ebola Virus Disease awareness), accounting for the availability of each group.

For Promoting Agriculture, Health, and Alternative Livelihood (PAHAL) (Nepal), GESI is a priority. To ensure an inclusive decision-making process, all Water User Groups are required to have at least one member from a marginalized community (Dalit or Janajati) in a key position (PAHAL, 2019). Across the 106 Water User Groups supported by the project in 2018, 52% of those in leadership were women and 31% were Dalit.

Program outcomes are best sustained when targeted community groups are engaged in a meaningful and participatory manner for problem identification and intervention design, fostering ownership. KIIs and FGDs are commonly used for participatory problem identification, but methods managed by community members themselves can also be used, such as Community Voice and Action and Participatory Rural Appraisal (PRA).

Selection of Interventions by Participants (SIPS) is a version of the well-known TIPS method (Trials of Improved Practices). Like Barrier Analysis (BA), SIPS focuses on individual behaviors and behavioral determinants, but also captures insights from participants on the experience of trying a new practice, rather than just experience with a current practice. The Amalima project (Zimbabwe) effectively used SIPS in conjunction with FGDs and in-depth interviews.

A key informant elaborated on the way that participatory community approaches support multi-modal programming, stating: “…Within CARE we have the ‘social analysis and action approach’ that helps us in achieving gender outcomes, but it needs a bit of time because we are dealing with changing social and cultural norms which necessitate time for engaging with the community members. Given the time availability, it affords us the chance to conduct multi-modal, layered interventions as opposed to short-term emergency response in humanitarian environment, which usually means dealing with shocks, and the main priority is saving lives.”

EXAMPLE OF PROMISING PRACTICE 3

The Nobo Jatra project (Bangladesh) has used the Citizens Voice and Action approach across 40 unions (the smallest rural government units in Bangladesh). This approach prompted greater participation of communities in identifying the problems in their villages, and in the formulation of village development plans detailing how villagers themselves intended to overcome identified issues (Ahmed, 2018).

34 KIIs
EXPERT TIPS:

- When engaging the community, facilitate separate discussion groups for women and men.
- Consider the role that local authorities could play in identifying the problems and proposing solutions (e.g., joint needs and challenge prioritizations like the process followed in Community Voice and Action exercises).

Wisdom-Related Practices – Situation Analysis

These practices have not yet been documented in the literature about multi-modal programming but were flagged by the expert group and key informants:

- Based on context, set a target for the percentage of both the assessment team members and the data collection respondents who should be female.
- Ensure a gender focal person or advisor supports the design of your multi-modal activities.
II.II. Promising Practices to Maximize Gender Outcomes During Program Design

**PROMISING PRACTICE 4**

Where the priority is to target women as primary end-users, adopt a “woman plus” approach to targeting and build in intentional space to engage the whole household.

Establish a process for selecting/nominating the recipient following the gender analysis and protection assessments. Do not automatically assign the man “head of household”; instead, base the decision on the outcome of the gender and protection assessment, ensuring reduced risk of harm.

**EXAMPLES OF PROMISING PRACTICE 4**

The Graduating to Resilience project (Uganda) uses a “woman plus” approach to identify participants with the recognition of inter- and intra-dependency as well as the shared set of responsibilities and assets among household members. The priority is to target women and male youth as primary participants, as they are traditionally excluded from decision-making around livelihood choices and earned income. At the same time, the project is building in intentional space to engage the whole household via coaching, business planning, technical skills training, and household sensitization to promote joint planning and decision-making ahead of key activities, etc. (Spangler, 2019).

For the Sierra Leone EFSP, while households were the target of the unconditional cash transfers, women in charge of household nutrition were targeted to receive the transfers for their households (Nest Builders International (NBI), 2017).

Establish a process for selecting/nominating the recipient following the gender analysis and protection assessments. Do not automatically assign the man “head of household”; instead, base the decision on the outcome of the gender and protection assessment, ensuring reduced risk of harm.

**FREQUENCY: 4 DOCUMENTS**

**DELPHI CONSENSUS RATE: 74%**

This “women plus” approach to targeting is best operationalized through targeting methods that involve women. As a key informant stated, “We ensure that women are represented in the selection committees when we are doing selection of beneficiaries and looking at women who are more vulnerable than others. Traditionally, men will be the ones sitting [on] the committee, but our organization will insist on the need to have female representation in these committees.”

Ensure that the process of determining the “named recipient” is informed by participatory gender analyses and protection assessments. A key informant elaborated on this, stating, “Gender analysis is now informing a lot of programs in terms of ensuring that there are more gender actions - going beyond targeting, but really ensuring the intervention is not causing harm to the women who are targeted. We have to make sure that we are not causing household violence, for example, in cases where the money received by the women would create conflict in their homes. So, if we target women, we have to ensure that it doesn’t bring the women harm and then we look at the power dynamics of the house.”

In some circumstances, CVA may be targeting individuals to redress an inequity or inequality. In other circumstances, having authorized alternates can promote shared control, decision-making, and workloads. In these circumstances, it is best to determine if alternate persons should be permitted to carry out transactions.

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35 WFP. (2019).
36 WFP. (2019).
PROMISING PRACTICE 5

When choosing intervention modalities to use to deliver your program, consider the distinct cash out costs, risks and opportunities as well as relevance to men and women.

EXAMPLES OF PROMISING PRACTICE 5

Where vouchers were utilized as a complementary modality, the Kore Lavi project (Haiti) revealed that it is best to allow for an adaptable voucher value to adjust for inflation or respond to acute shocks (IMPEL, 2020f). The voucher system provided a quick and efficient way to provide additional assistance to beneficiaries following acute shocks, such as drought or storms. Kore Lavi was also able to adjust the value of the vouchers to follow the increase in food prices experienced during the project. Similar benefits of protecting end-users from inflation can be gained by shifting from value to commodity vouchers, but this will, in turn, decrease freedom of choice.

FREQUENCY: 5 DOCUMENTS
DELPHI CONSENSUS RATE: 91%

For cash transfers, consider how likely men and women will each be able to complete cash out without incurring extra costs, such as opportunity costs or costs related to accessing the cash-out point. The respective financial literacy rate among men and women, will be one of the primary determinants of their ability to independently complete the transaction.37

When using cash for work (CFW), consider how this adds to the existing workloads of women, including unpaid domestic work. Also, make sure the payment is done per day as opposed to per unit (e.g., paid per amount of cubic meter of debris cleaned).

A multi-country study by the World Food Programme (WFP),38 found that attention should also be given to the effects of transfer modality and size on other outcomes, such as wellbeing, dignity, conflict, violence, time use, workload, livelihoods, and savings as experienced differently by women and men, and make decisions that support equitable and empowering impacts.

Key informants similarly asserted the need for multi-modal programming activities to be gender responsive in their design. The WFP study suggests that while a gender and barrier analysis might be useful in informing program design, not all impacts of a program can be anticipated. Hence, where resources allow, it is best to pilot CVA with a small caseload to identify impacts on control and decision-making around the CVA, transfer use, workload and time-use, mobility, livelihoods, savings, and indebtedness. This should in turn contribute to ensuring that the transfer modality and size selected enables equitable control and use of the CVA by women and men (particularly for household targeting).

Where piloting is not feasible, lessons from a study on market-based food assistance in Guatemala39 suggest conducting a cost analysis to compare

multiple potential modalities during project design to support the selection of modalities and the justification of the design. This activity should also ensure that there are no barriers to the participation of women and men, including in relation to any program conditions. Barriers to participation should be mitigated by, for example, facilitating access to care services, providing transportation costs, and offsetting the opportunity costs of attending program activities.\textsuperscript{40}

In volatile contexts, maintaining both vouchers and in-kind make the administrative task of switching either pipeline on and off relatively easy and serves as a design contingency.\textsuperscript{41}

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**Wisdom-Related Practices – Program Design**

- Based on context, set a target for the percentage of program team members who should be female.
- Ensure there is sufficient gender expertise within your staff or through technical advisors, consultants, or partners to mainstream gender and, if relevant, implement specific gender interventions. Implementers should have prior experience with the methodologies they implement (or sufficiently similar interventions).
- Ensure the workplan and budget include time for gender training for all staff, including training on prevention of sexual harassment and discrimination at work. These trainings should follow best practices: facilitators should have attended a training of trainers to see sessions modelled correctly, reflected on session content, received training on facilitation skills, and held practice sessions.
- Ensure the design looks at gender from an intersectional lens, including how gender intersects with other oppressed categories such as LGBTQI+, race, ethnicity, religion, class, disability status, or age (youth).
- Ensure gender interventions are correctly budgeted. There are some cases where gender is integrated into the narrative but is not reflected at all in the budget, preventing implementation.

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\textsuperscript{40} WFP. (2019). The potential of cash-based interventions to promote gender equality and women’s empowerment. A multi-country study.

\textsuperscript{41} Bouinaud, M., et al. (2017)
II.III. Promising Practices to Maximize Gender Outcomes During Implementation

PROMISING PRACTICE 6

When identifying service providers integrate protection and equal access as part of the engagement process.

EXAMPLES OF PROMISING PRACTICE 6

The Growth, Health and Governance (GHG) program (Uganda) experimented with and developed a five-step approach to stimulating private sector investment in women called Power of the Purse (POP), in the agriculture and financial services sectors. The goal was to push retailers to increase business investment in women and girls and to generate a win-win situation for businesses, their customers, and the communities they serve. By following this approach to prove women's spending power and coach businesses to improve gender sensitivity, retailers adopted discount promotions to address price sensitivities that could inhibit purchases by women (IMPEL, 2020f).

Nobo Jatra (Bangladesh) links local service providers to government institutions to better provide local communities with health, nutrition, disaster risk, and social protection-related services. The service providers were trained in gender sensitivity, GBV, Citizen Voice and Action, good governance, and leadership so they can best serve both men and women (Ahmed, 2018).

FREQUENCY: 4 DOCUMENTS
DELPHI CONSENSUS RATE: 87%

Consider who will be the counterpart of CVA end-users when cashing out the transfer or redeeming the voucher. These counterparts can be traders to be part of a voucher schemes or Financial Service Providers (FSPs) to distribute cash transfers. The WFP study, found that retailers are owned and staffed overwhelmingly by more men than women. In Za’atari Camp (Jordan), WFP-registered retailers, such as supermarkets, engaged in the voucher scheme took some deliberate actions to ensure that there were women cashiers. In Egypt, despite WFP’s efforts to recruit women retailers, only less than 4% of the WFP-registered retailers in the studied governorates were women. Barriers to the engagement of more women as retailers was related to difficulty meeting WFP requirements, such as record keeping, operating a point-of-sale machine, and having the capital to manage cashflow, given that WFP reimbursed for vouchers monthly. As these barriers were mostly linked to lack of literacy and numeracy and to competing responsibilities of unpaid care and domestic work, it is important to support women to become sizeable retailers or producers – small and medium, rather than micro-, enterprises. This can be achieved through training on literacy, numeracy, and business skills, providing capital, forming group businesses, and establishing or strengthening market linkages.

Retailers most often being owned and staffed by men could also be dependent on the context of consideration. In contrast to the WFP study, the Kore Lavi project (Haiti) found that 87% of food item vendors under the safety net program were women. However, this was not a result of the project itself, but was due to existing gender roles in Haiti, which favor the engagement of women in economic activities. Participation in the project appears to have allowed these vendors to gain more business and to benefit from training in hygiene and basic accounting practices.

42 WFP. (2019).
43 Ibid.
44 IMPEL. (2020f).
Support service providers to develop products and customer experiences that are suitable for both men and women.

Certain groups also have more difficulties accessing financial services. For example, transgender beneficiaries may lack legally valid identity cards either because they do not have one at all or because the photo on their ID does not match their current physical appearance. FSPs cannot complete the Know Your Customer checks, which may prevent these individuals from operating the payment instrument. Several examples exist of ways humanitarian actors have been able to waive these regulations to enable access.45 A key informant reported, “As a result of our advocacy efforts the government gave us a law in terms of inclusion that could be used by trans-women with financial service providers to collect their money.”

EXPERT TIPS:

- Make sure you spend time raising service providers’ awareness of gender equality and prevention of sexual harassment/exploitation. This can be done through brief sensitization messages or structured capacity building sessions, depending on the resources and willingness of the service providers.

- Work with service providers to ensure gender sensitive customer services.

- Ensure the service provider signs your Prevention of Sexual Exploitation and Abuse policy and/or code of conduct.

- During the service provider selection process, add protection and equal access considerations as part of the selection criteria.

45 See for example: ELAN data starter kit.
PROMISING PRACTICE 7

With targeted households, utilize peer group methods to raise awareness about the different delivery modalities, create buy-in towards gender and sectorial outcomes of the program as well as to build horizontal and vertical social capital.

EXAMPLES OF PROMISING PRACTICE 7

In the Care Group model, a group of ten to fifteen volunteers meet on a fixed schedule with a leader for trainings on a series of topics. Lessons learned are then passed on to fifteen to twenty neighbors. Case studies reviewed in Niger by the Food and Nutrition Technical Assistance III (FANTA) Project, found that the DFSAs used the Care Group model with positive results by linking mother groups with other peer groups for fathers and adolescents, linking maternal child health and nutrition activities with literacy efforts, and fostering collaboration across project areas and even with surrounding communities (Packard, 2018).

The Kore Lavi project (Haiti) implemented a social behavior change communication strategy using a Care Group approach in which a group of ten women named “lead mothers” were identified by the community and came together for mutual support and learning. Each lead mother was responsible for conducting monthly visits to ten households to promote key infant and young child feeding practices. GHG (Uganda) found that a Mother Care Group Plus model (which included economic empowerment activities along with the core health and nutrition education activities) is more effective at improving nutrition outcomes in comparison to a standard Mother Care Group approach (Advancing Market Systems, 2017).

During the second phase of the IMPACT project (Malawi), a cascading approach using peer groups involved selecting and orienting 310 lead farmers on topics related to drought, climate smart agriculture, crop and postharvest management, group dynamics, and gender integration. Lead farmers in turn demonstrated the teachings to 14,502 rain-fed and irrigation farmers (6,238 men and 8,264 women) (Kaspapila, 2018).

Peer groups can also be used with youth. SHOUHARDO III (Bangladesh) facilitated the creation of school-based teen brigades where adolescent boys and girls learned about gender equality and disseminated messages in their schools and communities. As a result, parents and students say that harassment of girls in schools has been largely eliminated (DeVries, 2018).

FREQUENCY: 8 DOCUMENTS
DELPHI CONSENSUS RATE: 74%

The utilization of peer groups is a cost-effective method of ensuring wide messaging coverage. Peer groups are particularly pertinent in multi-modal programming as they can be used to complement and propagate messaging on program components or outcomes. Using peer groups to communicate messaging reduces the risk of unintended exclusion caused by mediums that are inaccessible to women or men due to remoteness, workload, or limited technology access. The Kore Lavi project (Haiti) implemented a social behavior change communication strategy using a Care Group approach in which a group of ten women named “lead mothers” were identified by the community and came together for mutual support and learning. Each lead mother was responsible for conducting monthly visits to ten households to promote key infant and young child feeding practices. GHG (Uganda) found that a Mother Care Group Plus model (which included economic empowerment activities along with the core health and nutrition education activities) is more effective at improving nutrition outcomes in comparison to a standard Mother Care Group approach (Advancing Market Systems, 2017).

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46 WFP. (2019).
47 Ibid.
48 CARE International and Ideas42. (2020).
**EXPERT TIPS:**

- Use cash, SIM, or ATM card distributions as an opportunity to share messages about gender equality, women’s empowerment, leadership, and participation.

- If you have the expertise in your team to do so, and paying specific attention to ensure women’s safety and minimize unintended harm, consider piggy backing distributions with evidence-based gender transformative interventions. These can challenge restrictive gender norms, behaviors, and attitudes and maximize the outcomes of your program. Potential interventions include curriculum-based sessions for men, women, or both together⁴⁹, community activism programs meant to shift social norms at the local level, or edutainment/media interventions.

**PROMISING PRACTICE 8**

Hold gender-disaggregated participatory community meetings in the early stage of a project to sensitize the community members, especially leaders, on both the intended outcomes as well as the modalities used, with the aim of generating support.

**FREQUENCY: 7 DOCUMENTS**

**DELPHI CONSENSUS RATE: 91%**

Engage traditional leaders in consultations as allies in planning and developing messages to increase uptake of positive social and behavior change on the access and use of resources within households, gender norms and roles, maternal child health and nutrition, and outcomes.

Development Food Security Activities (DFSA) held community meetings in the early stages of their projects to sensitize community members, especially leaders, in order to generate support. Community meetings were held periodically throughout the project to expand exposure to key messages. Some examples of DFSAs’ community mobilization efforts include the UBALE (Malawi) project’s work with Community Leaders Action for Nutrition (CLANs), the Njira (Malawi) project’s couples workshops and community dialogues, and the Programa de Acciones Integradas de Seguridad Alimentaria y Nutricional del Occidente (PAISANO) (Guatemala) project’s “Nutrition Schools.” These approaches exemplify best practices with participatory

⁴⁹ See for example: [Indashyikirwa](https://www.researchgate.net/publication/282736130)
methods such as Visualization in Participatory Programs (VIPP) and dialogues that elicit personal testimonies of dealing with barriers to changing nutrition behaviors. ENSURE’s (Zimbabwe) Social Action and Analysis approach, developed by CARE, is also exemplary as it engages the whole community – including religious leaders, chiefs, and elders – to grapple with community norms. Community video activities and radio are also used as a form of edutainment with community viewings and listening groups followed by discussions with the broader community, elders, and leaders.50

Social and behavior change communication (SBCC) programs need to target women and men, as well as gatekeepers like mothers-in-law or religious/community leaders.51 To this end, the Strengthen PSNP4 Institutions and Resilience (SPIR) project (Ethiopia) facilitated dialogues with religious leaders on infant and young child feeding practices. These forums gave space for leaders to discuss specific challenges of deep-rooted beliefs and practices on consumption of animal products by children and pregnant and lactating women during fasting periods. Following this, the religious leaders themselves reached out to households with key messages.52 The evaluation of the Fararano project (Madagascar) found that where traditional leaders were actively and visibly supportive of Fararano’s gender SBCC it had broken through social barriers and incentivized men.53 Outside of nutrition, the REST project (Ethiopia), utilized participant familiarization events to help beneficiaries develop a clear understanding of the nature and requirements (time, labor, and space) of income generating activities as a part of a livelihood asset transfer, allowing these ultra-poor household to make informed decisions.54

51 WFP. (2019).
52 SPIR. (2020).
53 IMPEL. (2020d).
54 REST. (2017).
To be intentional and avoid causing harm, the engagement of men should be informed by the gender and barrier analysis conducted at project inception. All projects reviewed under the FANTA case studies55 had men’s groups aimed at cultivating male endorsement of gender equity, fathers’ participation in children’s health, and strategies to improve maternal health and nutrition. These methods were tailored to meet men’s needs and preferences, rather than simply replicating the Care Group structure. Implementing partners reported strategies to engage men where they are – in work or social settings – talking informally and briefly about the same topics mother groups cover, but in ways that resonated with men.

Key informants affirmed these points and highlighted the importance of having an embedded gender coordinator in each of the activities to ensure maximum efficiency in outcomes and that no harm is done.

**EXPERT TIPS:**

- Adapt gender transformative, evidence-based methods to engage males in promoting gender equality. These include curriculum-based interventions (e.g., Program H56 and Engaging Men in Accountable Practice57) or community activism approaches such as Sonke’s One Man Can58 and their community actions teams. These methodologies can be applied with men and boys or can be adapted to work with men and women together.

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55 Shouhardo III (Bangladesh), VIM (Burkina Faso), PAISANO (Guatemala), Asotry (Madagascar), Njira (Malawi), Ubale (Malawi), Programme d’appui à la Sécurité Alimentaire des Ménages-Tanadin Abincin Iyali (PASAM-TAI) (Niger), Swaki (Niger), GHG (Uganda), ENSURE (Zimbabwe), and Amalima (Zimbabwe).

56 Promundo Global: Program H


58 One Man Can: Community Education & Mobilisation
PROMISING PRACTICE 10

Use indicators to track both intended and unintended outcomes that may result from the use of a given modality or combination thereof and analyze these in a sex-disaggregated manner.

As noted previously, data should be disaggregated by sex, age, and disability. These efforts should be supported by a gender focal person/advisor so they do not put respondents at risk.

EXAMPLES OF PROMISING PRACTICE 10

To ensure effective inclusion of vulnerable groups in program activities, the Sabal (Nepal) project’s M&E system, indicator performance tracking table, and project-specific M&E tool “OPMIS” capture sex-disaggregated data, and track registration of beneficiaries by gender of household head and by ethnic group (Finan, 2017). This was also done by the REST project (Ethiopia) where data on people served by potable water points was collected and analyzed in a sex-disaggregated manner (REST, 2017).

FREQUENCY: 4 DOCUMENTS
DELPHI CONSENSUS RATE: 78%

While humanitarian actors tend to systematically collect information about meeting intended outcomes, collection of information about unintended outcomes is less common. Women and men can experience different modalities in different ways; it is therefore important to hear and analyze their voices separately and to provide space for feedback on unintended outcomes. Remember that “women” is not a homogeneous group and that all women do not experience everything in the same way. Adding an extra layer of analysis based on age and disability status can help articulate the different experiences of women.

Disaggregate data at the monitoring stage

Monitoring tools should facilitate sex and age segregated collection of data. The WFP Corporate Results Framework\(^{59}\) requires that person-related data be disaggregated by sex, age, and, when possible, by disability. For gender equality results, the WFP framework suggests three indicators that measure participation, decision-making, and transfer receipt. CVA-related monitoring tools, such as distribution monitoring and post-distribution monitoring forms, collect data at the household level, recording respondents’ sex and age. The distribution monitoring forms include questions on protection issues faced in receiving or using a transfer and decision-making over the transfer, asking for the sex of the household member experiencing the problem.

Include gender-specific indicators in your monitoring framework

The consideration of SADD alone is not always sufficient; gender-specific indicators must be incorporated, measured, and reported on. In the Kore Lavi project (Haiti) although there were several gender indicators, only five were reported on and only three of the five measured gender balance.

\(^{59}\) World Food Programme: Revised Corporate Results Framework (2017–2021)
in project activities. Efforts must be made to not only identify gender-specific indicators but also utilize them in monitoring processes.

The collection of SADD may also be complemented by qualitative processes to understand women’s, girls’, men’s, boys’ and non-binary people’s personal accounts of change and preferences for different modalities. Key informants shared examples of using qualitative and routine monitoring processes to collect stories highlighting gender changes as a result of multi-modal programming.

II.IV. Promising Practices to Maximize Gender Outcomes During Monitoring, Evaluation, & Accountability Activities

PROMISING PRACTICE 11

Collect monitoring data on gender outcomes but also processes, segregated per modality, with the guidance of a gender focal person.

Do not limit data collection to household or institutional levels; also consider collecting data at the individual level to capture both women’s and men’s perspectives.

FREQUENCY: 4 DOCUMENTS

DELPHI CONSENSUS RATE: 91%

Aside from the fact that men’s and women’s experiences and needs differ based on context, the WFP study emphasized the importance of collecting disaggregated monitoring data on gender outcomes and processes as well as modalities.

Some indicators can be ambiguous. For example, the indicator reporting on the use of resources does not clearly spell out whether decision-making is consistently shared or allocated when needed by the man.

Collecting monitoring data at the individual level is a way to capture how processes are perceived by both men and women. Gender-specific indicators should also be used to track outcomes and should be systematically disaggregated by sex and age. The collection of women’s and men’s individual accounts of change through qualitative processes through in-depth interviews or KII is also encouraged.

EXAMPLES OF PROMISING PRACTICE 11

The REST project (Ethiopia) revised most of its project output and outcome statements to better capture gender, climate change, and sustainability – cross-cutting issues for the project. Achievements on activities like group beekeeping and water point users were adjusted to include gender data (REST, 2017). Process statements were revised to capture distinct user journeys of women and men receiving different modalities.

The Sabal project (Nepal) did a similar revision. Senior District Coordinators from the partner NGOs were appointed as gender focal persons to provide GESI trainings to district staff and ongoing technical support and mentorship to frontline workers to institutionalize a GESI-responsive implementation and monitoring system (Finan, 2017). Added indicators – capturing gender outcomes and the effects of processes and modality on gender – should be part of the standard monitoring framework and included in regular monitoring activities (Packard, 2018).

60 IMPEL. (2020f).

61 WFP. (2019).
PROMISING PRACTICE 12

When using a combination of modalities, ensure beneficiaries and community members have access to multiple complaint and response mechanisms that cut across modalities.

FREQUENCY: 5 DOCUMENTS

DELPHI CONSENSUS RATE: 96%

It is best practice to offer access to multiple channels for complaint (e.g., toll-free hotlines, suggestion boxes, or contact persons). CRMs should be safe and offer confidentiality to women, girls, men, boys, and non-binary people. It is best practice to offer access to multiple channels for complaint (e.g., toll-free hotlines, suggestion boxes, or contact persons). CRMs should be safe and offer confidentiality to women, girls, men, boys, and non-binary people.62 Most people – especially women – are more comfortable with face-to-face interactions.63 These interactions often take place informally, so it is important to try to structure feedback and complaint lodging to ensure consistency in the answers given and in the quality of the process.

The WFP study describes how committees can serve the purpose of complaint and feedback mechanisms even though this is not their primary purpose. Depending on the context, project, and modality used, WFP sets up committees – or other forms of governance – where women are represented and can contribute to equitable implementation and outcomes. These can take on the form of Apex committees (which include two to three women champions per SHG) or local oversight committees (which include five to seven eminent women and men from the community). Committee composition should be diverse, particularly if women are only willing (or able) to contact other women to discuss concerns; the same should also be true for men. Committees are also an opportunity to give women a voice in how CVA and program activities are designed and implemented. This can provide positive role models for girls and women.

EXAMPLE OF PROMISING PRACTICE 12

In Sierra Leone, the EFSP relied on a pre-existing CRM that was established by the government Anti-Corruption Commission to report corruption. The project also established community-level feedback mechanisms. Central to the CRM was a national toll-free line for reports of corruption or fraud to be resolved by the Anti-Corruption Commission. Information on the toll-free line and its purpose was shared with beneficiaries, the number for the toll-free line was included on ID cards, and representatives were present at cash transfer distribution points to reinforce messaging. This was reinforced at an institutional level by giving CRM training to 109 participants (28 female) from government and SPIR.

62 See for example: CARE Emergency Toolkit, feedback, CRM
63 WFP. (2019).
64 WFP. (2019).
**EXPERT TIPS:**

- While a program should offer multiple CRMs, it is important to ensure they cut across the different modalities used. Having distinct CRMs for each modality (e.g. a FSP Help Desk for the cash grant, the NGO hotline for in-kind distribution, and the training provider suggestion box for the capacity development element of the program) will likely dilute the CRM process and create additional access barriers.

**Wisdom-Related Practices – Monitoring, Evaluation, & Accountability**

- The [Cohorts Livelihoods and Risk Analysis (CLARA)](CLARA) guidance and tool can be useful if monitoring GBV risks associated with livelihood activities and interventions for IDPs. The CLARA uses an age, gender, and diversity lens and the tools help identify potential risks mitigation strategies and gender transformation benefits of livelihoods interventions.
II.V. Promising Practices to Maximize Gender Outcomes During Coordination

**PROMISING PRACTICE 13**

Collectively support the capacity development of stakeholders active in fields that may positively impact gender outcomes.

**EXAMPLES OF PROMISING PRACTICE 13**

The SPIR project (Ethiopia), in its role as chair of the Productive Safety Net Program (PSNP)-NGO working group, coordinated planning and implementation of joint learning missions with PSNP, NGO, and government partner staff in the four Ethiopian regions with a focus on access to financial services and application of gender social development provisions. Capacity development efforts on setting up CRMs were also provided to government and SPIR (SPIR, 2020).

Similarly, the REST project (Ethiopia) supported the training of new Bureau of Labor and Social Affairs staff with a focus on creating awareness about the new implementation manual of the National Social Safety Net (the PSNP) beneficiaries. The project also trained government extension service providers regarding communication and facilitation skills, reaching 864 extension staff (258 female) (REST, 2017).

The Sapling project (Bangladesh) provided capacity development to various actors: the Ministry of Health and Family Welfare, non-government health service providers and community-based healthcare providers, and community leaders. These activities were largely done with the intention of improving service accessibility and quality to women (DeVries, 2019).

To improve health outcomes for pregnant and lactating women and their children, GHG (Uganda) made investments in infrastructure improvements (buildings and equipment) in health centers. The community was engaged in the process through the creation of a Health Unit Management Committee (Advanced Marketing Systems, 2017). GHG also partnered with three local women’s groups that received support with peacebuilding activities, and six youth groups were engaged to increase female and youth participation in development planning processes and to share messages about harmful social practices (Wasilkowska, 2017).

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PROMISING PRACTICE 14

Map and put in place formal agreements with the institutions charged with the responsibility of providing complementary social protection services.

As part of the agreement, clearly spell out the roles and responsibilities of each implementing institution. Where possible, leverage legislative frameworks, bearing in mind the reach and applicability of the frameworks.

EXAMPLE OF PROMISING PRACTICE 14

The REST project (Ethiopia) collaborated with other U.S. Agency for International Development (USAID) projects like the Growth through Nutrition project. REST developed comprehensive Joint Action Plans indicating division of tasks for the health and nutrition activities planned by both projects to avoid overlap between activities. REST’s capacity was developed through a Training of Trainers organized by the project; the trained health extension workers and women development army group members have disseminated the training to the community. As a result of these efforts, in 2017 some 4,950 women (93% of the target) gave birth at a health facility (REST, 2017).

Establishing formal agreements with the institutions charged with providing complementary social protection services is crucial. This was demonstrated by the effective collaboration that resulted from the signing of a Memorandum of Understanding (MOU) between the Livelihoods Empowerment Against Poverty (LEAP) project (Ghana) and the National Health Insurance Authority. The MOU detailed the provision of free access to National Health Insurance Scheme cards, which was done because cash transfers alone are insufficient to address the multi-dimensional nature of poverty and vulnerability, and because linkage to other programs would boost productive capacities and assets.66 This linkage waived premium payments for a wide range of vulnerable groups, including pregnant women who were free to use maternity case, post-natal clinics, and birth registration at no cost.

Successful multi-modal programming also entails coordination beyond achieving gender outcomes. Implementing partners in Sierra Leone were well coordinated and engaged regularly through an informal Cash Working Group.67 This was also observed for implementing partners in Zimbabwe, who, despite using different modalities, coordinated and harmonized food and cash transfers. They were also able to liaise with government representatives on how to manage crisis response through social protection and other mechanisms. This could have been even better facilitated with legislative frameworks that set out roles and responsibilities across implementing agencies.68

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Promising Practice 15

Map existing projects with intended gender outcomes in your program intervention areas to develop synergies and maximize the use of the modalities within your program.

**Frequency: 4 Documents**

**Delphi Consensus Rate: 78%**

Often multi-modal programming entails complementing services through linkages with organizations that have better access to beneficiaries or specialization in a certain domain. For example, an organization providing CVA might refer cases regarding GBV that require psychosocial support to another organization with this focus. For example, REST (Ethiopia), partnered with a private mobile financial service provider, “M-BIRR,” to provide mobile cash transfers since M-BIRR had better outreach in rural areas of the intervention area. Implementation of complementary services across institutions is facilitated when institutions share objectives or have overlapping mandates.

Implementing institutions are likely to take the provision of complementary services seriously when the outcomes of their efforts have direct bearing on their ability to affect their core mandates.

Key informants noted that these synergies need not to extend to both humanitarian partners and development actors. Increased coordination on economic recovery and protection services were mentioned as examples of best practices. Development of joint processes and joint project design and implementation were seen as facilitating referral in between projects.

**Example of Promising Practice 15**

The SPIR project (Ethiopia) through collaboration with two Livelihoods for Resilience programs through CRS and Meki Catholic Secretariat. The project conducted joint site visits to implementation areas and formed an overlap committee to oversee activities and avoid duplication of efforts (SPIR, 2020).

Kore Lavi (Haiti), benefited from a partnership with the Ministry of Women and Women’s Rights, which provided support in drafting a strategy for gender equality for Kore Lavi and provided recommendations on project operations and targeting. Kore Lavi in turn supported health and nutrition sensitization in association with community health agents belonging to the Ministry of Health (IMPEL, 2020f).

**Expert Tips:**

- Make sure you are aware of all GBV service providers in your implementation area, create referral relationships, and train staff to make referrals for participants who self-identify as survivors of GBV. To do so, you can use existing guidance on developing Standard Operating Procedures from the GBV humanitarian community.

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69 Establishing Gender-based Violence Standard Operating Procedures (SOPs) for Multisectoral and Inter-organisational Prevention and Response to Gender-based Violence in Humanitarian Settings.
### Wisdom-Related Practices - Coordination

- Maintain impartiality in the capacity development of government/local authority personnel where competing interests exist between authorities. This facilitates access to hard-to-reach areas with perceived security concerns.
### Annex I: Projects mentioned in report and implementing agencies

<table>
<thead>
<tr>
<th>IMPLEMENTER</th>
<th>PROJECT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACDI/VOCA</td>
<td>Victory Against Malnutrition Plus (VIMPLUS)</td>
</tr>
<tr>
<td>ACDI/VOCA</td>
<td>Sustainable Nutrition and Agriculture Promotion Plus (SNAP+)</td>
</tr>
<tr>
<td>AVSI</td>
<td>Graduating to Resilience</td>
</tr>
<tr>
<td>CARE</td>
<td>SHOUHARDO III</td>
</tr>
<tr>
<td>CARE, ADRA</td>
<td>Increasing Mitigation, Productivity and Adaptation through Crop-Recovery Techniques (IMPACT) II</td>
</tr>
<tr>
<td>CARE</td>
<td>Rapid Ebola Social Safety Net and Economic Recovery (RESSNER)</td>
</tr>
<tr>
<td>CRS</td>
<td>Amashiga</td>
</tr>
<tr>
<td>CRS, PCI</td>
<td>Njira/UBALE</td>
</tr>
<tr>
<td>Helen Keller International (HKI)</td>
<td>SAPLING</td>
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<tr>
<td>CRS</td>
<td>Budikadidi</td>
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<tr>
<td>CRS</td>
<td>Fararano</td>
</tr>
<tr>
<td>Food for the Hungry (FH)</td>
<td>Tuendelee Pamoja II</td>
</tr>
<tr>
<td>Mercy Corps</td>
<td>Enyanya</td>
</tr>
<tr>
<td>Mercy Corps</td>
<td>Promoting Agriculture, Health, and Alternative Livelihood (PAHAL)</td>
</tr>
<tr>
<td>Mercy Corps</td>
<td>Growth, Health And Governance (GHG)</td>
</tr>
<tr>
<td>Project Concern International</td>
<td>Njira</td>
</tr>
<tr>
<td>Relief Society of Tigray (REST)</td>
<td>Tigray Productive Safety Net Program 4 ( Tpsnp4)</td>
</tr>
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<td>Save the Children</td>
<td>Sabal</td>
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<tr>
<td>ACDI/VOCA</td>
<td>VIM</td>
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<td>Save the Children</td>
<td>PAISANO</td>
</tr>
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<td>CRS</td>
<td>PASAM-TAI</td>
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<tr>
<td>Mercy Corps</td>
<td>Swaki</td>
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<tr>
<td>UNICEF</td>
<td>Livelihoods Empowerement Against Poverty (Leap) Programme, Chile Solidario, Integrated Nutrition Social Cash Transfer (In-Sct) Pilot</td>
</tr>
<tr>
<td>CARE, World Food Programme, World Vision, Action Against Hunger</td>
<td>Kore Lavi</td>
</tr>
<tr>
<td>ADRA</td>
<td>ASOTRY</td>
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<tr>
<td>World Vision</td>
<td>Nobo Jatra/New Beginning (NJP)</td>
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<tr>
<td>World Vision, CARE, ORDA</td>
<td>Strengthen PSNP4 Institutions and Resilience (SPIR)</td>
</tr>
</tbody>
</table>
Annex II: Bibliography

CaLP. (2020). *Glossary of terms.*


Bibliography of Project Documents


CARE International and Ideas42. (2020). Applying behavioral science to humanitarian cash & voucher assistance for better outcomes for women.


NBI. (2017). *Sierra Leone Emergency Food Security Program (EFSP) Final Project Performance Evaluation. Freetown, Sierra Leone, NBI.*


Annex III: Key Terminologies

Cash and Voucher Assistance

CVA refers to all programs where cash transfers or vouchers for goods or services are directly provided to recipients. In the context of humanitarian assistance, the term is used to refer to the provision of cash transfers or vouchers given to individuals, households, or community recipients, not to governments or other state actors. This excludes remittances and microfinance in humanitarian interventions (although microfinance and money transfer institutions may be used for the actual delivery of cash). The terms “cash” or “cash assistance” should be used when referring specifically to cash transfers only (i.e., “cash” or “cash assistance” should not be used to mean “cash and voucher assistance”).

Complementary Programming

This term refers to programming where different modalities and/or activities are combined to achieve objectives. Complementary interventions may be implemented by one agency or by multiple agencies working collaboratively. This approach can enable identification of effective combinations of activities to address needs and achieve program objectives. Ideally this will be facilitated by a coordinated, multisectoral approach to needs assessment and programming.

Conditionality/Conditional Cash Transfer

Conditionality refers to prerequisite activities or obligations that a recipient must fulfill in order to receive assistance. Conditions can, in principle, be used with any kind of transfer (cash, vouchers, in-kind, service delivery) depending on the intervention design and objectives. Some interventions might require recipients to achieve agreed upon outputs as a condition of receiving subsequent tranches. Note that conditionality is distinct from restriction (how assistance is used) and targeting (criteria for selecting recipients). Examples of conditions include: attending school, building a shelter, attending nutrition screenings, undertaking work, or attending training. CFW/assets/training are all forms of conditional transfer.

Unconditional Cash Transfers

Unconditional transfers are provided without the recipient having to do anything to receive the assistance, other than meet the intervention’s targeting criteria (targeting is distinct from conditionality).

Economic Well-Being

Economic well-being is defined as having present and future financial security. Present financial security includes the ability of individuals, families, and communities to consistently meet their basic needs (including food, housing, utilities, health care, transportation, education, childcare, clothing, and paid taxes), and have control over their

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70 Unless otherwise stated, the below definitions come from IASC. (2018). The gender handbook for humanitarian action. IASC Reference Group on Gender and Humanitarian Action.
71 CaLP Glossary.
72 Ibid.
73 Council on Social Work and Education.
day-to-day finances. It also includes the ability to make economic choices and feel a sense of security, satisfaction, and personal fulfilment with one’s personal finances and employment pursuits. Future financial security includes the ability to absorb financial shocks, meet financial goals, build financial assets, and maintain adequate income throughout the lifespan.

**Empowerment of Women**

The empowerment of women concerns women gaining power and control over their own lives. It involves awareness-raising, building self-confidence, expansion of choices, increased access to and control over resources, and actions to transform the structures and institutions that reinforce and perpetuate gender discrimination and inequality.

**Gender**

Gender refers to the socially-constructed differences between females and males — and the relationships between and among them — throughout their life cycle. They are context- and time-specific and change over time and within and across cultures. Gender, together with age group, sexual orientation and gender identity, determines roles, responsibilities, power, and access to resources. This is also affected by other diversity factors such as disability, social class, race, caste, ethnic or religious background, economic wealth, marital status, migrant status, displacement situation, and urban/rural setting.

**Gender-Based Violence (GBV)**

GBV is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

**Gender Equality**

Gender equality – or equality between women and men – refers to the equal enjoyment by women, girls, men, and boys — of all ages, sexual orientations, and gender identities — of rights, goods, opportunities, resources, rewards, and quality of life. It is important to differentiate between gender equality and gender equity. Gender equity relates to women, girls, men, and boys having access to the rights, resources, services, and opportunities defined by their specific needs. For example, health provision that is gender-equitable would include not only general comprehensive healthcare but also a wide range of services, such as reproductive health, that are essential for the specific differing needs of women and men. In turn, gender equality means that all human beings are free to make their own choices without the limitations set by gender roles. Equality means that the diversity in behavior, needs, and aspirations of women and men is equally valued and considered.

**Leadership and Participation**

Tangibly promote the meaningful and safe participation, transformative leadership, and collective action of women and girls of all backgrounds at all stages of humanitarian action, reinforcing similar efforts in conflict prevention, peace building, and state building.
Leadership and participation are relational and refer to women’s degrees of influence on decisions that affect the collective. Different women might have different understandings of what it means to be involved in important decisions. This definition considers women in formal roles as well as women’s abilities to influence important decisions while not formally holding a leadership role.74

Protection

Protection refers to all activities aimed at obtaining full respect for the intrinsic rights of all individuals in accordance with international law – international humanitarian, human rights, and refugee law – considering differences in age, gender, minority status, or other background characteristics.

Annex IV: Detailed Methodology

Research Protocol
The study kicked off with the preparation of a research protocol document by Key Aid Consulting, which was reviewed by CARE and a predesignated reference group composed of humanitarian professionals in May 2020. The purpose of the research protocol was to ensure methodological rigor and create consensus on and clarify the scope of the research in terms of the population of interest, types of interventions, contexts where promising practices emerge from, and the specific areas of outcomes targeted.

Inclusion Criteria
To meet the objective of the study, criteria were set to include documents that were published post-2016. The year 2016 was chosen as the threshold as it marks the delineating year for the Grand Bargain commitments, which aimed to mainstream CVA. In addition, the study set inclusion criteria: documents must be in English, must be relevant to or have been implemented in areas where there are humanitarian actors, must have been fully or partially funded by FFP or OFDA, must not cover disaster preparedness exclusively, and must have promising practices on gender.

The consultants envisioned that most documents to be included in the study would be project M&E reports (sometimes with only one data point and no comparison group) that collected data through interviews, questionnaires, surveys, and FGDs. In order to include such studies, criteria for these documents included:

- Stating that they are based on data collected from project stakeholders (beneficiaries, implementing agencies, local authorities, etc.)
- Describing clearly the project’s inputs, activities, outputs, and outcomes.

Grey literature such as NGO, INGO, government, and think-tank evaluations or research papers (published and unpublished) were also included.

The study excluded publication types such as personal blogs, commentaries, diaries, opinion pieces, workshop reports, marketing material such as ‘life stories’, newspaper articles, magazine articles, and legal proceedings/court documents.

Scope of the Research

Populations
This research focused on interventions that attempted to provide support to individuals and households in all locations globally so location was not an exclusion criteria. Populations of interest were women and girls who had been affected directly and indirectly by a humanitarian crisis since 2016.

In cases where such characteristics were mentioned in the studies included, the crisis-affected population was disaggregated by relevant risk factors that related to:

- Gender;
- Age;
- Level of education;
Specific status according to the Geneva conventions and their additional protocols (refugees, IDPs);
- Pregnancy status;
- Chronic illness;
- Disability;
- Income level;
- Urban/rural residential status;
- Ethnic and religious belonging (in cases where this is fully or partially considered as the reason individuals or groups find themselves in situations of crisis);
- Exposure to shocks (natural, economic, social, and political).

The analysis distinguished the intended beneficiary group and the overall population.

**Interventions**

This study included projects that specifically looked to improve the food security situation of crisis affected households. The study included projects funded, or partially funded, by the United States Government and, more specifically, by FFP or OFDA. Projects that are solely funded by other donors were excluded.

The study looked at projects that utilized the following as a combination of modalities:

- **Group A:** CVA modalities: Cash transfer or voucher
- **Group B:** Other modalities: in-kind, service delivery, information sharing, or support groups set up. The Group B list is non-exhaustive.

Interventions that use a combination of modalities from Group A and Group B were included. Interventions that used modalities from only one group were excluded.

Interventions with the following types of activities were included:

- Activities that promote equitable access to assistance (including financial inclusion-related activities);
- Activities that promote women and girls’ empowerment in decision-making;
- Activities that contribute to transform gender relations and roles;
- Activities that ensure women’s participation in projects as well as in social, economic and political processes; and
- Activities that integrate gender-specific protection concerns (e.g. GBV, IPV).

The research included literature about humanitarian interventions designed by any actors (NGOs, UN agencies, Red Cross/Red Crescent movement, private sector, and government) in the aftermath of a crisis in order to benefit crisis-affected people, given that they have a connection with FFP or OFDA funding. This entails literature that was produced by actors that were sub-contracted to implement included interventions.

The funding cycles for FFP and ODFA are different, with the former being multi-year and the latter limited to twelve months. Therefore, the study included interventions of any length.

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75 Used here to refer to projects and the activities they entail.
Pre-crisis interventions often influence post-crisis humanitarian response. Nonetheless – while not denying the potential for these interventions – studies exclusively covering crisis preparedness were not included for the sake of a homogenous final analysis.

**Context**

Iterative coding was utilized, and the type of comparisons made were decided upon based on the context of the literature. The type of contexts in which CVA is incorporated in food assistance programming and gender elements are integrated as part of the design, implementation, or evaluation stages were favored from the start of the study.

Evidence was disaggregated according to contextual data such as:

- If activities take place in an urban, peri-urban, or rural environment;
- If affected people live inside or outside a refugee/IDP settlement;
- The type of actor implementing interventions: national NGO, INGO, UN agency, member of the Red Cross/Crescent movement, private sector, state agency;
- The number of beneficiaries;
- The level of women’s financial and digital literacy.

Comparisons of contextual factors were made given the influence differing contexts might have on gender outcomes and ultimately on crisis-affected women and girls.

**Outcomes**

Documents that identify outcomes related to gender equality and women’s empowerment were included. More specifically, outcomes in the area of:

i. Leadership and participation;
ii. Safety (in relation to overall protection and GBV specifically);
iii. Economic well-being (in relation to livelihoods and income).

**Search Methods**

**Potential Sources**

Potential studies were identified through discussions with key informants, searches of electronic academic databases (with open and restricted access) using key search terms, and manual searching of institutional websites and select academic journals.

The consultants also used a backward citation search where the bibliography of each document selected for inclusion was searched for additional studies that may have been missed in other searches. They also used forward citation search where all studies citing the included articles were searched using Google Scholar. This method, however, was unsuccessful as studies identified were either irrelevant to the objective of the study, were not funded by USAID, or did not have a gender or food focus. Although these methods did not result in the inclusion of project documents, they were used to source the bibliography of research to frame the report.

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77 These outcomes mirror UN Women’s strategic objectives in humanitarian settings.
Key informants

Based on a DFSA- and EFSP-funded projects list that was provided to the consultants in the initial stage of the study, a stakeholder mapping was developed to identify focal points for each of these projects. These informants supported the research team with the identification of grey literature that the consulting team had not collected.

Through this process, documents relevant to eleven projects were directly transferred from key informants to the consulting team. Of these, seven were included to the study and the rest were excluded as they did not meet the inclusion criteria.

Academic databases

The following academic databases were searched:

- Science Direct
- ELDIS
- ELLA
- SCOPUS
- Bielefeld Academic Search Engine

- 500 first hits on Google Scholar

List of Journals searched:
- Journal Gender Studies
- Feminist Economics
- Gender and Development

Manual search of the following websites/libraries:

<table>
<thead>
<tr>
<th>TABLE 2: WEBSITES FOR MANUAL SEARCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE OF ACTORS</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Research Groups</td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>NGOs</td>
</tr>
<tr>
<td>Funding bodies</td>
</tr>
</tbody>
</table>

**Screening Process for Eligible Studies**

The study selection took place in two steps. First, the consultants screened titles and abstracts of documents and excluded studies that did not meet the inclusion criteria. Following this step, full texts of studies were screened. Studies that solely covered disaster preparedness or that did not include promising practices on gender were excluded.

**Extracting and Coding the Data**

Once irrelevant studies were excluded, the consultants coded studies that met criteria for inclusion, in the data extraction matrix (see Annex IV). Data was manually entered into MS Excel for comparison and analysis of promising practices and were reviewed iteratively.

**Search Results**

A total of 32 documents that pertained to the pre-identified criteria of the research were included. Of these 9 documents were research reports with 1 doubling as a guidance document, 6 documents were M&E reports, i.e., annual & quarterly reports and 17 documents were evaluation reports, i.e., mid-term, final and impact evaluation reports. All the documents together reflected on lessons from all regions of the world except for Europe and Oceania with intervention settings ranging from low income to high income countries.

In cases where there were multiple documents available for a single identified project, documents that are more recent and convey relevant complete information to the scope of the study were favored. Exceptionally, for 4 identified projects 2 documents were used at the same time for each in order to populate the data extraction matrix. However, these documents have been counted as one because they were used only to complement information and not to independently source different practices from each.

**FIGURE 2: LIST OF DOCUMENTS INCLUDED IN THE STUDY**

<table>
<thead>
<tr>
<th>NO.</th>
<th>DOCUMENT AUTHOR/S</th>
<th>YEAR PUBLISHED</th>
<th>DOCUMENT TITLE</th>
<th>TYPE OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ACDI/VOCA</td>
<td>2019</td>
<td>Victory Against Malnutrition Plus (Vimplus) Annual Results Report</td>
<td>M&amp;E report</td>
</tr>
<tr>
<td>2</td>
<td>ACDI/VOCA</td>
<td>2017</td>
<td>Sierra Leone Emergency Food Security Program (EFSP) Final Project Performance Evaluation Sustainable Nutrition and Agriculture Promotion Plus (Snap+)</td>
<td>Evaluation report</td>
</tr>
<tr>
<td>3</td>
<td>AVSI</td>
<td>2019</td>
<td>Graduating to Resilience Annual Results Report</td>
<td>M&amp;E report</td>
</tr>
<tr>
<td>4</td>
<td>CARE</td>
<td>2019</td>
<td>Mid-Term Evaluation (MTE) of the SHOUHARDO III Program</td>
<td>Evaluation report</td>
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<td>5</td>
<td>CARE Malawi, ADRA</td>
<td>2018</td>
<td>▪ Increasing Mitigation, Productivity and Adaptation through Crop-Recovery Techniques (IMPACT) II Project End of Term Evaluation ▪ Summary Report</td>
<td>Evaluation report</td>
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<td>NO.</td>
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<tr>
<td>8</td>
<td>CRS, PCI</td>
<td>2018</td>
<td>Market-Based Food Assistance in Guatemala: A Systematization of Experiences</td>
<td>Research report</td>
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<td>9</td>
<td>CRS, PCI</td>
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<td>United in Building and Advancing Life Expectations (UBALE)</td>
<td>M&amp;E report</td>
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<td>Joint Mid-Term Review of the UBALE and Njira Projects</td>
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<tr>
<td>10</td>
<td>Helen Keller International (HKI)</td>
<td>2019</td>
<td>Mid-Term Evaluation (MTE) of the SAPLING Project</td>
<td>Evaluation report</td>
</tr>
<tr>
<td>12</td>
<td>Implementer-Led Evaluation &amp; Learning Associate Award (IMPEL), CRS</td>
<td>2019</td>
<td>Mid-Term Evaluation of the Budikadidi Development Food Security Activity in the Democratic Republic of the Congo (DRC)</td>
<td>Evaluation report</td>
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<td>13</td>
<td>Implementer-Led Evaluation &amp; Learning Associate Award (IMPEL), CRS</td>
<td>2020</td>
<td>Final Performance Evaluation of the Fararano Development Food Security Activity in Madagascar</td>
<td>Evaluation report</td>
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<td>15</td>
<td>Implementer-Led Evaluation &amp; Learning Associate Award (IMPEL), Mercy Corps</td>
<td>2020</td>
<td>Mid-Term Evaluation of the South Kivu Food Security Project (FSP)-Enyanya Development Food Security Activity in the Democratic Republic of the Congo (DRC)</td>
<td>Evaluation report</td>
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<td>- Fiscal Year 2018 Annual Results Report</td>
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<td>17</td>
<td>Mercy Corps</td>
<td>2017</td>
<td>Evaluation Of The Northern Karamoja Growth, Health And Governance (GHG) Project In Karamoja Region, Uganda</td>
<td>Evaluation report</td>
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<td>- Growth, Health And Governance (Ghg) Gender And Behavior Change Impact Assessment Report</td>
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<td>19</td>
<td>Relief Society of Tigray (REST)</td>
<td>2017</td>
<td>Fiscal Year 2017 Annual Results Report for the Tigray Productive Safety Net Program 4 (Tspn4)</td>
<td>M&amp;E report</td>
</tr>
</tbody>
</table>
The study also conducted a total of 15 KIIs with humanitarian practitioners. They had a range of relevant expertise and roles from 9 different INGOs and NGOs which have projects that are FFP or OFDA funded. These interviews were used to gain first-hand information on the use of multi-modal programming to attain gender outcomes along with the nuances that might not be apparent in reviewed literatures. Interviews served to substantiate promising practices identified in the literature. Practices that emerged through these KIIs were not yet captured from the literature have been integrated in the report as wisdom-based practices.
Synthesis of Promising Practices & Analysis

Once all data was disaggregated, the consultants analyzed emerging trends and lessons.

The process of selecting the promising practices was aligned with that proposed in ALNAP’s Method Note for the writing of lessons papers. Promising practices that are specific in scope to the topic and context types were prioritized (i.e. general practices were not prioritized); promising practices that are applicable and relevant both within and beyond their context were included. Promising practices supported by evidence from a wide range of contexts were prioritized and promising practices that lack a strong evidential base were excluded. Flexibility was maintained in the inclusion and exclusion of controversial promising practices, where an explanation was provided where controversy arose, and differing perspectives were noted and sourced.

Accordingly, an initial list of 36 promising practices was developed and prepared for inclusion in a Delphi survey.

Validating the Promising Practices: Using the Delphi Technique

The Delphi technique was utilized after the identification of the initial promising practices, to create ownership and ensure collaborative evidence harnessing. This method entails a group of experts who anonymously reply to questionnaires and subsequently receive feedback in the form of a statistical representation of the “group response,” after which the process repeats itself. The goal is to reduce the range of responses and arrive at something closer to expert consensus. For the purpose of this study, “consensus” was determined by the mean from the degrees of agreement attained from surveys using the Likert scale that were deployed in two rounds. The threshold for consensus was set at ≥70% agreement between experts.

In this study the Delphi method was used to gather inputs from a range of experts about the emerging promising practices to make sure that:

- Experts agree with these promising practices and how they are phrased;
- Good practices are illustrated by a broad range of examples coming from different organizations and/or contexts; and
- Gaps in promising practices are identified.

For this process, an initial group of 37 experts was set up for the Delphi with the support of the reference group. Furthermore, the consultants reached out to humanitarian practitioners and some non-humanitarian practitioners participate in the study based on the relevance of their background to the scope of the study. The consultants made checks to ensure that participants were representative of different sectors, functions, and type of crisis settings and made selections based on relevant knowledge in the areas of gender, CVA, food security, nutrition, livelihoods, and emergency and disaster response.

These participants then responded to the Delphi questionnaires. Two rounds of data collection were conducted through the Delphi technique. This entailed the deployment of two online surveys on July 27 and September 8, respectively. Data from the Delphi survey was collected remotely, using Kobo toolbox, and in English.

The first round of the Delphi survey contained an initial 36 promising practices that were identified through the data collection. This round garnered a response rate of 70% with 26 out of the 37 experts providing their feedback.

Following the responses gathered from this round, the 36 initial practices were condensed to 25 promising practices.

These 25 promising practices were subsequently organized into a second Delphi survey, which presented more targeted questions associated with the promising practices and was deployed to the same 37 expert group members, with an unexpected four additional respondents providing responses. Even though the addition of respondents in the second round falls outside the norm for the Delphi survey; the consultants made sure that the respondents were credible professionals and chose to include the responses provided, because the second-round survey received a lower rate of response than the first, with 19 of the 37 original expert group submitting their response. With the addition of the four extra participants, this brought the total number of respondents for the second round to 23 with a total response rate of 56.1%.

**Framing the Report**

In line with the research question, promising practices have been framed according to the phases of the project cycle as defined by the IASC:

- Needs assessment and analysis;
- Strategic planning;
- Resource mobilization;
- Implementation and monitoring;
- Operational peer review and evaluation; and
- Coordination and partnership.

The study did not identify enough practices related to the resource mobilization and operational peer review and evaluation phases to include these steps.

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82 We believe that this may have been the outcome of respondents sharing the link to the survey to colleagues whom they believed would be able to contribute to the study.
Annex V: Data Extraction Matrix

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<th>CODE</th>
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<td>☐ Thesis/Dissertation</td>
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<tr>
<td>Linked studies</td>
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<tr>
<td><strong>CONTEXT CODES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where was the</td>
<td>☐ LICs</td>
<td></td>
</tr>
<tr>
<td>intervention conducted?</td>
<td>☐ LMIC</td>
<td></td>
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<tr>
<td></td>
<td>☐ UMICs</td>
<td></td>
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<tr>
<td></td>
<td>State country:</td>
<td></td>
</tr>
<tr>
<td>CODE</td>
<td>ANSWER</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>-----------------------------</td>
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<td>-----------------------------------------------</td>
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<tr>
<td>What was the setting?</td>
<td>☐ Rural</td>
<td></td>
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<tr>
<td></td>
<td>☐ Urban</td>
<td></td>
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<tr>
<td></td>
<td>☐ Mixed</td>
<td></td>
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<tr>
<td></td>
<td>☐ Camp</td>
<td></td>
</tr>
<tr>
<td>POPULATION CODES</td>
<td></td>
<td></td>
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<tr>
<td>How many people were targeted by the project?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>☐ Children (&lt;12)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Youth (12-25)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Adults (25-60)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Elderly (&gt;60)</td>
<td></td>
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<tr>
<td></td>
<td>☐ Mixed</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>☐ Male</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Both</td>
<td></td>
</tr>
<tr>
<td>Ethnic and/or religious belonging</td>
<td>In cases where this is fully or partially considered as the reason individuals or groups find themselves in situations of crisis</td>
<td></td>
</tr>
<tr>
<td>Literacy</td>
<td>☐ Literate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Semi-literate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Illiterate</td>
<td></td>
</tr>
<tr>
<td>Specific health-related status</td>
<td>☐ Living with disability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Pregnant women</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Chronic diseases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Other</td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td>☐ Refugee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Internally displaced person</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Host communities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Local communities</td>
<td></td>
</tr>
<tr>
<td>Specific shocks vulnerabilities</td>
<td>☐ Natural</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Economical</td>
<td></td>
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<tr>
<td></td>
<td>☐ Social</td>
<td></td>
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<tr>
<td>Level of income</td>
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<tr>
<td>Intervention codes</td>
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<tr>
<td>CODE</td>
<td>ANSWER</td>
<td>COMMENTS</td>
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</tbody>
</table>
| What was the sector of the intervention?  | □ Food Security  
□ Nutrition  
□ Livelihood  
□ Gender  
□ Protection                  | Intervention aiming at covering multiple needs |
| Who initiated the intervention?           | □ NGOs  
□ UN agencies  
□ Red Cross/Red Crescent movement  
□ Private sector actors  
□ Government actors                  |          |
| What activities were implemented?         | □ Activities that promote equal access to assistance  
□ Activities that promote women and girl’s empowerment in decision-making  
□ Activities that contribute to transform gender relations and roles  
□ Activities that ensure women participation  
□ Activities that integrate gender-specific protection concerns (e.g. GBV, IPV). |          |
| Detailed description of the activities    |                                                                        |          |
| What modality was used?                   | Group A:  
□ Cash transfer  
□ Vouchers                  |          |
|                                           | Group B:  
□ In kind support  
□ Services (transport, storage or else)  
□ Skills development                  |          |
### CODE | ANSWER | COMMENTS
--- | --- | ---
### OUTCOME CODES

**Which specific outcomes were targeted as regard to the crisis-affected population?**

**What outcome indicators were used?**

- Sector-specific indicator (e.g. food consumption score)
- Proxy indicator
- Coping strategy index
- Other

**And how were they measured?**

- Household survey
- KII
- FGD
- Desk review
- Other

**When were the outcomes measured?**

- Pre-test:
- Post-test:

### PROMISING PRACTICES

### WHAT FINDINGS DO THEY REPORT?

- Promising practices to maximize gender outcomes during needs assessment and analysis
- Promising practices to maximize gender outcomes during strategic planning
- Promising practices to maximize gender outcomes during resource mobilization
- Promising practices to maximize gender outcomes during Implementation and monitoring
- Promising practices to maximize gender outcomes during operational peer review and evaluation
- Promising practices to maximize gender outcomes during coordination.
<table>
<thead>
<tr>
<th>DESCRIBE THE GENDER RELATED SITUATION AFTER THE INTERVENTION</th>
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<th>NOTE:</th>
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