



Cash & Voucher Assistance (CVA): Your Role as a GBV Coordinator¹



¹ This document was prepared by UNFPA's Humanitarian Office with the support of the Regional GBV in Emergency Advisors (GBV AoR). Its purpose is to outline the practical ways in which GBV Coordinators should support GBV- and gender-sensitive Cash and Voucher Assistance (CVA) across all sectors.



How does CVA relate to UNFPA's mandate and GBV coordination role?

Cash and Voucher Assistance (CVA) can support access to GBV and other sexual and reproductive health services, and contribute to the safety, dignity and resilience of women and girls in humanitarian contexts. It can offer discretion and flexibility compared to in-kind assistance, which can be particularly helpful for those who may be more at risk of GBV and loss of income due to their personal characteristics, such as older women, adolescent girls, persons with disabilities and LGBTIQ persons. CVA can also strengthen protection outcomes for women and girls: women at risk who can use CVA for housing or other basic needs are less likely to resort to transactional sex or harmful practices such as forced marriage, and may be less vulnerable to sexual exploitation and abuse.¹ CVA can cover the immediate, life-saving needs of survivors such as emergency medical treatment and transport costs for clinical management of rape (CMR) services as part of a safe and confidential Case Management process to support healing and recovery.

However, in order to maximize the effectiveness of CVA, **humanitarian actors must establish GBV and protection, risk prevention and mitigation measures to ensure that CVA delivery is safe and appropriate to the context, and that the CVA modality does not create or exacerbate tensions within the family or the community.** This is particularly important in the current context of the COVID-19 pandemic, when we know that GBV risks are increasing for women and girls² due to infection prevention and control (IPC) measures such as shelter-in-place, mobility restrictions, loss of income and increasing care burdens for women and girls.

In 2016, UNFPA signed the Grand Bargain commitments with donors, other UN agencies and NGOs, which includes scaling up and improving the coordination of CVA in humanitarian settings.³ **As GBV Coordinators, you should play a key role in advocating for GBV, gender and protection risk mitigation in CVA, across all sectors.** You can count on the support of key donors such as EU/DG ECHO, Germany, Norway, Sweden, Switzerland, the UK and the USA.⁴

¹ <https://www.calpnetwork.org/themes/gender-and-inclusion/>

² <https://www.calpnetwork.org/publication/the-importance-of-acting-on-grand-bargain-commitments-for-a-meaningful-focus-on-gender-in-cash-and-voucher-assistance-responses-to-the-covid-19-pandemic/>

³ [The Grand Bargain official website.](#)

⁴ Joint Donor Statement on Humanitarian Cash Transfers (March 2019).

Help!

I don't know anything about CVA!

UNFPA helped to develop the 2019 inter-agency [Cash and Voucher Assistance and GBV Compendium](#), a companion to the IASC GBV Guidelines which has sections for GBV

specialists, Cash specialists, and those involved in Coordination. Please refer to it for helpful guidance and programme examples!



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What is my responsibility as GBV Coordinator?

As a GBV Coordinator, you should introduce and champion the concept of GBV integration into CVA.

You should advocate for and contribute to a [GBV Risk Analysis for CVA](#), or a [Protection Risk Analysis for CVA](#) along with Protection colleagues, in which you could incorporate GBV risks. There is a decision tree with these tools that could be helpful for cash actors to make decisions about adapting the way they deliver CVA or even using mixed modalities (such as cash and in-kind assistance).

In countries with multipurpose cash transfers: You should also advocate for the consideration of women's essential items and miscellaneous protection needs (a protection top-up, for example not less than 10%, but the amount should be context-specific) as part of what is called the "Minimum Expenditure Basket (MEB)," and as part of the amount of multipurpose cash transfers that is ultimately delivered to beneficiaries.

What should I DO as a GBV Coordinator?

-  Participate regularly in Cash Working Group or Inter-Cluster Working Group cash meetings and offer support by providing a GBV situation analysis. Share existing GBV assessments to support CVA inclusive of the needs of women and girls
-  Give a short presentation to the Cash Working Group and/or key cash actors, particularly in large scale multipurpose cash, such as WFP, UNHCR, World Bank, as well as donors - *look out for a standard presentation coming soon!*
-  Share with and coach Sub-Cluster partners and Cash actors on tools such as the [CVA and GBV Compendium](#), the inter-agency cash companion to the IASC GBV Guidelines.
-  Call for a GBV Sub-Cluster/WG meeting to specifically discuss CVA. Give a short presentation to GBV Sub-Cluster/WG partners on the use of CVA in GBV response programming as a modality of support to survivors and women and girls at risk, as appropriate to the context. Allow time for partners to fully engage and ask questions.
-  Discuss some of the concrete protection/GBV prevention measures that might be covered within multipurpose cash such as transport, safe accommodation or essential items and which should also be calculated in a MEB given the higher risks of GBV during crises
-  Discuss with GBV Sub-Cluster/WG partners about dignity kit adaptations and distribution guidelines, and consider CVA for dignity items if preferred by women and girls.⁵ A rapid market survey may be required to assess the availability and quality of dignity items. If market assessments are ongoing by the Cash Working Group, ask them to add in the relevant items.
-  Share the [GBV Risk Analysis Tool](#) for CVA. Coach partners and Cash actors on its use, and aim to carry out one or two analyses on specific programmes in the next 3-6 months.
-  Share and explain Tip Sheets for Cash and GBV risk mitigation during [COVID, GBV & SRH programming](#) and others as relevant (see resources below)

⁵ See the IASC Minimum Standard 11 and its related forthcoming Facilitation Guide: <https://www.unfpa.org/minimum-standards>. See also UNFPA's forthcoming guidance on providing CVA for dignity items.

What have other GBV Sub-Clusters/ Working Groups been doing?

While we do not have extensive documentation yet, a number of GBV coordination mechanisms are pushing forward the GBV risk mitigation in CVA agenda. Here are some examples:

COUNTRY	ACTION	RESULT
GBV Sub-Cluster, Burundi	Organized a joint workshop with the national Cash Working Group where GBV, Protection and Cash experts learned together about the integration of GBV risk mitigation in CVA	Joint plan of action for 2 joint risk analyses in 2020 (delayed by COVID) and joint development of a monitoring template for GBV risks and mitigation in cash assistance.
GBV Sub-Cluster, Somalia	Presentation to the Somalia Cash Working Group on GBV risk mitigation in CVA	Plans to conduct a webinar on GBV and protection risk analysis and mitigation in CVA and carry out this analysis for key Somalia cash programmes; plans to advocate for consistent inclusion of PSEA protocols in contracts with payment providers.
GBV Working Group, Whole of Syria (WoS)	Development of inter-agency guidance for GBV actors on integrating CVA into case management and context-specific monitoring template of cash in case management, based on global inter-agency toolkit/ standards.	Both have been widely used amongst WoS partners and shared as examples to adapt in the region and globally.

What is GBV risk mitigation in CVA? Can you give me some examples?

GBV risk mitigation in CVA means reducing the risks of exposure, limiting the impact and trying to avoid creating any new GBV risks. Here are examples of how you (or/ with Cash actors) might identify and mitigate GBV risks in CVA:

1. Cross-cutting across the programme cycle:

Example A: Put in place strong accountability mechanisms, such as complaints and feedback or response mechanisms, channels for reporting of sexual exploitation and abuse by staff or partners, and early and regular consultations with communities and at-risk individuals, and the dissemination of GBV contact information or referral pathway to beneficiaries and staff.

Example B: Carry out a risk analysis, by talking to GBV specialists, consulting existing GBV assessments in the area by sub cluster or working groups, and in the absence of any GBV specialists, going to the protection specialists and working group or cluster.

2. When beneficiaries receive and spend CVA:

Example A: Organize a focus group discussion with women on the subject of their preference concerning the targeting of the CVA to their household. Would targeting women provoke greater exposure to GBV? Or, would it be possible

to mitigate some of the risks of targeting women, through participation, design, implementation, monitoring and feedback.

Example B: Ensure that the market assessment questionnaire includes questions about which seasons, days and times women and girls can safely access cash points, which may be at banks, mobile agents near the market, or shopkeepers, and similarly when they can safely access markets (to spend cash).

3. What happens as a result of CVA:

Example A: Explore how cash might affect household relations or intra-communal relations. Will it exacerbate tensions within households leading to potential GBV?

Example B: Will a short term or medium term cash injection in an emergency setting create additional GBV risks down the line? For example, could there be an incentive to use it for dowry payments for early marriage as households know this may be their only time getting cash or income for many months, and they believe that early marriage might in fact keep girls safer?

Use case management interviews or specific research, but don't let non-GBV specialists ask sensitive questions in a post-distribution questionnaire - if not asked by GBV specialists, can DO MORE HARM!



Where can I go for support?

In order to maximize the advocacy role of GBV Sub-Cluster/Working Group Coordinators, UNFPA/GBV AOR plans to roll out ambitious capacity building in key regions in 2020-2021. A dedicated roving expert will provide tailored support to 5-7 countries by the first quarter of 2021, including missions if public health regulations allow, working closely with and supported by the UNFPA global Cash Assistance Specialist based in the Humanitarian Office in Geneva. Please contact the GBV AOR for referral to appropriate support.

Resources for GBV Coordinators:

[Cash and Voucher Assistance and GBV Compendium](#) including GBV Risk Analysis Tool for CVA

[UNFPA CVA Tip Sheet: Overview of CVA](#)

[UNFPA CVA and COVID-19 Tip Sheet for GBV and SRH Programming](#)

[Protection in Cash-Based Interventions](#) package - One-pagers, tool, guidance

[Burundi Case Study: How can we reduce GBV risks in cash and voucher assistance?](#)

[Operational Guidance and Toolkit for Multipurpose Cash Grants](#) - see pages 23-25 to understand "Minimum Expenditure Basket"

[Cash Transfer Programming and Child Protection in Humanitarian Action: Review and Opportunities to Strengthen the Evidence](#)

[Child Safeguarding in Cash Transfer Programming](#)

GBV AoR Tip Sheet for GBV Coordinators:

Advocating for GBV Risk Mitigation throughout the CVA programme cycle

PROGRAMME CYCLE PHASE	ACTION	GBV AND PROTECTION COORDINATORS SHOULD ADVOCATE AND SUPPORT	GBV AND PROTECTION COORDINATORS SHOULD PARTICIPATE OR SUPERVISE
	<p>Consult with women and girls on potential risks and mitigation mechanisms to feed into a GBV risk analysis for CVA and/ or a Protection Risk Analysis Tool for CVA.</p>		X
<p>Needs assessment and risk analysis</p>	<p>Consistently carry out protection or GBV Risk Analysis for CVA that includes the participation of women and girls of different ages and with disabilities-- identify risks, mitigation measures and adaptations to make CVA safer for all. See questions in the Monitoring section below to consider at the risk analysis stage.</p>	X	
	<p>Cash programming should take into account gender/ GBV risks, gender and social norms, women’s preferences, particularly in determining the target recipients and delivery mechanism. See next section for more details on targeting.</p>	X	

PROGRAMME CYCLE PHASE	ACTION	GBV AND PROTECTION COORDINATORS SHOULD ADVOCATE AND SUPPORT	GBV AND PROTECTION COORDINATORS SHOULD PARTICIPATE OR SUPERVISE
Targeting	Advise CVA experts to avoid the assumption that targeting women will automatically “empower” them; if not done carefully, it can also create or exacerbate GBV risks. Consider local gender and social norms and aim to support the agency of women and girls, rather than just reinforce existing power dynamics.	X	
	Avoid targeting GBV survivors only (unless as part of confidential and safe case management services) with CVA as this may expose them to further risks; ensure that GBV survivors are encompassed within broader targeting criteria (e.g. geographic, demographic, vulnerability-related).	X	
	Ensure that information sessions and materials are adapted to diverse women, such as older women, women with disabilities, adolescent girls, those speaking minority languages or who are illiterate.	X	
Implementation	Share information with beneficiaries and communities on GBV referral pathways (if GBV services exist), with regular updates. Where no GBV services exist, train relevant colleagues on the GBV Pocket Guide . If other sector specialists or CVA specialists are managing the CVA, encourage them to consult with Protection/GBV/ Gender Specialists in case of beneficiaries who disclose GBV or mention GBV risks.		X

**PROGRAMME
CYCLE PHASE**

ACTION

**GBV AND
PROTECTION
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SHOULD
ADVOCATE AND
SUPPORT**

**GBV AND
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SUPERVISE**

Monitoring

Monitor safe access of beneficiaries to CVA (were GBV and protection risks effectively mitigated?) as well as intended outcomes (e.g. transport to access GBV and SRH services; covering essential needs).

X

non-sensitive and generalized questions, such as *"Have you heard about any beneficiaries who had to do something that made them feel uncomfortable in order to receive their CVA? Have you heard about any women who experienced increased tensions in their household after receiving the CVA? What do women in this community think should be done to mitigate this risk?"*

X

sensitive or personal questions (*"Have you experienced.."*) ONLY by caseworkers AND ONLY if referral to GBV services of adequate quality is ensured

**Accountability /
feedback**

Consistently establish and follow-up on accountability mechanisms: complaints and feedback mechanisms such as hotlines, PSEA and whistleblowing protocol, multi-channel feedback with beneficiaries, through local partners, women's spaces and case management, etc.

X

X

feedback through women's safe spaces and other local mechanisms

Collaborate with PSEA network/ working group to ensure that PSEA training is carried out, and that Code of Conduct and PSEA protocols for partners and financial service providers are established, with signed agreements and a zero tolerance policy.

X

Data Protection

Consistently establish data protection protocols regarding data sharing and storage with partners including the private sector (e.g. mobile phone companies, banks).

X



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March 2021