

# Enablers and Gaps: Gender Equality, Gender-Based Violence Response and Mitigation in Cash and Voucher Assistance at Response levels: analysis on three case studies

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Integrating gender and Cash and Voucher Assistance (CVA) was set as a priority action [under the Grand Bargain Cash Workstream in 2018](#). Although projects with CVA are typically implemented by individual humanitarian actors or consortiums, there are opportunities to create meaningful strategies on gender in CVA on gender, Gender Based-Violence (GBV) prevention, mitigation, and response in humanitarian action especially at the response level. The Gender and Cash Sub-Workstream identified three case studies that illustrate how Cash Working Groups, GBV Sub-Clusters, gender focal points (e.g. Gender in Humanitarian Action Working groups at country and regional level) and humanitarian partnerships can enable meaningful and wider engagement on gender equality and GBV response in CVA.<sup>1</sup>

The case studies<sup>2</sup> all show different aspects of linking gender, GBV and CVA. These case studies offer examples that can be adapted for similar initiatives, or components of these, in other areas. They are relevant for all humanitarian actors working with CVA and GBV prevention and response including working groups and cluster coordinators. Additionally, the findings can be useful to better incorporate GBV risk mitigation and gender equality in any action with CVA.<sup>3</sup>

Context	North West Syria	Vanuatu	Regional Platform on Venezuelan Refugees and Migrants
<b>Action at response level</b>	Establishment of Cash Working Group and GBV Sub-Cluster task force to support CVA-GBV referrals.	Oxfam facilitated a project with gender responsive CVA with GBV risk mitigation through network of partners and strategic implementation of blockchain delivery mechanism, real-time monitoring, and responsive complaints mechanism.	Regional Cash Working Group facilitated an online survey and consultations with regional CVA actors on integrating Gender, GBV and CVA in the Regional Refugee and Migrant Response Plan (RMRP) 2021.
<b>Actors engaged in case study sampling</b>	GBV Turkey cross-border Sub-Cluster (UNFPA and Global Communities), the Cash Working Group Northwest Syria and Whole of Syria (CashCap)	Oxfam Vanuatu, UNFPA Vanuatu	Regional Cash Working Group (CashCap) and UN WOMEN regional gender focal point, Response for Venezuelans

<sup>1</sup> For more guidance and tools, see the mappings produced by the sub workstream: on [Gender Equality and CVA](#) and on [GBV in CVA](#).

<sup>2</sup> The cases studies can be found at: Cash and Voucher Assistance, Gender Equality and Gender-Based Violence Integration in Humanitarian Response Plans Venezuelan Refugees and Migrants Case Study ([English](#) and [Spanish](#)); [Gender Equality and Gender-Based Violence Risk Mitigation in Cash and Voucher Assistance Vanuatu Case study](#); Establishing a Cash Working Group and GBV Sub-Cluster task force: NW Syria Case Study ([English](#) and [Arabic](#)).

<sup>3</sup> See also [UNFPA and GBV AoR 2020](#): Cash and Voucher Assistance (CVA): Your Role as a GBV Coordinator.

## Enablers for collaboration on gender equality, GBV response and mitigation in programming with CVA

The case studies identified several enabling factors for increasing the integration of CVA, gender equality and GBV for broad uptake by humanitarian actors at a country level. These enabling factors can be supportive and instrumental to bridge gaps in collaboration relating to both sectoral gaps and gaps between national and international partners. These gaps may include knowledge, capacity, guidance, or resourcing.

The case studies demonstrated that the collaborative relationships, each actor playing to its strength, that exist in integrating gender equality, GBV risk mitigation or response in programming with CVA at the response level are frequently led by a few actors with capacity and motivation to mobilise others. This **coalition of the willing**, which can only be defined at specific response levels as to the makeup, has an opportunity to create wide-reaching, collaborative programmes that benefit affected rights holders and potentially contribute to the protection, livelihoods and leadership of crisis affected and at-risk women and girls in humanitarian and crisis settings. The enablers included in this brief mainly refer to enablers that are common across the three case studies.

**Inclusion of local and national partners in contextualising initiatives:** All three case studies highlighted the active engagement of a range local and national partners--governments, private sector, the Red Cross, Women's Rights Organizations, NGOs--as a critical enabler in integrating of gender, GBV risk mitigation and response in CVA initiatives; including local and national structures and services where these exist. The buy-in and insights of local and national actors increased the reach of the responses and improved the quality of activities on the ground. For example, local and national actors' contextual knowledge and existing work on gender norms and barriers to gender equality are directly fed into the set-up and prioritisation of activities such as sequencing of processes and capacity building of stakeholders.

Scaling up awareness raising and dialogue to advance mutual **understanding of CVA and GBV activities:** CVA actors' understanding of what GBV practices entail as well as GBV actors' knowledge of CVA practices is necessary for strengthening collaboration to have the best outcomes for targeted populations. The understanding is not necessarily in place to begin with and should not be taken for granted. It needs to be developed to be an enabler for mutual understanding, leading to stronger relationships and thereby better responses.

**Capacity strengthening, dialogue of CVA and gender/GBV staff:** Across all three cases the need to strengthen capacities of humanitarian actors to integrate CVA, gender equality and GBV in their programmes and across different sectoral focus areas was clear. Without shared knowledge and skills to facilitate this integration, progress is slow and jeopardizes the quality and outcomes/results of CVA and GBV programming respectively. Understanding and capacity can be strengthened, for example, by hosting joint meetings and webinars for GBV and CVA partners. The gender impacts of COVID-19<sup>4</sup> have given a push to capacity strengthening efforts such as guidance and webinars. This is particularly true for GBV as the pandemic made increasingly visible to all humanitarian stakeholders that conducting gender and GBV risk analysis in humanitarian planning and response, including CVA, were critically important.

**The existence of GBV referral pathways:** Increasing CVA implementing staff' awareness on GBV referrals pathways; what these are, how to refer survivors to specialized support by GBV specialists, are necessities and key motivating factors in all three case studies. For example, GBV actors can present the existing referral pathways to Cash Working Groups, such as being familiar with the survivor-centred approach, and ensure that CVA implementing staff are equipped to use these referral pathways.<sup>5</sup> Alternatively, GBV actors should be consulted on projects with CVA for analysis of risks and their mitigation to enhance the safety of CVA

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<sup>4</sup> On Gender, GBV and COVID-19, see for example, [ACAPS reports](#); [the World Bank resources and research](#); and [IASC Guidelines for GBV in COVID-19 response](#)

<sup>5</sup> See also the [GBV Pocket Guide](#) as a tool to be used by all humanitarian practitioners

recipients as well as sensitive complaints mechanisms with capacity for GBV referrals. Measures can also be taken to integrate CVA actors on referral pathways depending on their absorption capacity to include GBV survivors or people at risk in their caseload.<sup>6</sup>

## What more needs to be done?

While these three case studies show promising practices, there remain glaring gaps to ensure humanitarian practice meaningfully considers gender in CVA, as well as GBV risk mitigation, prevention and use of CVA in GBV at systematic ways at response levels.

**Both collaborating and specialization have their places:** It is important to distinguish between GBV prevention, GBV risk mitigation and GBV response and to differentiate this from gendered (sensitive, responsive, or transformative) approaches. These activities and approaches require different expertise; thus practitioners need to learn more about where their specializations contribute to improved responses with CVA at coordination levels, and where to call in specialists. While GBV risk mitigation in CVA is the responsibility of all, CVA in GBV response requires CVA and GBV specialists working together with GBV specialists in the lead. At the same time, CVA's contribution to GBV prevention in humanitarian contexts requires considerably more evidence to understand the connection between the modalities and prevention.

**The coordination between GBV and CVA specialists should be strengthened, while keeping in mind complementary roles:** GBV case disclosure should only be done with trained GBV specialists and all data protection be under GBV case management protocols. Practitioners are encouraged to use the globally available resources such as the [CVA & GBV Compendium](#), [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#), the [GBV Pocket Guide](#) and any local level guidance (e.g. GBV AoR, Cash Working Group, National GBV response policies).

**Gender is part of GBV, but it is not the only aspect:** There is a frequent conflation of GBV mitigation, prevention and response and gendered approaches (sensitive, responsive, or transformative). While protection issues, especially GBV, are critical in CVA, is not the only aspect of gender that needs to be addressed. The Gender Handbook [in Humanitarian Action, which includes](#) a chapter on CVA, is an excellent resource for practitioners to understand and apply robust thinking on gender concepts in humanitarian work, which can help to engage a wider range of stakeholders involved in programming with CVA at the response level.

**Coordination platforms are not clear:** The “coalition of the willing” will take on different forms at response levels. Broad coordination platforms and mechanisms rather than individuals are best placed to advance the dialogue on this topic. However, interested practitioners may still need to lead the mapping of those coordination mechanisms--Cluster, working groups, national task teams--especially in the absence of universal Cash Coordination in the Humanitarian architecture.

**More examples are needed, even ones that do not yield successes:** It was challenging to identify response level examples, though practitioners are addressing these issues on a regular basis. It may be helpful to unpack “what does not work” to get to “what does work” so that practitioners learn and do not repeat unsuccessful attempts to bring together gender and GBV risk mitigation, prevention and response into CVA design, implementing and evaluation in concert with others.

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<sup>6</sup> See also the [CVA and GBV Compendium](#)