

**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**

In 2016, world leaders, United Nations (UN) agencies, and humanitarian agencies came together to improve the efficiency and effectiveness of humanitarian action resulting in 51 commitments known as the [Grand Bargain](#). The global COVID-19 pandemic has already highlighted the gendered impacts of the virus: an exacerbated burden of unpaid care work on women, negative impacts on women's economic empowerment, likely leading to reduced livelihoods and income opportunities, increased gender-based violence (GBV) and protection risks, and interrupted access to sexual and reproductive healthcare. Cash and voucher assistance (CVA) continues to be scaled in humanitarian responses and is an increasingly useful tool at this time of quarantine and social distancing. It is more imperative than ever before to ensure that the commitments made toward mainstreaming gender in cash and voucher responses are front and centre.

We, representatives of donors, UN agencies, the Red Cross and Red Crescent Movement, and international non-governmental organizations (INGOs) comprising the Grand Bargain Cash Workstream's Subgroup on Gender and Cash, call on all Grand Bargain signatories to use all means at their disposal to take the following actions:

**Ensure that response analysis for CVA is gendered and disaggregated by age and disability as much as possible:** This crisis impacts women, men, girls, and boys differently. CVA response analysis must reflect overlapping and unique needs, priorities, and capacities. In market assessments, actors are urged to assess physical access to markets (e.g. basic goods) and services (e.g. health, labour) using a gendered analysis. Assessment teams should be as gender-balanced at the design, collection, and analysis stages. Community consultations, whether using in-person or remote data collection methods, should include women of various ages and adolescent girls, noting that women may not be the most visible market actor informants. Vulnerabilities may shift over time and pre-crisis assessment data may not adequately capture current post-COVID-19 vulnerabilities; decisions about assistance modality should be made using updated data collection and analysis. Lastly, feasibility of CVA and potential delivery mechanisms should be examined from the perspectives of women and men, taking into account intersecting identity characteristics such as age and ability.

**Strengthen partnerships with local actors and women's organisations for gender sensitive CVA:** Prioritize partnerships with local and national organisations, including local women's organizations. Reinforce national and local capacities as needed to support well-analysed, appropriate, and timely implementation of a humanitarian CVA response linked with national systems and/or Cash Working Groups.

**Systematically undertake GBV risk mitigation analysis for all projects with CVA:** GBV is prevalent across humanitarian crises. Many signposts indicate that GBV risks and incidence are on the rise during COVID-19 – with surges upwards of 25% in some cases. GBV case management and services is limited due to quarantines, mobility restrictions, and social distancing. Therefore, it is imperative to identify GBV risks associated with CVA based on current scenarios and mitigate these risks through protective program design. Updated GBV referral pathway information should be a part of information sharing for agencies implementing CVA.

**Design CVA that is gender sensitive based on the challenges and opportunities of the crisis:** CVA outcomes should have the different needs and priorities of women, men, girls, and boys in mind. In particular, the gendered needs that CVA can support – including food security, health, WASH, protection, nutrition, and shelter (including items like fuel) – should influence not only the objectives, but also the design of transfers. Women’s needs and priorities, especially those of female-headed households, must be meaningfully considered in the design of CVA (e.g. outcome, transfer value, frequency and duration, and accompanying services). Delivery mechanisms, sensitisation, and complementary services should be designed in a manner accessible to diverse women and men (e.g. the elderly, people with disabilities). Agencies should ensure that social protection and recovery and development programming with CVA components are gender sensitive, striving for gender-transformative approaches post-crisis.

**Contribute to gender sensitive CVA in social protection systems:** Globally, governments are introducing, adapting, and expanding social protection programmes that use cash transfers in response to COVID-19. Many countries where humanitarian responses to COVID-19 are being planned and implemented have existing or emerging government cash transfer schemes whilst others are rapidly establishing such mechanisms. Wherever possible, coordination to and linkages with these schemes will assist national governments to better respond to the crisis. Lessons learned on how these processes can be more gender-sensitive and even gender-transformative are critical to improving the way humanitarian response is delivered.

**Combine CVA with other modalities of assistance to enhance the economic resilience of women and men:** Unconditional cash transfers allow the greatest flexibility for women to resume economic activities when it is safe for them to do so. However, cash transfers can only do so much. Globally, combinations of in-kind, service delivery through awareness-raising like discussion groups or training and community-level activities like community asset-building, savings and lending groups, have been shown to be the most promising for lasting impact. When working to build women’s economic resilience, men must be involved in the process as agents of change.

**Look for opportunities for women’s financial inclusion through CVA:** Globally, women are increasingly able to access mobile phones, mobile money, and financial services. However, even in places where there are small “digital gaps,” many women – as well as men – still cannot access, have control over, or manage with ease these technologies regularly. The opportunities that e-transfers provide to bridge gaps should be seized and CVA design should support enhanced access. Coordination and collaboration with government service providers on digital messaging is critical to support women’s full access to government schemes that address economic impacts of the outbreak. Agencies should look to partner with and build the capacity of informal social networks, such as women’s groups, community groups, civil society organisations, and women’s rights organisations to contribute to market assessments that feed into livelihoods and income generation opportunities.

**Collect sex-, age-, and disability-disaggregated data (SADDD) about CVA in the COVID-19 response:** Following best practice, practitioners should systematically collect SADDD across the program cycle, including, but not limited to, Post Distribution Monitoring, other monitoring tools, feedback mechanisms, and evaluation. Agencies should publish gender-focused learnings from this response to highlight and scale promising practices and to better inform CVA response in epidemics and market recovery moving ahead. Confidentiality and protection of personal data should not be neglected during the COVID crisis, particularly as women may face additional risks if they are known to be receiving CVA.