



# WHAT DOES GENDER-SENSITIVE CASH AND VOUCHER ASSISTANCE LOOK LIKE? 2.0

**MULTI-COUNTRY STUDY—EXECUTIVE SUMMARY**  
**DECEMBER 2021**







# EXECUTIVE SUMMARY

Woman withdrawing cash assistance from an ATM in Ecuador. ©CARE 2021

## Study Overview

In 2019, CARE commissioned the study **“What Does Gender sensitive Cash and Voucher Assistance Look Like?”** to evaluate the extent to which CARE’s programming with cash and voucher assistance (CVA) met the strategic intent. It guided the agency-wide definition and design of subsequent guidelines on gender sensitive CVA. In 2021, CARE again reflected on progress toward this ambition and commissioned a review to answer the question, “To what extent is CARE’s use of CVA meeting the needs of women and girls in ways that represent the best possible outcomes by maximizing inclusion, effectiveness, and efficiency?”. This study aimed to evaluate the experience of respondents receiving CVA, with an emphasis on the experience of women respondents.

## Methodology

The study occurred between June and August of 2021 in **Ecuador, Ethiopia, Jordan, and Zimbabwe** using one-on-one interviews, focus group discussions (FGDs), and storytelling. In total, CARE conducted 28 interviews and 35 FGDs with 317 respondents. Women respondents comprised 71% of individual interviews, with men making up the remaining 29%. Of the 34 FGDs, 56% involved only women (166 total respondents). Thirteen individual testimonies were collected from respondents (nine women), with four of these testimonies videotaped (women only). Additionally, the participating CARE country offices completed a checklist based on CARE Gender sensitive CVA Guidelines; in addition to the previously mentioned countries, CARE the **Philippines** participated in the checklist review.

*Cover photo: Matilda Maindise with her two children (pink top and blue jersey) and her two orphaned little nieces, standing next to the groceries they recently redeemed using their WFP CVA card. Mashava, Masvingo Province, Zimbabwe. Photo credit: Vivian Ngonidzashe Munemo. © CARE 2021*

## Discussion and findings

Recommendations presented in the 2019 CARE study remain valid. How successfully has CARE been able to meet these recommendations in the various contexts? The answer is mixed, but there is clear progress.

This study shows that CARE is improving on the process aspects of gender sensitive CVA. In terms of outcomes, the transfers did meet some of the needs of the target populations, especially women. However, across the board there were other needs that respondents and their communities had that the transfers did not meet. The cash plus approach<sup>1</sup>, when used, helped address underlying causes of gender inequity or for needs that cannot be met by CVA alone.

The CARE teams have excelled at talking to individuals from a variety of gender groups with various intersectional characteristics for this review. Interestingly, even with the inclusion of different gender groups in this study, there were relatively few points where opinions on and experiences of CARE's CVA programming diverged. Intersectionality – including related to civil status and sexual orientation – was explored more in this study and is something that CARE is committed to understanding better. This study confirmed that CARE staff and partners' treatment and feedback mechanisms were well-received across all gender groups.

The COVID-19 pandemic presented unique challenges and opportunities for CARE in its pursuit of gender sensitive CVA. CARE and partners expanded the ways in which they reached out to people in need through technology, allowing for CVA support even during periods of restricted movement/lockdown. Despite the obstacles, teams across these contexts managed to provide high-quality CVA support services and maintain loyalty to CARE's gender sensitive approaches.

Each context utilized Rapid Gender Analysis (RGA) to provide gendered understanding of needs, a critical step in designing gender sensitive CVA. Most of the RGAs included analysis on financial inclusion, technology, literacy, and numeracy. However, not all the contexts included these components, and none included market-based analysis. One of the obstacles making this analysis more systematic is that the existing RGA tools focus on sectoral outcomes rather than approaches. Without a cash or markets specialist participating in the scope of work for the RGA, a “market lens” is likely to be left out. This is a lost opportunity to deeply understand if market-based responses are feasible especially as CARE's work in urban areas grows.

The recommendation from 2019 of combining the specialties of gender and CVA is still in progress for achievement in most of the study areas. For market assessments overall, CARE teams are mostly complying on understanding gendered access, but need to improve on understanding price and functionality. These are critical at the assessment stage in order to tailor the transfer value (e.g., Is a top up for transportation needed?) and after transfers are made (e.g., Is there market distortion and where do women vs. men go if there is?). Failing to include these components will affect the degree to which country office programming with CVA demonstrates a logical link between the gender-specific needs identified for CVA and satisfies the diverse needs of CVA respondents.

Documented analyses of gendered risks specific to CVA across the study areas were low. Generally, CARE country offices have response-level risk analyses, which includes GBV risks. However, CARE's ambition and guidance suggests that all programming with CVA should do a formal analysis of GBV risks related to CVA. The organization led the development of tools and guidance on GBV risk mitigation in CVA and there are some strong examples of how this can be done. By incorporating this type of analysis with teams on the ground, it centers the conversation on the realities of the context, exploring what the real GBV risks and specific mitigation measures needed are.

This study highlighted yet again the important work of designing programming with CVA based on gendered analyses. The barriers and risks for women and other vulnerable groups are the same as those outlined in the 2019 study. Accompaniment for the most vulnerable populations remains especially important when normal procedures are

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<sup>1</sup> Cash plus or **complementary programming** refers to programming where different modalities and/or activities are combined to achieve objectives.

adjusted, such as during the COVID-19 pandemic. As a result, CARE must continue exploring how to ensure that people of all genders are sensitized to, have access, and benefit from CVA safely.

This study also re-emphasizes the critical importance of understanding and mitigating gendered risks during the implementation phase through monitoring data. Further work needs to be done to include gender indicators in programming with CVA; not all the countries in this study included these indicators. However, post-distribution monitoring (PDM), which all of the involved country offices used, can be easily adapted to add such questions. Most of the CARE study contexts did also include assessments of unintended consequences of the support, which can be analyzed with sex and age disaggregated data (SADD).

Monitoring data highlighted the positive – albeit seemingly temporary – impact of on shared decision-making at the household level during the time of the transfers. It would be interesting to see what sort of longer-term impacts would be reported by respondents; this would require a dedicated evaluation. There were some positive indications that the transfers contributed to women’s improved budgeting and financial skills. It is possible that these might be more durable changes.

Findings from this study call for nuance in how we understand engaging different types of people in our design. The traditional approach of visiting a rural community, discussing needs, designing a project, and implementing it with the same people is less common than one in which discussions are held with “proxy” populations. Therefore, it may need to be made clear to crisis-affected people of all genders why and how CARE reached design decisions; this is necessary to ensure accountability to affected populations.

Clearly, all respondents were willing to discuss the needs and risks they faced in receiving CVA and the implementation and monitoring phases of a CVA project offer opportunities to analyze and pivot towards more gender sensitive processes – such as the selection of vendors, provision of transportation in transfer fees, adjusting delivery mechanisms – to reduce risk and burden for the most vulnerable people.

Generally, all gender groups were comfortable with the delivery mechanisms utilized. As expected, more women than men had issues with the delivery mechanisms; although this was a relatively small subset of respondents, attention to this issue is still required. Overall, respondents confirmed that CARE staff, partners, and FSPs assisted them when they had problems.

Regarding sensitization on processes, it was clear that men should be included even if women are the registered participants,<sup>2</sup> this was highlighted in the 2019 study as well.

At a global level, CARE committed to finding the tools and processes that field-based CARE and partner teams use to understand what is meant by gender sensitive CVA. Significant strides were made since 2019<sup>3</sup> in achieving this ambition. However, continual investments in capacity building, sensitization, and mentoring are needed to make gender sensitive CVA a reality for CARE’s participants.

While the response-level recommendations were not prioritized for deep analysis in this study, the importance of those recommendations was reflected in the data. One positive point is that some of the RGAs were done in collaboration with other actors and co-led by CARE. The need for advocacy on the importance of a gendered approach to responses with CVA still remains.

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2 This would apply to transfers destined for household use and not individual such as health or GBV response.

3 **Gender Sensitive Cash and Voucher Assistance, Cash and Voucher Assistance & Gender-Based Violence Compendium, Guidelines on Using Cash and Voucher Assistance for Sexual and Reproductive Health and Rights Programming, Better Gender outcomes in food assistance through complementary and multimodal programming tip sheet, Behavioral Design Checklist for Humanitarian Cash and Voucher Assistance Improving Outcomes for Women**

## Acronyms

<b>ATM</b>	Automatic Teller Machine	<b>MEAL</b>	Monitoring, evaluation, accountability, and learning
<b>COVID</b>	Coronavirus Disease	<b>NGO</b>	Nongovernmental organization
<b>CVA</b>	Cash and Voucher Assistance	<b>PDM</b>	Post-distribution monitoring
<b>FGD</b>	Focus Group Discussion	<b>PSEA</b>	Protection from Sexual Exploitation and Abuse
<b>FSP</b>	Financial Service Provider	<b>RGA</b>	Rapid Gender Analysis
<b>GBV</b>	Gender-based Violence	<b>SADD</b>	Sex and Age Disaggregated Data
<b>IDP</b>	Internally Displaced Person	<b>WFP</b>	World Food Programme
<b>INGO</b>	International Nongovernmental Organization		
<b>KII</b>	Key Informant Interview		
<b>LGBTQI</b>	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex		



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[www.care.org](http://www.care.org)

**CARE USA**

151 Ellis Street, NE  
Atlanta, GA, 30303  
T) +1 (404) 681-2552  
[info@care.org](mailto:info@care.org)