



UNFPA Humanitarian Cash & Voucher Assistance (CVA) Tip Sheet #1: CVA Overview

Why has humanitarian CVA become so widely used?

CVA can help to reduce GBV risks and contribute to the safety and dignity of women, girls and others at risk of GBV in humanitarian contexts. It can offer discretion and flexibility compared to in-kind assistance—for example, mobile transfers can be picked up electronically and spent at a convenient time and place, as opposed to a distribution of food or kits. CVA has also been shown to demonstrate cost-effectiveness with respect to in-kind assistance, which is important in order to make the best use of limited humanitarian resources.

A number of recent studies have shown the potential of CVA to improve protection outcomes for women and girls in terms of meeting the costs of fleeing an abusive situation, renting safe housing or temporary shelter, or meeting basic needs such as buying food or clothing thereby decreasing the likelihood of risky coping strategies, such as transactional sex or forced marriage.

What are the additional steps that CVA requires within the programme cycle?

- Questions about CVA during consultations with women and girls, regarding preferences, safety and market access
- Market analysis to determine if intended items or services are available, of good quality and safely accessible in local market(s)
- Protection/GBV Risk and Mitigation Analysis for CVA
- Financial Service Provider assessment to determine if financial or mobile companies can manage the intended caseload
- Post-distribution monitoring of CVA
- Data protection protocols particularly when working with the private sector for cash delivery, and particularly if GBV survivors/persons at risk of GBV will be included in beneficiary lists

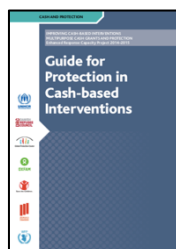
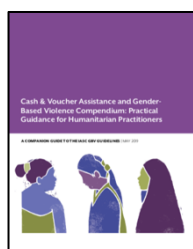
How can UNFPA ensure that CVA safely reaches women and girls, considering GBV and other protection risks?

- Carry out or contribute to Protection or GBV Risk Analysis for CVA with women and girls of different ages and with disabilities-- identify risks, mitigation measures and adaptations to make CVA safer for all. (see below)
- Taking into account gender/GBV risks, gender and social norms, women's preferences, particularly in determining the target recipients and delivery mechanism
- Monitoring of safe access to CVA (were GBV and protection risks mitigated?) as well as its intended outcomes (e.g. transport to access GBV and SRH services, if that was the objective, or on other essential needs?)
- Accountability mechanisms: complaints and feedback mechanisms such as hotlines, PSEA and whistleblowing protocol, multi-channel feedback with beneficiaries, local partners, etc.
- Data protection protocol for data sharing and storage with partners including private sector (e.g. mobile phone companies, banks), carrying out Code of Conduct/PSEA training for all partners, with signed agreements and a zero tolerance policy.

Where can I find tools, best practices, online training, evidence and other materials on CVA, GBV and SRH, Protection?

An internal repository, webinars and one-pagers tailored to UNFPA's programming is underway. In the meantime, see (also available in FR / SP / AR):

- [CVA and GBV Compendium: Companion to the IASC GBV Guidelines](#)
- [Cash Learning Partnership](#), Library and Learning & Tools, including the [Guide for Protection in Cash-Based Interventions](#) and the [Programme Quality Toolbox](#)
- [Women's Refugee Commission Toolkit: Integrating CVA into GBV Case Management](#)
- [UNFPA APRO Humanitarian Team CVA Thematic Page](#)
- [The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, Standard 11: Dignity Kits and CVA](#)



What are the main protection and GBV risks of CVA for women and girls?

Please note that most of these could also apply to in-kind assistance, such as the delivery of dignity kits, and all interventions should be assessed for protection and GBV risks.

- Exclusion from information dissemination and awareness on the what/why/how of the CVA or from related feedback mechanisms, exclusion from the benefits of CVA within the household (denial of resources e.g. money not being spent on women and girls' essential needs) or lacking control over decisions on how to spend the CVA;
- Lack of safe and dignified access to CVA delivery points such as shops, ATMs, banks and markets, and to markets or shops to spend CVA;
- Risks related to the protection of personal data and confidentiality, particularly for GBV at-risk persons or survivors;
- Stigmatization or marginalization at household and community level, including risks of intimate partner violence;
- Fraud and diversion with potential protection and GBV implications i.e. "gatekeepers" such as armed actors, staff, family or community members extorting CVA from women with potential threats of GBV.



How can GBV, Gender and SRH Specialists and Coordinators help to reduce these risks?

- Carry out consultations with women and girls on potential risks and mitigation mechanisms to feed into a Protection and/or GBV risk analysis for CVA¹, which should be standard practice. Consult diverse women (gender/age/disability).
- 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.
- 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)
- 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.
- Determine if services that clients wish to access with CVA are accessible, timely and do not cause further harm in the context of case management; support those services to meet quality standards or advocate for others if this is not possible.
- Establish accountability mechanisms including feedback and complaints mechanisms, PSEA protocols and hotlines, regular and ongoing consultations with women and girls.
- Share information with beneficiaries and communities on GBV referral pathways (if GBV services exist), with regular updates, and 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.
- Conduct PSEA trainings and put in place Code of Conduct and PSEA protocols for partners and financial service providers.
- Put in place or advocate for strong monitoring systems for CVA, including of protection risks and the effectiveness of mitigation mechanisms.
- Participate in Cash Working Group or ICCG meetings to ensure that all CVA is gender-sensitive and integrates GBV risk mitigation strategies.

Who can support my team on CVA?

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¹ GBV Risk Analysis for CVA available here, page 50: <https://www.calpnetwork.org/publication/cash-voucher-assistance-and-gender-based-violence-compendium/>. Protection Risk Analysis for CVA available here: https://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/cash-based-interventions/erc-protection-risks-and-benefits-analysis-tool-web_en.pdf

CVA Glossary – Key Terms

Humanitarian Cash & Voucher Assistance (CVA): The provision of cash transfers or vouchers given to individuals, household 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).

Conditionality: Prerequisite activities or obligations that a recipient must fulfil 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 outputs as a condition of receiving subsequent tranches. Examples of conditions include attending school, building a shelter, attending nutrition screenings, undertaking work, training, etc. Cash for work/assets/training are all forms of conditional transfer.

Delivery Mechanism: Means of delivering a cash or voucher transfer (e.g. smart card, mobile money transfer, cash in hand, cheque, ATM card, etc.).

Financial Service Provider (FSP): An entity that provides cash or voucher transfer services, which may include e-transfer services. May include e-voucher companies, financial institutions such as banks and microfinance institutions or mobile network operators.

Modality: Modality refers to the form of assistance (e.g. cash transfer, vouchers, in-kind, service delivery) or a combination (modalities).

Multipurpose Cash Transfers (MPC): Periodic or one-off transfers corresponding to the amount of money required to cover, fully or partially, a household's basic and/or recovery needs. Designed to address multiple needs, with the transfer value calculated accordingly. MPC transfer values are often indexed to expenditure gaps based on a "minimum expenditure basket" or other monetised calculation of the amount required to cover basic needs. All MPCs are by definition unrestricted, as they can be spent as the recipient chooses.

Restriction: Limits on the use of assistance by recipients. Restrictions apply to the range of goods and services that the assistance can be used to purchase, and the places where it can be used. The degree of restriction may vary – from the requirement to buy specific items, to buying from a general category of goods or services. Vouchers are restricted by default since they are inherently limited in where and how they can be used. In-kind assistance is also restricted. Cash transfers are unrestricted in terms of use by recipients.

Selection criteria: The criteria used to select recipients/beneficiaries of CVA. Sometimes called targeting criteria.

Targeting: Methodology used to select recipients/beneficiaries.

Find more CVA definitions here: <https://www.calpnetwork.org/learning-tools/glossary-of-terms/>
Also available in French, Spanish and Arabic.