



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

**MULTI-COUNTRY STUDY  
OCTOBER 2019**



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## Acronyms and abbreviations

ACF	Action Contre la Faim	IDP	Internally displaced person
CaLP	Cash Learning Partnership	IRC	International Rescue Committee
CDRC	Citizens’ Disaster Response Center	MPG	Multi-purpose cash grant
CORDIS	Cordillera Disaster Response and Development Services	NGO	Non-governmental organization
CTP	Cash transfer programming	NRC	Norwegian Refugee Council
CVA	Cash and voucher assistance	PSEA	Protection from sexual exploitation and abuse
ECHO	European Civil Protection and Humanitarian Aid Operations	RGA	Rapid gender analysis
FGD	Focus group discussion	UNHCR	United Nations High Commissioner for Refugees
FSP	Financial service provider	VSLA	Village Savings and Loan Association
GBV	Gender-based violence	WFP	World Food Programme
GiE	Gender in Emergencies	WRC	Women’s Refugee Commission
IASC	Inter-Agency Standing Committee		

## Definition of terms

TERM	DEFINITION	SOURCE
<b>Cash and voucher assistance (CVA)</b>	The provision of cash transfers or vouchers to individuals, households, or community recipients; not to governments or other state actors. CVA covers all modalities of cash-based assistance, including vouchers. This excludes remittances and microfinance. The term can be used interchangeably with cash-based assistance, Cash Transfer Programming, and cash-based interventions.	<b>CaLP</b>

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# EXECUTIVE SUMMARY

## Study Overview

CARE is committed to being “cash ready” to achieve breakthroughs for women and girls in its cash and voucher assistance (CVA) and to convene other stakeholders on the gendered aspects of CVA. Building that commitment, CARE commissioned a study on gender-sensitive CVA from its own project participants. The study aimed at understanding the:

- Extent to which women, men, boys, and girls have been involved in the design of CVA and the implications of this involvement.
- Potential for CVA to foster positive and sustainable gender roles and relations that contribute to gender equity.
- Gender-related barriers and risks associated with collecting and receiving CVA including social and cultural attitudes and protection risks.

## Methodology

The study drew directly from the experience of those affected by crisis in a range operating environment—Haiti, Jordan, Malawi, Niger, and the Philippines. The priority was to hear from the project participants themselves and 380 women and men partook in Focus Group Discussions, storytelling and individual interviews. The country-level research was supplemented by a global-level literature review and semi-structured interviews with CARE staff.

## Study findings

### DEFINING WHAT IS GENDER-SENSITIVE CVA

Through discussions, a set of characteristics of gender-sensitive CVA were defined:

- Designed to respond to the unique needs and capacities of women, men, boys, girls, and those of other genders;
- Developed in a manner that avoids exposing recipients to harm; and
- Built on social norms work.

### INCORPORATING GENDER INTO CVA DESIGN

Women's involvement in the design of CVA differed across the study countries. In some locations there was limited participation while in others, such as a program in the Philippines, CVA was designed with a specific gender focus that ensured that households were given the opportunity to decide which family member should receive the cash, the location of pay points and/or distribution sites, and the best times of day for the cash to be made available.

In those places where women were less involved in design discussions, crisis-affected populations highlighted that this resulted in less awareness of the role that they could play in decision-making at the household and community level upon receipt of the transfer. In some cases, this led to difficulties in collecting their transfers due to the location of pay points and/or distribution sites, delivery times, and transfer mechanisms.

The absence of involvement of affected communities, particularly women, in the design process highlighted the need for robust gender analysis to be systematically included as an integral part of needs analysis, both at the start of and throughout implementation of CVA. Without this, a number of threats to gender-sensitive CVA—and particularly to CVA that considers the specific needs and capacities of women—are likely to remain. This study found that these threats can exist both outside of the household, such as safety and security issues for women when collecting their transfers, but also within the home where risks of tension and violence may be increased when women are targeted as recipients.

### OPPORTUNITIES FOR FOSTERING POSITIVE AND SUSTAINABLE GENDER ROLES AND RELATIONS THROUGH CVA

In line with the findings of earlier studies, this study found that, to promote more positive and sustainable gender roles and relations and transformative, CVA needs to be combined with complementary interventions—the *Cash Plus* approach. Recipients in all study countries cited healthcare, education training and skills development and the provision of essential services (such as legal support and financial advice) as important complementary interventions, which could be connected to via *Cash Plus*. The approach should be aimed at women and men, both at the household and community level.

The Philippines and Jordan provided examples of the adoption of the *Cash Plus* approach. In the Philippines, some recipients were provided with information sessions focusing on gender equity, financial literacy, child protection, resilience building, and hygiene and sanitation in addition to their CVA. Respondents confirmed that this had resulted in longer-term changes that extended beyond the timeframe of the CVA related to improved household-expenditure decisions, enhanced budgeting and savings skills, increased resilience, and strengthened livelihoods development. In Jordan, a case management approach was adopted in which all CVA recipients were referred for additional services providing psychosocial support, education, legal and health services, and vocational training. Provision of livelihoods support was also an important feature of Jordan's approach to *Cash Plus*.

In some locations, Village Savings and Loan Associations (VSLAs) provided a complementary form of support to women receiving CVA. In Haiti, Malawi, and Niger, some women used a portion of the transfer to contribute to and participate in VSLAs, which not only had immediate impacts in terms of increasing women's involvement in household-level financial decision-making but also enhanced women's longer-term financial management skills and capacities as a result of training received through these groups. Women involved in VSLAs highlighted the role of these groups—even in humanitarian response environments—as extremely important as they provided safe spaces for women to

meet and strengthened women's voices at the community level in addition to strengthening participants' financial management skills.

The study also found that the inclusion of men in *Cash Plus*, such as gender equity trainings and awareness-raising sessions, was important to encourage positive attitudinal changes with regard to women's roles, including in relation to financial decision-making.

## **CVA AND GENDER-RELATED PROTECTION CONCERNS**

Previous research has demonstrated that gender-sensitive CVA can have positive protection outcomes. However, there are also a number of gender-related protection risks associated with the provision of CVA that may manifest as gender-based violence (GBV). When these risks exist, they create barriers for women (and sometimes others) to safely access and use their transfers.

This study found that key issues pertaining to CVA and gender-related protection concerns, some of which are inter-linked, centered around: CVA collection sites and CVA access; Safe and secure delivery mechanisms; Female-friendly communication mechanisms; Intra-household tension; Community-level tension; and Protection from sexual exploitation and abuse (PSEA).

In all study countries, respondents highlighted concerns related to women's ability to physically collect their transfers. This was often related to the distance that they had to travel, and women stressed their fear of being robbed on their way home, particularly when financial service providers (FSPs) arrived late at pay points. This fear of attack on the way to or from collection points was compounded by worries that the time away from home meant that these women were not able to carry out the household chores for which they were responsible.

Other safety and security concerns for women—many of which were also noted as being relevant for the elderly and persons with disabilities—included a lack of knowledge and understanding of technology, illiteracy, language barriers, and the lack of requisite documentation, all of which prevented easy access to the transfer. Issues of easy access to CVA can be linked to a push within the humanitarian sector to use a single CVA delivery system in many places. While this approach has clear benefits in terms of cost-efficiency, the use of a single delivery system also risks excluding some of the very people who are most in need of assistance. This highlights the need for aid agencies to garner donor support in establishing adaptable CVA registration mechanisms and using delivery systems that can respond to the diverse and specific needs of women, girls, men, and boys of all ages and abilities. This is essential if the humanitarian community wants to truly provide impartial and accountable CVA in a way that responds to different vulnerabilities and capacities rather than neglecting these diverse needs in the pursuit of cost-efficiency.

Receipt of CVA by women was also found to create tensions within the household and community in some—though not all—study countries. In Jordan, women stated that receiving CVA had increased tension in the household in relation to financial decision-making. In Niger, the opposite was true, perhaps because it was already customary for women to handle money and be involved in financial decision-making in Niger whereas in Jordan this was more nuanced, with household financial decision-making responsibility varying from household to household. In Malawi, some women stressed the need for an increase in the value of the transfers as the transfers were based on cluster-level guidance to cover food needs rather than all essential needs; when the money ran out, these women reported being exposed to violence or a risk of violence within their homes, leading some to state a preference for food commodities instead of cash in order to reduce unrealistic expectations about what the transfers would cover. In four of the study countries, women reported harassment or fear of harassment from their own communities as not everyone had benefitted from CVA. This was a particular concern where women were named as CVA recipients and was particularly apparent for female heads of household.

Linked to the above household- and community-level risks associated with women's ability to access CVA, study participants described the need to establish safe, secure, female-friendly communication mechanisms.



As this study demonstrates, that factoring gender into the design and implementation of CVA from the outset is a priority to foster gender sensitivity. Its inclusion can in turn support the strengthening of positive and sustainable gender roles and relations and mitigate gender-related protection concerns for those affected by crisis. It further supports that the need to progress in the design and implementation of people-centered, gender-sensitive CVA remains.

## Recommendations

Based on the study findings, a number of recommendations are made:

### PHASE: ASSESSMENT AND ANALYSIS

**Inclusion of Gender and Market Analysis in Needs Assessments:** Links between market analysis and gender analysis must be made and included in all basic needs assessments; they should be regularly updated throughout the implementation timeframe even in protracted crises

**Analysis of Gendered Protection Risks for All Genders:** Constant analysis and mitigation of identified protection risks of women and men and their sub-groups such as the elderly, youth, people with disabilities and LGBTQI groups is essential.

### PHASE: PLANNING AND DESIGN

**Participatory Approaches that Meaningfully Address Gender:** Women's leadership in humanitarian decision-making should influence the design of CVA--to understand household-level decision-making power, where power in the community lies, and the role and influence of local governance structures.

Integrating Gender into CVA Design especially *Cash Plus*: CVA action that *aims* to contribute to gender sensitivity, needs to be intentional and clearly linked to needs, gender, and market analyses. *Cash plus* offers an interesting potential for gender-sensitive CVA especially meeting unfulfilled critical services (e.g. health care) and Village Savings and Loans (VSLAs).

**Use Gender Markers Earnestly:** Gender markers should be systematically used to ensure that gender is considered from the outset and be reflected upon during evaluations to “ground-truth” the findings.

#### **PHASE: IMPLEMENTATION AND MONITORING**

**Understand and Mitigate Gendered Protection Risks:** All CVA should recognize diversity of needs and capacities of the different gender groups—and their sub groups. This may result in different mechanisms being used for different groups within a target population or the need for more pay points. Ongoing monitoring of gender aspects of CVA—especially protection and safety— are important element to reach gender sensitivity.

**Understand the Potential Negative Impacts on Gender Relations of Transfer Values That Do Not Meet Multiple Needs:** Transfers designed to cover a single outcome should be combined with strong awareness-raising within the community to build understanding about what the transfer could cover and mitigate gendered protection risks.

**Sensitization and Awareness That Reaches All Genders:** Community sensitization and awareness sessions—with women and men, separately and then together if appropriate— can help ensure community-wide understanding of why some people, but not all, have been targeted with CVA is recommended, particularly to try to ensure that those targeted are not put at risk or harassed.

**Community Communication and Engagement That Promotes Gender Equity and Mitigates Gender Protection Risks:** Establishing two-way feedback and complaints mechanisms that are sufficiently secure to allow recipients of all genders and their sub-groups to use them needs to be included for all CVA.

#### **AT A RESPONSE AND AGENCY LEVEL:**

**Gender Analysis and Institutional Messaging at Response Level:** Stakeholders responsible for overseeing and undertaking assessments and analyses must emphasize the importance of gender analysis to effective and gender-sensitive responses especially donors.

**Bring Gender Expertise into CVA:** Ensuring that gender experts including GBV experts, have a sound understanding of CVA and the potential benefits and drawbacks is an important element of this approach.

**Training on Gendered Protection Aspects of CVA:** There is a need for continued and systematic training of agency staff on PSEA and GBV and how these may be affected or influenced by CVA.





# 1. INTRODUCTION AND BACKGROUND TO THE STUDY

What does gender-sensitive Cash and Voucher Assistance (CVA) look like, particularly in emergency and crisis contexts? With gendered elements of CVA often being built on assumptions rather than on evidence, CARE has identified the need to draw on the voices of women, girls, men, and boys in order to respond to this question. Listening to the answers of those most affected by crisis will guide CARE's future CVA, ensuring the integration of gender-sensitive approaches and more robustly responding to gender-related needs, preferences, and realities.

Because gender is one of the key sources of inequality and marginalization in the world today, the need for CVA to account for the distinct needs, capacities, and vulnerabilities of women and girls, men and boys is a priority for CARE, in line with its commitment to women's empowerment and gender equality. This study, and the people-centered approach it adopted, build on CARE's existing commitment to listen to women and girls, men and boys in order to design and implement gender-sensitive CVA in ways that achieve the best possible outcomes by maximizing inclusion, effectiveness, and efficiency. Based on a stronger understanding of what works best, particularly for women and girls, this study contributes to CARE's assurance that it will bring "gender into cash and cash into gender" throughout the program cycle.<sup>1</sup>

Since 2018, there has been considerable focus at the global level on gender and CVA, starting with the Cash Learning Partnership's (CaLP) symposium held with the Women's Refugee Commission (WRC) and the Norwegian Refugee Council (NRC) in Nairobi, Kenya in February 2018. An output of that event was the "Gender and Cash Based Assistance in Humanitarian Contexts: An Agenda for Collective Action." The "Agenda for Action" aims to "enable cash, gender and protection specialists to work together and ensure quality programming," another important step in contributing to coordinated working towards the more systematic development of gender-sensitive CVA. Building on the research that was presented at the conference, CaLP fostered building evidence and promoting good practice in relation to gender-sensitive CVA.<sup>2</sup>

1 For more information on CARE's gender-focused cash programming strategy please refer to the organization's [Global playbook for cash and voucher programming](#).

2 The collections can be accessed on CaLP's [Gender and Inclusion](#) webpage.

During the second Grand Bargain Cash Work Stream Workshop in June 2018, gender and cash was identified as a new priority action point. At the workshop, CARE and UN Women committed to lead a sub-workstream dedicated to advocating for and supporting the mainstreaming of gender issues throughout the Cash Workstream to ensure better synergies with other Workstreams. In early 2019, several other organizations joined the sub-workstream focusing on improving practice, research, and policy related to gender and CVA.

A first action towards the pledge was achieved during the side event on Cash and Gender during the CaLP's "Cash Week" held in London in October. CaLP, CARE, WRC, ActionAid UK, and UN Women led a half-day session dedicated to strengthening the commitment to gender in CVA. Forty participants from non-governmental organizations (NGOs), the United Nations, donors, and researchers engaged in robust discussion about gender and cash and vouchers.

As a result of the event, CARE and UN Women committed to fostering further discussions on gender and cash learning agendas for interested stakeholders in line with the work plan for the sub-workstream, whose activities broadly include:

- Providing an overview of the emerging evidence, disseminating new research findings, and identifying research gaps on gender and CVA.
- Developing and sharing guidance materials on CVA and gender that help practitioners move from commitment to action.
- Convening interested stakeholders on gender and CVA topics.

The Gender and Cash sub-workstream group held another event in April 2019 in Washington DC. One of the outputs was a research agenda for the sub-workstream and other interested stakeholders.<sup>3</sup> This study contributes further to this much needed and continually growing collection of gender and CVA evidence.

CARE's research, which holds crisis-affected people at the center, aims to contribute further by considering:

- The extent to which women, men, boys, and girls have been involved in the design of CVA and the implications of this involvement.
- The potential for CVA to foster positive and sustainable gender roles and relations that contribute to gender equity.
- Gender-related barriers and risks associated with collecting and receiving CVA including social and cultural attitudes and protection risks.

Drawing directly from the voices of crisis-affected women and men, this study has been undertaken in five wildly different response environments: Haiti, Jordan, Malawi, Niger, and the Philippines.<sup>4</sup> While the focus has been on programs implemented by CARE and its partners, a review of available literature allowed for the incorporation of learning from other contexts. Obtaining an understanding of women's and men's experiences of CVA in these environments, putting them at the center of the research, has been a main driver of the methodological approach.

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3 A full list of the topics and the event's proceeding is available in the [workshop report](#).

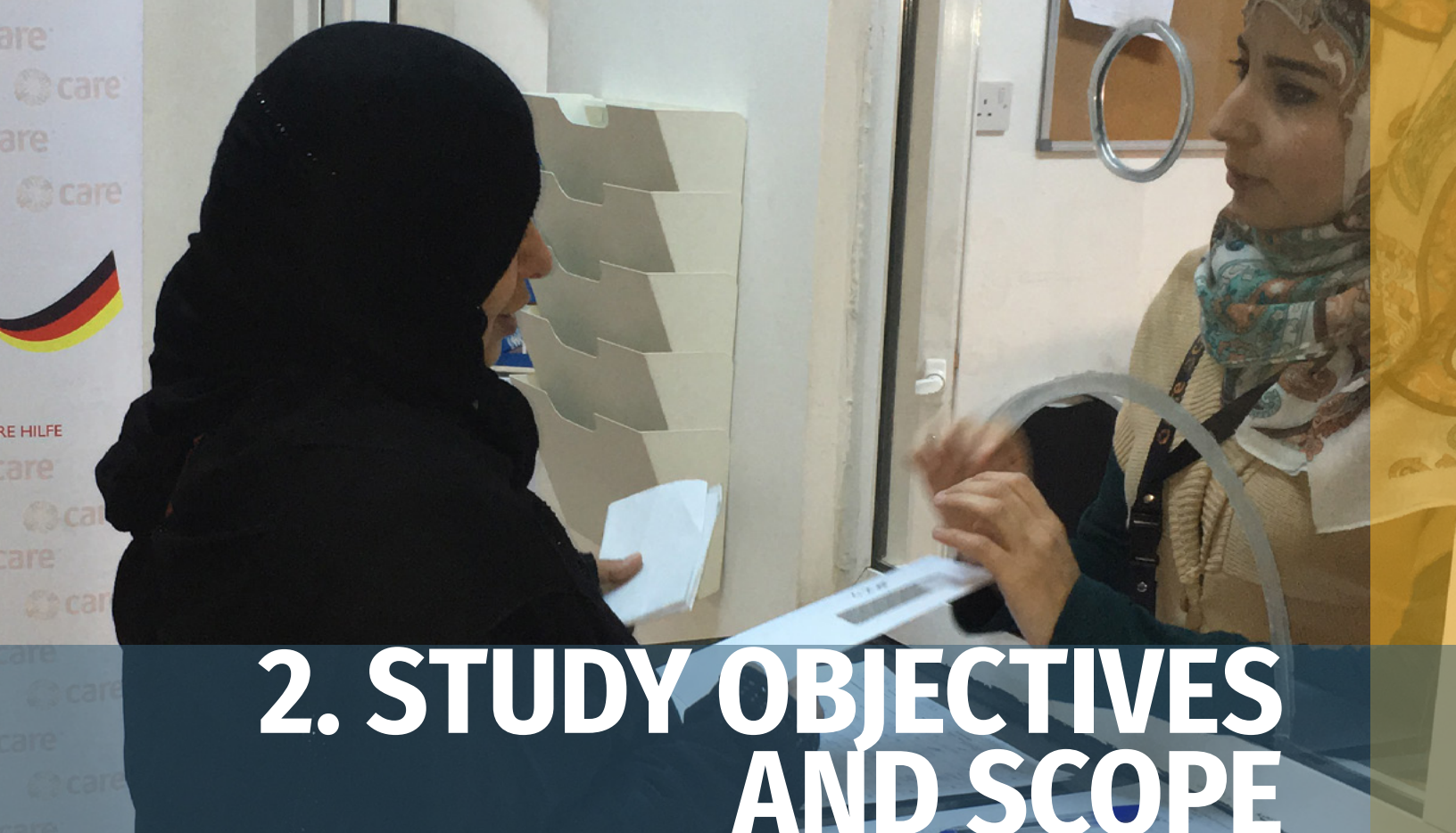
4 See [Annex 2](#) for further details on the environments covered.

**TABLE 1: COUNTRY OVERVIEW ON CVA IN STUDY COUNTRIES IN 2019**

	HAITI	JORDAN	MALAWI	NIGER	PHILIPPINES
<b># of households assisted</b>	17,300	15,000	23,000	10,050	2,792
<b>Expected outcome(s) of CVA</b>	Food and nutrition security; increased resilience	Meeting basic needs	Improved food security	Basic needs and livelihoods improvement	Food security
<b>Implementation method</b>	Direct	Direct	Direct	Direct	With partner
<b>Context</b>	Chronic poverty; natural disaster	Displacement from conflict	Natural disaster	Displacement from conflict	Natural disaster

The study allowed for a nuanced understanding, country-by-country, of how crisis-affected populations feel gender-sensitive CVA should look and where some of the challenges are in terms of achieving this.

The study focused primarily on CVA undertaken in humanitarian response environments. This is mainly due to the fact that 1) ensuring gender-informed programming in development contexts is comparatively advanced and 2) the overwhelming majority of CVA worldwide is delivered in humanitarian contexts, including for CARE. The provision of CVA in development settings has already tended to include a focus on women’s economic empowerment, including financial literacy and financial inclusion. However, it is during humanitarian responses—both in emergencies and in protracted crises—that gender sensitivity in relation to CVA has become diluted or even left unconsidered, so it is here that learning needs to be fostered.



## 2. STUDY OBJECTIVES AND SCOPE

This study aligns with CARE's global focus on empowering women and girls, elevating their voices, and attending to their needs in humanitarian and development settings, as well as its strategic intent on CVA.<sup>5</sup> As noted above, the main objectives of the study centered on hearing directly from crisis-affected populations themselves in relation to:

- the actual and potential role of women in the design of CVA;
- the link between CVA and gender-related roles and relations; and
- existing and potential gender-related barriers and risks in relation to being targeted with and collecting CVA.

In addition, and based on discussions with crisis-affected populations, the study aims to influence CARE's current and future approaches to CVA, as well as contributing the community of practice's understanding of the topic.

Focusing on humanitarian operating environments, the study shed light on a number of CVA issues that are not specifically gender-related and are therefore not included in this report. Similarly, the study does not aim to provide technical guidance on critical matters such as the timing and duration of transfers and how these can be designed to promote gender equality and empowerment; such guidance can be found in existing research.<sup>6</sup> While the study has touched upon CVA and protection concerns, this is not the focus.<sup>7</sup>

<sup>5</sup> CARE's **CVA Playbook** is a short document that outlines this intent.

<sup>6</sup> For example, the WFP's February 2019 study **How cash-based interventions can promote gender equality and women's empowerment**.

<sup>7</sup> **Cash & voucher assistance and gender-based violence compendium: Practical guidance for humanitarian practitioners** and the **Guide for protection in cash-based interventions** are among other important sources of guidance.



# 3. STUDY METHODOLOGY

Led by an independent consultant, supported at the global level by CARE’s Cash and Markets Technical Advisor and at the country level by CARE Research Focal Points, this study was undertaken between April and mid-July 2019.

With an emphasis on hearing from women and men in their own voices, the methodological approach adopted for this study ensured that information was gathered in a contextually relevant and meaningful way, in order to contribute to CARE’s accountability to the populations being served. Crisis-affected people—including refugees, indigenous and host populations, internally displaced persons (IDPs), and vulnerable resident populations (for example, the chronically food insecure)—have been at the center of the approach adopted, and the framing of relevant questions and data collection methodologies was carefully thought through by the data collection team from the outset.

Divided into global- and country-level data collection, Figure 1 shows the analytical framework used to help structure data collection and hear firsthand how crisis-affected populations experience CVA.

## COUNTRY-LEVEL PRIMARY RESEARCH

The study adopted a person-centric approach to data collection allowing for consistent reflection with crisis-affected people throughout the process and ensuring the ability to capture complexity and enhance accountability.



FIGURE 1: ANALYTICAL FRAMEWORK

Three key methods were adopted to gather data at the country level:

- One-to-one household-level interviews with men and women;
- FGDs with women and men (separately and in co-ed groups);
- Storytelling, focusing primarily on women and allowing them to tell their stories in relation to CVA in a way that demonstrated change or suggested ways in which more effective change could be made. Most stories were narrated, but some were captured on video.
- Data was collected by 32 trained male and female data collectors as highlighted in Table 2.

**TABLE 2: DATA COLLECTORS BY COUNTRY**

COUNTRY	NUMBER OF FEMALE DATA COLLECTORS	NUMBER OF MALE DATA COLLECTORS
Haiti	4	10
Jordan	4	0
Malawi	2	4
Niger	2	2
Philippines	2	2
<b>TOTAL</b>	<b>14</b>	<b>18</b>

As seen in Table 3, a total of 237 interviews and 62 FGDs were held with 380 participants during the course of the study.<sup>8</sup> Seventy percent of individual interviews were held with women and 30% were held with men. More than half (54%) of the 62 FGDs involved only women. Eighteen individuals were able to share their stories related to CVA with the study team, including four video stories. A purposive sampling strategy was adopted for the identification of study participants. Interviews were conducted in the local language.

8 See **Annex 2** for an overview of the CVA recipients who participated in the study.

**TABLE 3: INTERVIEWS AND FGDS**

	HAITI	JORDAN	MALAWI	NIGER	PHILIPPINES	TOTAL
Individual interviews with men	11	17	9	21	11	69
Individual interviews with women	53	35	20 <sup>9</sup>	21	39	168
Female-only FGDS	9	6 (39 participants)	4 (34 participants)	6 (48 participants)	9 (71 participants)	34 (192 participants)
Male-only FGDS	5	4 (28 participants)	12 (60 participants)	5 (39 participants)	0	21 (127 participants)
Mixed FGDS	1	0	3 (36 participants)		3 (23 participants)	7 (61 participants)
Videoed stories	1	1	2	3	0	6
Narrated stories	1	2	6	5	4	18

The one-to-one household-level interviews and FGDS in all countries were held with those who had received CVA from CARE, a CARE partner, and/or another organization.

### GLOBAL-LEVEL RESEARCH

There were two elements to the global-level research:

- **LITERATURE REVIEW:** A review of available literature was undertaken to provide an initial orientation for the study. The literature review continued throughout the study period to ensure that ongoing learning was included in the final study.<sup>10</sup>
- **INTERVIEWS WITH CARE STAFF:** CARE staff from around the globe participated in semi-structured interviews to facilitate an appreciation of CARE's current approach to and understanding of gender-sensitive CVA and to identify realistic steps that can be taken to better respond to the gendered needs of crisis-affected populations when CVA is considered an appropriate response option. A total of thirteen interviews took place; see Annex 3 for a list of those involved.

9 20 were held with elderly individuals, one was held with a person with a disability, 16 were held with young women, and one was held with an expectant mother

10 See **Annex 1** for an overview of the key literature reviewed.

## LIMITATIONS

There were some limitations to the study methodology, some of which were time- and resource-related. These included:

- Although participants were randomly selected, the participatory approach adopted necessitated an **element of self-selection** as people could elect to be involved or not, and this may bias findings.
- Some participants may have **lacked confidence in storytelling and left out details**.
- Using CARE staff to undertake data collection may have resulted in some **participants not feeling able to speak freely**. However, within the study timeframe, with the exception of Malawi, recruiting and training new staff or engaging with third parties was not feasible. Research staff were encouraged to ensure that there was an environment of openness in all discussions and in Haiti staff who were not involved in the CVA were used to counter this limitation. In addition, participants were informed that their participation was voluntary and that there was no obligation to respond to questions that they preferred not to answer. Those involved were informed that the discussions were confidential and that their inputs would not be attributable unless they had agreed to contribute to stories and videos.
- There was necessarily an **asymmetrical relationship between CARE data collectors and the participants** as the data collectors were, to an extent, setting the agenda for and leading discussions. However, in order to be able to assess any commonalities across the countries and facilitate analysis, it was important that the questions and topics covered were as uniformly as possible.
- With the **focus on gathering ideas from crisis-affected** populations, inputs from other stakeholders, such as government authorities, have not been included.





# 4. STUDY FINDINGS

## 4.1 What is gender-sensitive CVA?

Before embarking on data collection for this study, it was necessary to gain an understanding of CARE’s own interpretation of gender-sensitive CVA. Different terminology was used throughout discussions with CARE staff including: “women-centered CVA”; “gender-informed CVA”; “gender-sensitive CVA”; and “gendered CVA”. There was agreement, however, that the term “gender-sensitive CVA” most appropriately captured what this study hopes to encourage, support, and learn from based on discussions with those most affected as well as with key informants.<sup>11</sup>

While there was no common definition of gender-sensitive CVA at the start of the study, there was a general consensus that gender-sensitive CVA should be:



**FIGURE 2: COMPONENTS OF GENDER-SENSITIVE CVA**

<sup>11</sup> As highlighted in CARE’s **Gender Equality Guidance Note**, women and girls’ empowerment approaches must be synchronized with and complementary to engagement with men, boys, and people of other genders for gender equality. In addition, CARE’s recently revised Gender Marker supports the measurement of the integration of gender into programming along the CARE Gender Continuum from harmful to transformative. The Gender Marker enables CARE to track, improve upon, and support more effective, gender-integrated programming.

**“We should be consulted on all the decisions related to activities, so that our needs are prioritized according to our circumstances.”**

—FEMALE NIGERIAN RETURNEES, NIGER

- Designed to respond to the unique needs and capacities of women, men, boys, girls, and those of other genders;
- Developed in a manner that avoids exposing recipients to harm;
- Designed with a recognition of the diversity and intersectionality that exists within gender groups; and
- Built upon existing social norms work and research.

Discussions also emphasized that ensuring gender-sensitive CVA means that the CVA must be designed in a way that responds not only to gender-types, but that also accounts for diversity within gender. However, it is increasingly difficult within the current donor-led (and, to an extent, aid agency-promoted) approach of establishing common CVA delivery mechanisms in humanitarian response environments.<sup>12</sup> Implemented and pursued in the interests of cost-efficiency and effectiveness, uniform and harmonized delivery systems struggle to adapt to the lack of homogeneity across and within crisis-affected populations. The drive for one system and one approach to humanitarian CVA may have benefits in terms of efficiency, but risks moving further away from the provision of people-centered support and assistance where those in need are genuinely at the heart of the approach.

## 4.2 Incorporating gender into CVA design

Historically, targeting women as recipients has been considered gender-responsive CVA.<sup>13</sup> More recently there has been acknowledgement that, while the named recipient of the CVA can help to influence control of the transfer and access to information, targeting women does not on its own mean that CVA is gender-sensitive mean that CVA is gender-sensitive and, in some cases, this approach may even exacerbate protection risks.<sup>14</sup>

Recent research by the World Food Programme (WFP) has shown that there are a number of variables that can influence the behavior of men and women in relation to CVA.<sup>15</sup> This includes control of and decision-making about the CVA, workload, mobility, and indebtedness. Ensuring that crisis-affected populations are consulted and included in a robust gender analysis during the design stage of a response can help in predicting these impacts and contribute to CVA that is gender-sensitive.

### WHAT DO CRISIS-AFFECTED POPULATIONS SAY?

Different approaches to involving affected communities and using their inputs in the design of CVA, including on gender issues, have been adopted by the countries covered by this research. Similarly, the inclusion of gender analysis into program design has varied. As depicted in Table 4, communities reported the extent to which they felt they had been given the opportunity to inform program design and ensure the inclusion of gender-specific issues.

12 CARE's related **Gender Policy** commitments detail more on the topic.

13 Peachey, K. (2018). **Opinion: For cash transfers to work we can't ignore gender**. DEVEX.

14 Bell, E. (2015). **Violence against women and cash transfers in humanitarian contexts**. DFID.

15 WFP. (2019). **The potential of cash-based interventions to promote gender equality and women's empowerment**.

**TABLE 4: COMMUNITY INVOLVEMENT IN CVA DESIGN**

	HAITI	JORDAN	MALAWI	NIGER	PHILIPPINES
<b>Participation in CVA design discussions including on gender issues</b>	✗ The majority were not involved in discussions	✓	✓ / ✗	✗	✓ / ✗ Mixed responses on levels of involvement
<b>Participation in discussions on needs and risks</b>	✗ The majority were not involved in discussions	✓	✓ Involved in discussions on needs	✗	✓ Involved in discussions on needs
<b>Further opportunities for feedback and engagement requested by recipients</b>	✗	✗	✓	✓	✓
✗ = not present   ✓ = present   ✓ / ✗ = mixed response					

In **HAITI**, where heads of households—mainly women—were the recipients of the CVA, their involvement in designing the programs, such as discussions related to needs, preferred type of transfer, appropriate transfer modality, frequency and length of transfer, and the existence of gender-related risks and barriers, was limited. As a result, critical issues of importance to women, such as the selection of distribution sites (some of which were far from where recipients were located), were not always sufficiently considered.

A different approach to participation was used in **JORDAN** where CVA recipients were involved in discussions on CVA as an integral part of the case management approach adopted. In spite of this more tailored and individualized approach to try to ensure that recipient needs and preferences were incorporated at the design stage, there were still some gender-related concerns, which are similar to those seen in **HAITI** such as distance from the place of residence to the CVA distribution location (this issue is discussed further in **Section 4.4: CVA-related protection concerns**).

CVA recipients in **MALAWI** had limited involvement in program design and were primarily involved in the needs assessment stage and at the community level.<sup>16</sup> This study provided recipients with the opportunity to emphasize that, had they been more involved, they would have expressed a preference for more women to be recipients of cash, as well as the elderly and child-headed households.<sup>17</sup> Their key concern, however, was the lack of consultation related to the value and duration of the transfers, emphasizing the fact that the transfers covering only food needs and the location of pay points. With the CVA designed purely to focus on covering food needs, recipients emphasized that the provision of multi-purpose cash grants (MPGs) would have been preferable. MPGs would have given them more freedom to use the transfer in the most appropriate way for themselves and their families.

Crisis-affected communities in **NIGER** reported that they were not involved in the design of the CVA. Women and men here whether refugees, IDPs, or the host population all encouraged the participation of community leaders in the future.

<sup>16</sup> As part of a broader humanitarian response, program design and establishment of transfer values was done at the cluster level.

<sup>17</sup> It is worth noting that the majority of those registered to receive CVA from CARE—some 60% of the total number registered—were, in fact, women.

**“I am a divorcee with six sons and one daughter. Receiving CVA has made me an independent and strong woman. I have paid my debts and can cover the transport costs to get my children to school. This has helped reduce the psychological pressure of my situation.”**

—LUBNA, SYRIAN REFUGEE IN JORDAN

In the **PHILIPPINES**, some projects with CVA have been designed with a specific gender focus. Households were given the opportunity to discuss and decide which family member should be registered and receive cash transfers on behalf of the household. In these cases, women were as likely to receive the CVA as men. In other projects, such as those providing government assistance, such discussions did not take place and men were the primary recipients of assistance. Recipients were also involved in discussions on the best times of day to release cash transfers—an important consideration for those with other responsibilities such as household chores.

Overall, in those places where women were less involved in design discussions, interviews with women highlighted that this resulted in them not being fully aware of the role that they could play in decision-making upon receipt of the transfer. As highlighted below in relation to obstacles in accessing CVA (see **Section 4.4**), the involvement of recipients at the design stage in decisions on where to locate cash delivery points would have ensured that all recipients, especially women, the elderly, and persons with disabilities, would have had less difficulty in collecting their transfers.

#### **KEY MESSAGES:**

- Gender analysis including gendered market analysis needs to be an integral part of needs analysis in all response environments in order to help establish baselines that take account of gender-related issues and to inform response options. The absence of this risks inhibiting gender-sensitive CVA.
- Women’s participation, and ensuring that they have a lead role in decision-making related to the design of CVA, is essential to support and promote gender-sensitive CVA. This will ensure that critical issues are considered with women’s needs in mind, such as choosing locations for collection sites that allow women to receive their transfers safely and securely and mitigate GBV risks.

### **4.3 Opportunities for fostering positive and sustainable gender roles and relations through CVA**

Women’s empowerment tends to arise from a range of factors linked to societal norms, individual attitudes, and access to resources. On its own, short-term CVA is unlikely to result in enhanced empowerment or resilience. However, when included in longer-term approaches and/or combined with complementary interventions, including during protracted crises, the potential for more sustainable gender impacts such as empowerment and financial independence is strengthened. Discussions with key informants for this research highlighted that, in addition to the provision of CVA, other important elements of complementary action include work to engage men and boys as champions and activists and undertaking advocacy work to raise awareness of rights and elicit change in relation to social norms.

Existing research has found that the positive impacts of CVA tend to be linked to the duration of the transfer—frequently, when the transfers go away, so do the positive effects for women.<sup>18</sup> This is true for all forms of transfers, including MPGs.<sup>19</sup>

18 Kopf, D. (2018). **The transformative power of giving young women cash.** *Quartz*.

19 ACF & CARE. (2019). **The gendered dimension of multi-purpose cash supporting disaster resilience.**

**“When we received our CVA we also received budgeting training and guidance on how to prioritize our needs. After attending several meetings, we have learned that it is better if women are involved in community decision-making and this is now the mindset of all women in the community.”**

—ANITA - INDIGENOUS PERSON, RIZAL, KALINGA, THE PHILIPPINES

The United Nations High Commissioner for Refugees’ (UNHCR) 2018 research on cash and gender<sup>20</sup> stresses that, in societies with unequal gender dynamics and entrenched gender roles, CVA alone has minimal impact. There is also evidence that cash transfers for girls, in the absence of complementary social or behavioral interventions may increase their risk of sexual harassment.<sup>21</sup> In addition, on its own CVA is neither promotive nor transformative in terms of empowerment and sustainable gender impacts, but when combined with other interventions it can have impacts such as:

- Reducing or preventing violence
- Strengthening decision-making, autonomy and mobility
- Increasing skills and knowledge
- Improving livelihoods and income earning capacities
- Reducing social exclusion and increasing social capital
- Promoting women’s leadership<sup>22</sup>

In other research, the WFP has highlighted the importance of taking care not to equate economic gains (such as those from a cash transfer) with economic empowerment. WFP’s research stated that CVA cannot constitute a stand-alone measure but must be linked with other components such as advocacy, sensitization, and education.<sup>23</sup>

This current research has not looked directly at the long term impact of CVAs, but, as seen below, recipients have a number of essential and important needs that cannot be met through the provision of CVA alone. The inclusion of many of the highlighted approaches (such as training and access to healthcare and water) would indeed be likely to ensure longer-term benefits and gender impacts in relation to health and well-being and sustainable livelihoods opportunities.

Global-level discussions undertaken for this study noted that, while aiming to ensure sustainable gender impacts makes sense in some contexts, it is not necessarily appropriate for all. In emergency responses with life-saving objectives, while it is possible to ensure gender sensitivity and the adoption of approaches that will do no harm, ensuring sustainability is not always practical or feasible. While the two goals are not necessarily at odds, the best examples of gender transformative programming in humanitarian contexts can be found in environments where humanitarian interventions have laid a solid foundation for sustainable and transformative gender impacts further down the line. This is more common in those environments where there is existing development programming that has focused on gender transformation through a range of interventions and approaches that a humanitarian response can build upon.

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20 UNHCR. (2018). **Cash assistance and gender – Key considerations and learning.**

21 One study revealed that while girls who had a savings account increased their economic assets, they were also more likely to have been sexually touched and harassed by men. Importantly, this suggests that economic asset-building must be accompanied by simultaneous strengthening of social assets – including social networks and reproductive health knowledge – to avoid girls becoming more vulnerable to increased risk of sexual violence. Austrian, K. and Muthengia, E. (n.d.). **Can economic assets increase girls’ risk of sexual harassment? Evaluation results from a social, health and economic asset-building intervention for vulnerable adolescent girls in Uganda.** Population Council. Kenya.

22 WFP. (2019). **The potential of cash-based interventions to promote gender equality and women’s empowerment - A multi-country study;** ActionAid. (2019). **A feminist approach to cash transfer programming.**

23 WFP. (2018). **Reviewing the linkages between gender, market assessments and market-based interventions.**

## CASH AND THE POTENTIAL FOR TRANSFORMATIVE CHANGE

The integration of gender equality and women's empowerment is essential to effective, participatory and equitable humanitarian assistance. In the Philippines, CARE's cash transfer programs made a difference in the power relations that assign women and girls a low social status affecting their ability to engage in decision making.

Rosita, a 55 years old member of Butbot tribe, a sub-tribe of the Kalinga indigenous people's community explains, "In our community, before when we conduct meetings, it's men who usually participate, but ever since we've started the orientations, women now participate. You can now see that even on meetings conducted in the evenings, women now participate, mothers with older children. For the nursing mothers, they attend daytime meetings, bringing their young children with them."

Cash transfers reinforce women's own abilities to address their own needs, thus enabling transformative change that disrupts gender stereotypes. Olivia, a 37-year-old mother of three, explains that she "became better at budgeting since receiving the assistance," which allowed her to participate in financial decision-making in her family. The cash transfer has provided a space to redefine gender norms, which has the potential to go beyond the emergency. She says, "I'll do this type of budgeting not just when disaster happens to our family. Every time I am entrusted with cash for the family, I'll check the necessities we actually need and I'll buy that first."

Other women, like Anita, a 49-year-old woman who also received a cash grant, have seen changes permeate mindsets in the community. Anita says, "After attending several meetings, we've learned that it's better if women are more involved in meetings and seminars. This is now the mindset of the women in the community." Anita expects these effects will continue in the long-term allowing to "continue the mindset of women participating in the community decision-making; if women are present in the meetings, they can share their problems with everyone as well."

CARE's work with refugees in **JORDAN** provides an example of the organization's Gender Transformative Approach,<sup>24</sup> which is most applicable in such protracted and long-term response environments. Here, having received emergency cash assistance upon arrival, a number of women have benefited from skills training, small business development, and livelihoods support (a key element of CARE's work in **JORDAN**) in order to strengthen capacities and enhance empowerment in the longer term.

## WHAT DO CRISIS-AFFECTED POPULATIONS SAY?

### HOUSEHOLD-LEVEL DECISION-MAKING AND HANDLING OF CASH

While no structured gender analysis was undertaken as part of this study,<sup>25</sup> what *was* considered was the extent to which women had experiences of handling cash, their involvement in expenditure-related decision-making, and the extent to which receiving CVA had fostered any positive or longer-term and sustainable impacts. Responses were varied, in part related to context and in part related to the differences in the duration, frequency, and flexibility of the CVA provided through each program. Also highlighted here are some of the protection concerns raised in relation to the handling of cash by women and their roles in economic decision making.<sup>26</sup>

24 This includes the development of program strategies that seek to build social attitudes, behaviors, and structures that support gender equality for people and communities.

25 CARE does require the application of its **Gender Marker**, though, for all projects at the time of proposal writing.

26 Other protection-related issues are considered in **Section 4.4**.

**“Before I ever received the CARE CVA I was less involved in my family decision-making. But now, through the VSLA and CARE CVA, I think the ideal way to promote women’s capacity building is by targeting women because they promote household development strategies.”**

—ASTRIDE - CARE CVA RECIPIENT, JEREMIE, GRAND’ANSE DEPARTMENT, HAITI

Some male-only discussions in **JORDAN** highlighted men’s concerns that women have insufficient experience making financial and expenditure-related decisions, emphasizing that women may be likely to spend money on the basis of emotions (e.g. focusing on children rather than on urgent needs for the family as a whole like payment of rent). Here, responsibility for handling cash and making household expenditure-related decisions varies between households, with some reporting that when women received the CVA it had a positive impact on their decision-making and financial inclusion. In addition, female heads of household were keen to stress that the receipt of cash transfers had been valuable not only in giving them greater independence—important in terms of empowerment—but also important from a psychological perspective. To an extent, this is aligned with previous research that demonstrates that gender-based targeting can lead to increased respect by partners and families as women are then seen as capable of making financial decisions.<sup>27</sup>

In **HAITI**, **MALAWI**, and the **PHILIPPINES**, respondents stated that it was customary for women to handle cash, so being a recipient of CVA aligned with existing social norms and did not in and of itself enhance empowerment.

In the **PHILIPPINES**, both husband and wife tended to jointly decide on how to utilize the cash. In **HAITI**, when women received the CVA it enhanced their ability to participate in financial decision-making at the household-level more than they had before.

In **MALAWI**, although women and men confirmed that prior to receiving the CVA women, or sometimes jointly women and men, were generally responsible for making decisions on household expenditures, receiving the CVA had contributed to women’s increased autonomy and household decision-making, allowing them to cover household needs but also women’s specific needs, such as paying for antenatal health visits.<sup>28</sup>

Respondents had received relatively short-term transfers (small transfers over three months). Nonetheless, women reported that this had helped them in efficient financial management, with some indicating that they had been able to join VSLA groups as a result.

Similar results were reported in **HAITI** and **NIGER**, where participating in VSLAs also enhanced women’s decision-making power. In both countries, women emphasized that the training they received within the VSLA strengthened their financial management skills and capacities and allowed them to establish small businesses that will support them and empower them in the longer term.

This finding—that being a CVA recipient had enabled women to start small businesses (whether through a VSLA or not) and develop improved budgeting techniques—was echoed in all study countries where women gave examples of using the CVA to launch their own income-generating activities or purchase productive assets. This may contribute to longer-term gender impacts. Although it is too early to say, the ability of CARE’s CVA recipients to join VSLAs is likely to extend

27 Cross, A., Manell, T., Megevand, M. (2018). **Humanitarian cash transfer programming and gender-based violence outcomes: Evidence and future research priorities**. WRC & International Rescue Committee (IRC); IRC & WRC. (2019). **Can cash transfers in humanitarian contexts help prevent, mitigate and respond to gender-based violence? A review of evidence**.

28 Although not covered in this study, **research by Concern** in Malawi highlights that the effectiveness of targeting women depends upon whether their community is patrilineal or matrilineal.

## BLOSSOMING LIVELIHOODS IN POST-CYCLONE MALAWI



### NSANJE – MALAWI

Having already been widowed and finding herself responsible for five children, Mary dreamed of owning livestock in order to generate an income to provide for a better future for herself and her family.

Living in a disaster-prone area, Mary struggled to survive through drought, poor harvests, and flooding. Having first received food from WFP as part of a lean season project, Mary then received CVA for the first time from a joint CARE and WFP project in response to Cyclone Idai in 2019. Mary used some of the money to buy much needed food and saved the rest. After receiving a second payment, she did the same thing, allowing her to purchase a pig to sell in case of future financial hardship. She has also used some of the CVA to rent a plot of land so that she can grow her own food, reducing her dependence on humanitarian assistance.

According to Mary, this combination of using funds for now while also investing in the future has increased her financial and food security, something she has not experienced since the death of her husband.

the duration of their influence in household decision-making into the longer term. These cross-country findings support earlier CARE research in **NIGER** where it findings demonstrated that women's economic empowerment programming in humanitarian interventions, such as through VSLAs, can provide a gender sensitive way to cover basic needs and reduce negative coping mechanisms.<sup>29</sup>

In addition, VSLAs were seen as being gender transformative by providing a pathway linking humanitarian efforts to early recovery and longer-term development and supporting sustainable and positive changes to gender norms and relations. While this research highlighted the financial benefits of women using CVA to contribute to and participate in VSLAs, the earlier **NIGER** study also emphasized additional positive outcomes in terms of providing a safe space in crisis settings, which

29 CARE. (2018). *Women's economic empowerment in emergency contexts: Niger*.



had psychosocial benefits, and strengthening women's voices within the household and the community. This has had a positive influence on women's dignity and role in decision-making at different levels, critical issues that help to justify and encourage CVA that benefits women.

In relation to the existence of barriers in targeting women as CVA recipients, in **NIGER**, where either women alone or heads of household were targeted (so both men and women, depending on the composition of the household), there were mixed responses. Some men felt that it was not right to exclusively target women as the transfers were for the entire household. This was particularly true for married women, whether IDPs, refugees, or members of the host community. In relation to decision-making, while it was the norm for women to make decisions related to their own income-generating activities, findings on everyday financial household decision-making were more nuanced.

Male respondents stated that decisions on the use of the transfer were made jointly. Women, however, stated that they were consulted more on expenditure-related decisions and they attributed this to the CVA. These mixed responses on the extent to which receiving CVA had an influence on women's decision-making power were also found one year earlier in research undertaken by WRC and Save the Children in **NIGER**.<sup>30</sup> In the current study, a very small minority (only two or three cases out of the 100+ discussions in Niger) noted that women were obliged to give their CVA to their husband so that he could decide how to use it.

In **MALAWI**, women were the main recipients of the transfers. Although married women felt obliged to discuss how the cash transfers were used with their husbands—an approach that men strongly believed should be maintained—women were generally able to decide how the transfer was utilized. Previous research undertaken by Concern in Malawi,<sup>31</sup> which focused on humanitarian and development CVA, found that, in a patriarchal context with rigid social norms that limit women's agency, the provision of short-term transfers temporarily improved joint decision-making and did not result in increased GBV. However, these changes to intrahousehold economic decision-making were short-lived, unless the CVA response was embedded in longer-term transformational programming. Men and women shared the concern that the changes related to women's handling of cash and decision-making would only be short-term. However, respondents also pointed out that joint decision-making on the use of cash is becoming more common, linking this to CVA projects that support and encourage this joint approach. While there is some criticism of using decision-making as an indicator in programs that use CVA,<sup>32</sup> it is considered a standard gender indicator used in humanitarian contexts.<sup>33</sup>

## **CASH PLUS**

The provision of complementary services is beneficial in terms of fostering sustainable and positive impacts of CVA. Sometimes referred to as the *Cash Plus*<sup>34</sup> approach, this study was able to confirm that there were needs for women (and men) that can best be met through the provision of cash when combined with or complemented by an additional intervention, such as training and skills development (**JORDAN, MALAWI, and the PHILIPPINES**), legal services (the **PHILIPPINES**), and the provision of essential services (all study countries).

As identified in research undertaken by UN Women, there are positive examples of the use of *Cash Plus* in different contexts where this complementarity has enhanced the impact of the transfer and led to greater gender-transformative

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30 WRC & Save the Children. (2018). **Mainstreaming gender-based violence considerations in cash-based interventions – a case study from Zinder, Niger.**

31 Concern Worldwide. (2018). **Gender and cash-based programming in Malawi: Lessons from Concern Worldwide's humanitarian and development experience.**

32 Amber Peterman, Neha Kumar, Audrey Pereira & Dan Gilligan. (2019). *Towards gender equality: A critical assessment of evidence on Social Safety Nets in Africa.* Working Paper.

33 IASC. (2018). **The Gender Handbook for Humanitarian Action.**

34 *Cash Plus* or complementary programming: This term refers to complementary programming in which a cash transfer program (CTP) (also known as CVA) is combined with other modalities or activities. Complementary interventions may be implemented by the same agency/agencies providing CTP, or potentially by other agencies working in collaboration. Examples might include provision of training and/or livelihood inputs, or behavioral change communication programs. CaLP **Glossary** (Accessed September 4, 2019)

## CASH AND THE POTENTIAL FOR TRANSFORMATIVE CHANGE

### JORDAN



Women and men experience disasters differently. Women and girls not only lose productive assets after a shock, they also experience an increased dependency on men's incomes and spend more time on domestic work post-shock. Women and girls also experience intangible losses, such as the loss of well-being, particularly if they have to become the head of the household. Women are subject to a number of secondary impacts that arise from the shock including violence and trauma, pressure to marry early, loss or reduction in educational opportunities, and an increase in their workload. Salwa, a mother in Mafraq, Jordan, explains that she has "taken the father and mother role at the same time, having six sons and one daughter, [she] decided to be strong in order to face all life's difficulties as well as protecting [her] children." Women and girls can suffer a 'double disaster' with these less tangible impacts causing additional suffering for women and girls.

Cash transfers can provide temporary support to ease this burden. "Receiving the cash assistance helped me to become a strong and independent woman, as I'm the only one responsible on my kids... I got was able to pay my debts, provide basic life needs, and pay the school transportation fees for my children so I know they are safe on their way to school," said Salwa.

change. That research found that linking a cash transfer to the provision of training in budgeting, debt management, and banking services in Lebanon resulted in such change and reduced reliance on negative coping strategies. The research also found that, when connected to safe spaces, cash transfers were seen to enhance psychosocial well-being by re-opening social networks, as seen in the Za'atari refugee camp in Jordan.<sup>35</sup>

The case management approach adopted by CARE in **JORDAN** has provided a positive example of the provision of CVA along with complementary support. All respondents who had received CVA confirmed that they have also been referred to additional services providing psychosocial support, education, legal and health services, and vocational training. Receipt of CVA here has also resulted in increased financial awareness by women recipients, which will be beneficial in the longer term.

In the **PHILIPPINES**, some recipients did receive additional, non-CVA support from CARE and its partners. This included information sessions on gender, child protection, *Build Back Better*,<sup>36</sup> hygiene, and sanitation. CARE's partner, Cordillera Disaster Response and Development Services (CORDIS), also worked with local authorities to ensure that recipients had the relevant residency documentation required to access their transfer. In another program, CARE and another of its partners, the Citizens' Disaster Response Center (CDRC), provided financial literacy and gender equity training. Both men and women participated in the training, with a specific effort made to include men in order to raise their awareness of

35 UN Women. (2018) *Setting the Stage: What we know (and don't know) about the effects of cash-based interventions on gender outcomes in humanitarian settings*.

36 *Build Back Better* is an approach to post-disaster recovery that reduces vulnerability to future disasters and builds community resilience to address physical, social, environmental, and economic vulnerabilities and shocks.

the roles of women within the household (including in relation to financial decision-making). Respondents confirmed that this had resulted in longer-term changes beyond the timeframe of the CVA program, in relation to:

- Improved household-expenditure decisions
- Enhanced budgeting and saving skills
- Increased resilience
- Development of financial management skills to benefit livelihoods

Some 40% of those involved in the research in the **PHILIPPINES** who had received financial literacy training said that this complementary support, beyond the provision of the transfer, had helped them to focus on the priority *needs* of their family and not just the *wants*. Women who benefitted from that additional support stated that in the future they would participate in community meetings and community decision-making—a role previously assigned to men—an indication of positive and potentially sustainable change in gender roles and relations as a result of the *Cash Plus* approach.

Without exception affected populations who participated in this study highlighted that, while the CVA has been useful for addressing certain needs, they still had outstanding and important needs that could not be met through this form of assistance. These responses are reflected in Table 5.

**TABLE 5: CASH PLUS - ADDITIONAL NEEDS<sup>37</sup>**

	HAITI	JORDAN	MALAWI	NIGER	PHILIPPINES
Health, nutrition and hygiene training	✓				
Tuition and education	✓	✓		✓	✓
Healthcare	✓	✓	✓	✓ <sup>38</sup>	✓
Vocational / professional training				✓	✓
Insurance (agriculture)					✓
Access to clean water			✓		
Financial advice			✓		✓
Business development support			✓		

Recipients in all countries cited healthcare as a need that could not be covered by CVA, with tuition and education also noted as a common priority across countries. Otherwise, variations were seen across countries in the additional needs described. For example, in addition to access to healthcare,<sup>39</sup> water, and financial advice, recipients in **MALAWI** expressed the need for commodities that actually could have been purchased had the transfers been larger.

37 Respondents specified other needs that their CVA did not cover. Where these were commodities or items that could have been bought had more cash been provided, this has not been included in the table (e.g. medicines, non-food items, and shelter items).  
 38 This response came from IDPs and refugees rather than from the host communities.  
 39 In Malawi, healthcare is provided by the government run hospitals. However, the participants still had a critical gap in access.

**“If there is a way, I’d like to start a small business. That will help me be independent and satisfy my children’s needs. If I was doing a business, I would find ways to protect my children and prevent them from missing anything. I am my children’s father and mother.”**

HABSATOU – FEMALE REFUGEE, NIGER

#### **CONDITIONAL VERSUS UNRESTRICTED TRANSFERS<sup>40</sup>**

While none of the study countries attached conditionalities to the CVA, vouchers were used in one country to support the purchase of food products. Recipients in all countries stated a preference for unconditional cash in order to give them the flexibility and freedom to make their own decisions on how best to use the money—a key element of strengthening empowerment and gender transformation where women are the recipients.<sup>41</sup>

It was agreed in all-male FGDs and interviews in Jordan that the provision of unrestricted cash has decreased tension related to rent and healthcare payments. Although the all-female FGDs highlighted an overall *increase* in intra-household tension related to household-level financial decision-making). Women agreed with this. However they added that it has also been important in contributing to covering food costs and supporting livelihoods.

Another recent study undertaken by CARE and Action Contre la Faim (ACF) has highlighted that the use of MPGs with no conditionality attached is supportive of resilience in terms of allowing for debt repayment, increasing savings, and investment in livelihoods (albeit only for the duration of the MPG). That study also found that MPGs were the right tool for ensuring flexibility for households to meet their needs, with female-headed households reporting increased decision-making power—a finding also supported by this study, as noted above.<sup>42</sup>

#### **KEY MESSAGES:**

- In some contexts, but not all, receiving CVA contributed to women’s increased autonomy and household decision-making, contributing to increased empowerment (sometimes only for the duration of the transfer) and enhancing women’s ability to pay for women-specific needs.
- Infusing CVA with gender elements that bridge the humanitarian stage into more stable development phases needs to be considered if opportunities to foster positive gender impacts through CVA are to be seized. Facilitating access to VSLAs is one such example.
- Cash transfers will only have long-term, transformative impacts if they can be used for investment purposes that will ensure benefits beyond the life of the transfer. Investment opportunities, particularly in humanitarian response environments, tend to be limited, particularly when skills and capacities are limited.
- Adopting a *Cash Plus* approach will foster more sustainable gender impacts, particularly when the approach emanates from robust gender analysis and women’s participation in CVA design. For example, women have reported positive effects of financial literacy training as a complementary intervention that helps go beyond the benefits of simply receiving CVA.
- Including men in complementary interventions, such as gender equity training and awareness-raising sessions, is critical to encouraging positive change with regard to women’s roles, including in relation to financial decision-making.

40 For definitions of different types of transfer please refer to the [CaLP Glossary](#)

41 An issue also noted in existing research such as: ActionAid. (2019). [A feminist approach to cash transfer programming](#).

42 ACF & CARE. (2019). [The gendered dimension of multi-purpose cash supporting disaster resilience](#).

**“The distance from the place of distribution and the time in the queue for the CVA can hurt pregnant women and those who come with their little babies, more than it can benefit them. You must understand that the woman takes care of the home. So, if she has to go somewhere to pick up the transfer, she will be worried about the children left at home. The place of distribution must not be far from our houses.”**

FEMALE IDP, NIGER

- Designing CVA that has empowering and sustainable gender impacts requires gender analysis and the participation of women at the assessment stage and throughout program implementation, including monitoring (including for GBV risks).
- In emergency responses with life-saving objectives, while it is possible to ensure gender sensitivity and the adoption of approaches that will do no harm, ensuring sustainability is not always (or even often) practical or feasible.

#### 4.4 CVA and gender-related protection concerns

In emergency contexts, the risk of exacerbated gender inequalities and discrimination against women and girls is a concern. Access to assistance, services, and resources is frequently compromised and protection risks, such as GBV<sup>43</sup> are intensified.

Three important points that need to be accounted for when considering issues related to CVA and protection, particularly in relation to GBV, have been highlighted during this study:

- The potential for CVA to address GBV, with the program objective being specifically linked to GBV-related behavior change: There is little conclusive evidence of what works in this regard. Existing research suggests that, on its own, the ability of CVA to promote long-term behavior change is limited.<sup>44</sup>
- The need to ensure gender-sensitivity at a minimum in the design and implementation of interventions that do not have specific gender-related objectives.<sup>45</sup>
- The potential that introducing CVA, while not generally risky in and of itself, may enhance gender-related and protection risks if gender and protection analysis is not sufficiently included from the outset. Key issues highlighted in this study have suggested that targeting women as recipients of CVA and the locations from which women collect their transfers may be two elements of women-focused CVA that could lead to increased gender and protection risks.

There is consensus in existing program-related literature and research that on its own, CVA cannot address the root causes of protection issues and that the best outcomes are achieved when CVA is combined with a complementary service or set of activities via the *Cash Plus* approach (as noted above in [Section 4.3](#)). As can be seen below, although this study did not focus specifically on protection issues, the inclusion of community-level awareness raising about

43 GBV may include intimate partner violence, early and forced marriage, sex work, and any form of physical, sexual, emotional, verbal, or psychological violence aimed at an individual based on their gender.

44 Cross, A., Manell, T., Megevand, M. (2018). [Humanitarian cash transfer programming and gender-based violence outcomes: Evidence and future research priorities](#).

45 For more detail and guidance please refer to [Cash and voucher assistance and gender based violence compendium: Practical guidance for humanitarian practitioners](#).

## “WE CAN ONLY PRAY TO FIND THE BEST WAY OUT”

### NIGER

Hassana is a 40-year-old mother of five. “We are from Doron Baga, in Nigeria. When we lived there, everything was alright. We are from there, we were born there, our families are there, our belongings are there. There is agriculture, breeding, business; all those were done since we were children until we grew up and started do it as well and teaching it to our children.”

Since the crisis started, Hassana and her children moved to Guidan Kadji, about 67 kilometers away from Diffa. “It’s been 6 years now that we left our homes in Nigeria. We first lived in Kawlar. Kawlar and Bosso were attacked; that is when we moved to Mainé. I remember back then, in the bushes, the water of the borehole we drank wasn’t clean. It was full of worms and dirt. We’d use our scarves and hijabs to sift the water before drinking it. Now we are here and live under a tarpaulin and wood house. We can only thank God.”

CARE has distributed cash transfers to the most vulnerable households in Guidan Kadji. “Alhamdulillah for the cash we received. It helped us a lot. Every small issue we have, we are able to fix it with that money.”

CARE has also set up Village Savings and Loan Associations (VSLAs) groups for women. Hassana and a group of other women were not part of it, but upon hearing and seeing the results, they decided to create their own group and asked the others to train them on what they had learned. “It’s been two years since we started the group and no other project has helped us with it, yet we are still continuing to save because it is a good thing. We are happy with it. We keep on saving and when someone is in need, they can use the money, solve their issue and pay back. For that we won’t stop. We save 20 Naira [0.06USD] per woman per week and when something comes up, that’s what we use. On top of that, we also save ten Naira [0.03 USD] each. When someone gives birth, we give her that money to help her out and there’s no paying back. When someone is ill as well, we use that money to pay for the medical bills. That is for us. It is a small saving on the side to help each other out. We are able to do all that with the money we are given by CARE. We don’t have business so we wouldn’t be able to do so without that money.”



Hassana has aspirations for her community, but she feels like the crisis has put them in a situation where they always will require assistance. “Our wish is, if possible—in our community there are households with a lot of members—so, if possible, to increase the assistance of these households. Even if it is capacity building or a business so that they can stand on their own. Because sometimes it takes time before the assistance reaches us. Today, if we are told that there is no assistance, where would we go? Our town where we were born and grew up is dead. Where would we go then? So, for now we are only able to stay where we can be assisted. So Alhamdulillah, we thank God, we thank the village chiefs, we thank the humanitarian projects and may they be able to assist us more.”

Hassana wants to see the crisis end and find a better life, as do most people in her situation. “We are praying for the end of the crisis so that everyone can be at peace. We won’t be assisted forever so we can only pray to find the best way out,” she says.

**“Some women argue with their husbands when they ask their wives to give them the money from the humanitarian cash transfer.”**

MALE REFUGEES AND IDPS, NIGER

the targeting process and more robust consultation with women on CVA collection sites may have reduced the levels of harassment and fear of attack to which some recipients were exposed.

## WHAT CRISIS-AFFECTED POPULATIONS SAY

### CVA COLLECTION SITES AND CVA ACCESS

Establishing CVA distribution locations in conjunction with affected communities was an issue that was raised throughout the study and one that has also been highlighted in previous research. The ability of women to physically collect or access CVA safely was a concern in **ALL** countries included in the study, with the risk that having to travel long distances in order to collect their transfer actually increased women’s pre-existing vulnerabilities. Women stressed that when the collection points were far from where they were living or difficult to get to—for example, recipients in one location in **MALAWI** had to cross two large rivers (via taxi boat) to collect their CVA—the length of time taken to get to the collection point had two primary negative impacts:<sup>46</sup>

- Travelling long distances and then returning carrying cash exposed women to the risk of attack and theft;
- The burden of paying for transport when collection points were far, which was highlighted in **MALAWI**;

Travelling long distances cut into women’s time for doing home-based chores—one of their main responsibilities. This was highlighted in **HAITI, JORDAN, MALAWI, and the PHILIPPINES**. In addition, where the transfer also has to cover transport costs, this eats into the potential for the transfer to cover identified needs.

In **MALAWI**, CARE and its implementing partners did try to mitigate the fact that people had been obliged to travel to collect their transfers. They gave priority to pregnant and lactating women, the elderly, and persons with disabilities at CVA distribution points to reduce the time they were required to spend away from home.

In the **PHILIPPINES**, based on consultations held during the design phase, recipients of at least one of the CARE CVA programs (in response to Typhoon Haima) were able to specify where they would like to receive their cash transfers. This did not occur in other programs in the **PHILIPPINES** nor in any of the other study countries. In some locations in **MALAWI, HAITI, JORDAN, and the PHILIPPINES**, women emphasized concerns about their safety in going to collect their transfer. In **JORDAN**, both men and women highlighted concerns about women’s safety and security due to the need to travel to a distant ATM in order to collect cash. This was combined with difficulties for some women in the use of technology resulting in them having to ask people for help in accessing their cash from the machine, which increased the risk or perceived risk of theft.<sup>47</sup>

The focus of discussions during this study was primarily on women. However, obstacles faced by other population cohorts can be seen in Table 6.

46 In Malawi, CARE has made significant effort to ensure that the distance to distribution points is minimized and no more than ten kilometers from recipient locations. In this example, it is reported that the FSP was not able to provide a closer distribution point that would have avoided the need for recipients to cross rivers. CARE was not given a choice in relation to which FSP to use for transfer delivery as this decision was taken at the donor level. Discussions with FSPs and donors to increase the number of distribution points in general is an ongoing advocacy activity of CARE’s Malawi Country Office.

47 These points were raised not only for women, but also for the elderly and persons with disabilities.

**TABLE 6: BARRIERS FOR THE COLLECTION OF CVA**

	WOMEN	ELDERLY	YOUNG PEOPLE	PEOPLE WITH DISABILITIES
Distance	✓	✓		✓
Technology barriers	✓	✓		
Illiteracy	✓	✓		
Documentation				
Punctuality of payments	✓	✓		✓
School absences			✓	✓
Household tension	✓	✓		✓
Community tension	✓			
Absence of priority lanes for pregnant and lactating women and other vulnerable groups	✓	✓		✓

## SAFE AND SECURE TRANSFER MECHANISMS

Linked to the above concerns about distance between recipient homes and delivery pay points, a number of female respondents—primarily in **JORDAN** and the **PHILIPPINES**—expressed a preference for cash to be received in, or at least near, their place of residence. This need was highlighted not only for women, but also for the elderly. The need for pay points to be at or near to recipients’ homes has obvious implications in terms of efficiency and effectiveness for implementing agencies. As noted earlier, though, with a push by many humanitarian stakeholders to use common mechanisms for the delivery of cash transfers, the different needs and capacities of all are increasingly neglected.<sup>48</sup>

In **MALAWI**, a number of women—especially younger women—and most men felt that mobile money or a bank transfer was preferable to the cash-in-hand that they received, stating that this would have been more secure and more discreet. This would also avoid requiring them to travel significant distances to collect their cash from the pay point, which also resulted in them incurring transport costs just to collect their transfer.<sup>49</sup> Emphasizing the need for inclusion of

48 It should be noted that there are significant benefits to using common delivery platforms and mechanisms, not only for implementing agencies but also for recipients in terms of predictability, access, and flexibility. However, these benefits are not felt by everyone.

49 The transfer value was set at the level of the Food Security Cluster and all agencies were expected to provide the same value of transfer which did not include travel/transport costs. (Interview - CARE staff)

**“Some women recipients no longer respect their husbands since the implementation of the CVA. This has led to cases of divorce.”**

FEMALE HOST COMMUNITY RESIDENT - GUIDAN KADJI, NIGER



## CVA – SUPPORTING WOMEN TO SUPPORT THEMSELVES

“Before, married women engaged in prostitution, so that they could provide for their homes. The men tell them to come to Diffa if they want the family money. If you have a girl, you force her to go and get money from her boyfriends to support the household as well. Women also used to prostitute themselves for food. But not anymore. As soon as the humanitarians started giving us cash for income generation activities all this has diminished.

With the money I got, I have started my own income generation activity and take my goods to market. Now, even if my husband comes home with no money it is not a problem. I can buy food and clothes for our children. Conflict with our husbands is almost non-existent.”

—Rouwa, IDP, Niger

participants in program design, these varied preferences related to safety vary based on location, but could have been identified and addressed in the design stage of the response if women’s involvement had been more substantial.

## FEMALE-FRIENDLY COMMUNICATION MECHANISMS

In some of the study countries, another key point was the chosen communication channel’s ability to ensure equitable access to information about the CVA for men and women. For example, in **MALAWI** some women were reluctant to use complaints mechanisms (including feedback boxes and toll-free hotlines) as they feared that others would know that they had made a complaint and there would be some form of reprisal from village chiefs. Where the complaints mechanisms have been used, though, CARE utilizes the information to adapt its programming—for example by identifying where distribution points need to be changed.

Language barriers were an issue in terms of understanding transfer-related issues, including how to collect the transfer in **JORDAN** and the **PHILIPPINES** (where literacy issues and the inability of the elderly to read due to failing eyesight posed additional barriers). For some people in the **PHILIPPINES**, the lack of familiarity of accessing money through a FSP was raised, although CARE’s partner staff were on-hand to provide support where required.

## CVA AND COMMUNITY TENSION

Engagement with crisis-affected populations during this study confirmed some of the negative gendered impacts that can be associated with humanitarian cash transfers at the community level.<sup>50</sup> For example, at a community level, men and women in **NIGER** reported that, because not everyone in need had benefited from CVA, there were some cases of increased tension within the community, particularly if women were targeted as CVA recipients. This was echoed in **MALAWI** where the study found that women, particularly those from female-headed households, were harassed by members of their community because not everyone had received CVA. The same experience was reported in **HAITI** where men also reported that they were harassed for being recipients, though this was most commonly experienced by women. In **JORDAN** there were no reports of actual harassment or theft, but both male and female respondents did fear that this would happen as a result of their communities’ perceptions of them receiving assistance.

50 IRC & WRC. (2019). [Can cash transfers in humanitarian contexts help prevent, mitigate and respond to gender-based violence? A review of evidence.](#)

## CVA AND INTRAHOUSEHOLD TENSION

In some cases, there were also tensions at the household level as a result of CVA. All-female FGDs in Jordan highlighted that receiving CVA had increased tension related to household decision-making. However, experiences were quite different in **NIGER** where the receipt of CVA was reported by many, though not all, respondents to reduce household-level tension. It is difficult to reach any definitive conclusions about these differing findings, though this may be related to different cultural norms in the two countries. As mentioned previously, in **NIGER** it is customary for women to handle money whereas in **JORDAN** this was not always the case, with responsibility for handling money and household decision-making varying from household to household with some men emphasizing concerns that women's decision-making was too reliant upon emotions.

In **MALAWI** some female respondents said that, because the value of the transfer was so small, they experienced increased protection threats in terms of exposure to violence at home as the money ran out before all essential needs were met.<sup>51</sup> Both male and female FGD participants expressed the need for the transfer to cover more than just food needs. One female FGD reported that receiving maize would be preferable in order to reduce any unrealistic expectations related to what cash transfers would be able to cover. In other cases, men had demanded that they be registered so that they could control the cash. Where this had not happened, some women reported that they had failed to collect the cash transfers as husbands and other relatives, including older children, have been known to become violent and take the cash away from the women once collected. Similarly, when elderly heads of household or persons with disabilities were recipients, this led to tension within the family as other members of the household tried to access the cash to use it for the entire household.

Male-only FGDs with refugees and IDPs in **NIGER** highlighted the social pressure for those receiving CVA to share the transfer with others (particularly other women, children, and the elderly) due to the levels of poverty in distribution sites. This happened to all recipients of CVA, not only women.

Concerns in the study countries relating to community sensitization highlight the importance of providing complementary interventions at the community level. The benefits of adopting a *Cash Plus* approach to ensure longer-term benefits of CVA at the household level have been highlighted in [Section 4.3](#), but the need to implement such interventions at the community level cannot be overlooked.

## CVA AND PSEA

In **MALAWI** both men and women also reported concerns that, in order to be registered to receive CVA, some women were expected or thought to provide sexual favors to men sitting on the targeting and registration committees. Those who refused were not registered. The claim was that if such women would not oblige then the chances were that they could not be registered into the project to receive CVA. CARE and other partners are well aware of such claims and have intensified PSEA in all these communities, as well as amongst project implementation staff and partners. In addition to its PSEA policy<sup>52</sup>, CARE has put in place processes to minimize the risk of PSEA. For example, CARE follows standard targeting guidelines adopted by the Food Security Cluster in **MALAWI**, which involve a multi-stage community-based targeting process and minimize the risk of PSEA and fraud in humanitarian targeting. In addition, local leaders publicly committed to upholding the commitments contained in the UN Secretary General's bulletin on PSEA. CARE staff in **MALAWI** are all trained in PSEA and Gender in Emergencies (GiE).

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51 As noted previously, the transfer value was set by the Food Security Cluster and was designed to cover food needs only.

52 CARE. (2019). [CARE International policy on protection from sexual exploitation and abuse and child protection](#). Version 9.



#### KEY MESSAGES:

- Establishing CVA collection sites in collaboration with affected communities, including women, is essential to ensuring that women can safely access their CVA.
- Whether CVA has increased or decreased the risk of intrahousehold tension and violence varies from context to context. Robust, even if rapid, gender analysis at the start of and throughout CVA is key to help mitigating this risk.
- The value of the transfer is important, not only in terms of covering needs. It is also important because of the risks that if the value is not sufficient, women can be exposed to violence in the household. The use of multi-purpose cash transfers would help to reduce the risks associated with the provision of single-sector, limited value transfers.
- Extremely worrying sentiments that women sometimes have to provide sexual favors in order to be registered to receive CVA are a critical protection concern, although there were no reported cases from the research participants or by CARE monitoring data. While this concern is equally relevant for whatever form of assistance is being provided, the need for robust and discreet feedback mechanisms, which were an integral part of all the projects, cannot be overemphasized as they provide the opportunity for follow-up and identification of cases that need to be addressed whenever reported or suspected in CVA or any other project set-up. Women need to proactively be encouraged to use the feedback mechanisms or any other avenues available to them to report cases. Such risks should also be apparent if reliable gender and market analyses are carried out from the outset and continued throughout implementation.
- *Cash Plus* at both the household and community level is the way forward to ensure that CVA has a stronger influence on positive GBV and broader protection outcomes.
- Women's participation in CVA is hampered by language barriers, domestic responsibilities, low literacy rates, and lack of understanding of technology.

## 4.5 Positive examples of gender-sensitive CVA

Each study country was able to identify positive examples of gender-sensitive CVA in their responses. At the same time, it is clear that there is a need for further work and a deeper understanding of gender-related issues if future CVA is to be entirely gender-sensitive. Examples of some of the positive gender-sensitive elements of CVA have been selected from each country as seen in Table 7.

**TABLE 7: POSITIVE EXAMPLES OF GENDER-SENSITIVE CVA**

TOPIC	EXAMPLE
<b>Longer-term financial management and income generation</b>	In <b>Haiti</b> and <b>Niger</b> , supporting CVA recipients by introducing them to CARE's VSLAs has enabled those involved to improve their financial management skills and allowed them to invest in agricultural and livestock-related income generating activities, which should result in longer-term positive and sustainable gender impacts.
<b>Cash Plus</b>	The case management approach adopted by CARE in <b>JORDAN</b> ensured that CVA recipients were referred to other CARE services such as psychosocial support, education, and vocational training as well as services provided by other organizations like legal and health services. The use of this tailored <i>Cash Plus</i> approach was highly valued by recipients as it has allowed needs to be addressed that could not have been covered with CVA alone, while the receipt of the CVA has relieved intrahousehold tensions around payment of rent, healthcare, and food.
<b>Gender analysis</b>	In <b>Malawi</b> , gender and market analysis were factored into post-cyclone needs assessments, ensuring a solid foundation to help support gender-sensitive CVA.
<b>CVA and protection</b>	In the <b>Philippines</b> , one of the projects with CVA covered in this research ensured that recipients were allowed to choose the locations where they would like to collect their cash. With distance to collection points raised as a safety concern in all countries, particularly for women (along with the elderly and persons with disabilities), this approach was essential to reducing the risk of attacks and harassment as well as reducing travel costs for recipients.



## 5. CONCLUDING REMARKS

This research has identified a number of critical issues that need to be included in the design of CVA in order to ensure that it is gender-sensitive and that opportunities to foster positive gender impacts are capitalized on and protection risks are considered.

Building on social norms work, including existing dynamics in relation to household decision-making and the handling of cash transfer, is vital in terms of ensuring sustainable gender impacts. In addition, gaining an in-depth understanding of the safety and security issues related to the provision of CVA, bearing in mind the potential for CVA to create more risks and do more harm than good, is essential.

A clear message that was consistently emphasized by crisis-affected populations—and that is not new but is not systematically adopted—is the need to ensure the participation of *all* population cohorts at *all* stages of program design, implementation, and monitoring. This means ensuring that women, men, boys, and girls of all ages and abilities, as well as those who associate with another gender, are involved in decision-making and follow-up processes to ensure that CVA is appropriately targeted and timed. Additionally, adaptations to ensure gender-sensitivity can be integrated if and when necessary. A key barrier to this is the ongoing push by some donors and agencies in humanitarian settings to design homogenous CVA (in terms of using one agency, one transfer modality, etc.) in the interests of efficiency. This could exacerbate the potential risks of harmful programming with ease of implementation rather than crisis-affected people at the center. One size does not fit all, particularly when factoring gender and protection issues into CVA or addressing needs.

Drawing from CARE's Women's Empowerment Framework highlights the need to change power relations and, where necessary, to work on structural change to eliminate discriminatory norms, customs, values, and practices must also be considered in CVA design, in addition to enhancing participation and building agency.

Previous research on the extent to which CVA can help prevent, mitigate, and respond to GBV has shown that positive outcomes occur when CVA is combined with complementary activities—the *Cash Plus* approach. This study supports

this finding as recipients stressed the importance of a variety of different interventions that allow them to go beyond meeting immediate needs with CVA and that have longer-term impacts like enhanced financial management capacities, essential psychosocial support, and access to legal services.

The need to institutionalize approaches to understanding how crises affect women, men, boys, and girls differently must be a priority for aid agencies. Without this, the ability to develop and implement gender, age, and diversity-sensitive responses, based on robust gender and protection analyses, will be compromised. When this is not done, it is usually a result of lack of capacity and knowledge, based on the assumption that this is too complex or requires a specific skillset.

While there has been some research carried out by different organizations to further support and ensure more systematic development of gender-sensitive CVA there is still a need for additional supporting evidence if gender is to be consistently and routinely incorporated into CVA design and implementation and to support program modification as required. Although not exhaustive, topics that could be considered for future research include:

- The link between the timing, duration, and frequency of the transfer and any associated positive or negative gender impacts.
- The extent to which, and how, household structures and community and household power dynamics combined with broader economic and sociocultural issues affect the impact of cash transfers on gender outcomes, particularly in the longer term.
- The longer-term transformational effects of providing women with CVA and how this varies from context to context, particularly in relation to transfer duration.

This report has provided some direction for aid agencies about steps that can be taken in each of the different research focus areas in order to advance gender-sensitive CVA. However, the support of donors—both conceptually and financially—is essential, with a specific need for them to:

- Provide financial support for the establishment of diverse cash delivery mechanisms to ensure that cash transfers can benefit those with diverse needs and capacities, including those at risk of increased marginalization.
- Invest in gender equality and women's empowerment in order to increase the possibilities for sustainable outcomes for women.

In summary, the three focus areas of this research are inextricably linked. Through participatory processes, the incorporation of gender into **CVA DESIGN** ensures a deeper understanding and inclusion of factors that will mitigate **GENDER-RELATED PROTECTION CONCERNS** and will facilitate **POSITIVE AND SUSTAINABLE GENDER IMPACTS** beyond the duration of the transfer. As already recognized by a number of agencies, including CARE, there remains room for progress to ensure that gender-sensitive humanitarian programs, including CVA, become the norm. It is hoped that this report will contribute to the evidence base and support aid agencies and donors to more routinely and formally design and implement gender-sensitive CVA for all population types and in all contexts—a realistic aim, as demonstrated in the countries included in this study.



# 6. RECOMMENDATIONS

Based on the study findings, a number of recommendations are made to strengthen approaches to the future design and implementation of gender-sensitive CVA that puts people at the center:

## 1. Assessment and analysis

### RECOMMENDATION 1(A) – INCLUSION OF GENDER AND MARKET ANALYSIS IN NEEDS ASSESSMENTS

- There is a need to ensure consistent links between market analysis and gender analysis.<sup>53</sup> This will highlight issues such as how women and men—their subgroups—are able to access markets and how this may have changed in the crisis.
- Consistent gender and market analysis should be included in all basic needs assessments at the start of CVA and should be regularly updated throughout the implementation timeframe. CARE's Rapid Gender Analysis (RGA) tool, which facilitates the collection of essential information about gender roles, responsibilities, capacities, and vulnerabilities, while providing programming recommendations, is a useful starting point for this task.<sup>54</sup>
- Regular updating of gender and market analysis, and using them to adjust programming where necessary, needs to be built into humanitarian interventions, particularly those that are protracted in nature. Revising existing market analysis tools to include a gender perspective would facilitate the linking of gender and market analyses.

53 It is worth noting that commonly used market analysis tools such as the [Rapid Assessment for Markets](#) tool and the [MiRA](#) do not specifically include questions on gender.

54 For more on [CARE's Rapid Gender Analysis](#) see the online explanation.

## **RECOMMENDATION 1(B) - ANALYSIS OF GENDERED PROTECTION RISKS FOR ALL GENDERS**

- There should be a constant analysis of identified protection risks of women and men and their sub-groups such as the elderly, youth, people with disabilities and LGBTQI groups. Mitigation measures should be built into the preparedness stage and revisited throughout the implementation of CVA based on project monitoring.

## **2. Planning and design**

### **RECOMMENDATION 2(A) - PARTICIPATORY APPROACHES THAT MEANINGFULLY ADDRESS GENDER**

- It is clear from discussions held during this study that participation and sustainability go hand-in-hand. Without women's meaningful participation in the design and implementation of CVA, sustainability of observed positive effects will not be possible. Aid agencies need to systematically include women in the design and implementation of CVA.
- Women's leadership in humanitarian decision-making should influence the design of CVA, including to facilitate an understanding of issues around who has household-level decision-making power, where power in the community lies, and the role and influence of local governance structures.

### **RECOMMENDATION 2(B) – INTEGRATING GENDER INTO CVA DESIGN**

- Giving cash or a voucher directly to a woman does not mean gender equality, empowerment, or gender transformation have been achieved. Indeed, not all humanitarian responses that use CVA aim to achieve these objectives—sometimes the objectives will have a life-saving focus. However, if the CVA action aims to contribute to gender sensitivity and equity, it needs to be established at the design stage and clearly linked to needs, gender, and market analyses. CVA objectives need to be explicit in relation to what can feasibly be achieved, if anything, in relation to gender-related goals like strengthening empowerment and transformation, particularly in emergency and life-saving responses.
- When designing CVA, it is recommended that all other elements of the GiE approach<sup>55</sup> are considered to inform CVA design. These include:
  - Using the minimum commitments for technical sectors that ensure that gender is mainstreamed and integrated throughout all steps of the humanitarian program cycle. These are people-centered commitments that aim at improving the quality and efficiency of response programs and ensuring that key issues, such as gender, GBV, child protection, disability, and age, are taken into consideration by all partners.
  - Promoting Women's Leadership in Emergencies—women and girls actively participate in humanitarian responses and are empowered to choose how to participate in decisions on how to meet their needs.
  - Prioritizing the prevention, mitigation to GBV—CVA, when appropriate can be a powerful option for GBV case management, as well.

### **RECOMMENDATION 2 (C) - CASH PLUS TO PROMOTE GENDER EQUITY AND SENSITIVITY WITH CVA**

- Combining CVA with complementary interventions needs to be considered a central part of every response. Depending upon context and needs, these interventions may include additional services, training and awareness raising, and/or the provision of essential commodities.
- Even where services are available freely (e.g. healthcare) these should not be excluded from a Cash Plus approach as there may be reasons that recipients cannot, or feel they cannot, access these services. This should be identified through needs assessment and analysis processes.
- CARE's VSLA approach, which provides a positive platform for women to increase their understanding of cash and participation in financial management, has demonstrated sustainable impacts. While most learning on

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55 See more on this at [CARE's Emergency Toolkit](#)



VSLAs comes from development contexts, their relevance in humanitarian operating environments, such as during displacement, has also been seen, including in this study in Niger where new VSLAs have been established by IDPs. Facilitating the establishment of VSLAs (or other similar savings groups) should be considered in humanitarian responses, including through the provision of supportive training such as financial literacy or women's leadership training.

- Further research is need on the opportunities to establish VSLAs in humanitarian response environments is undertaken to identify good practice and build on the existing evidence base of what works and what does not.

#### **RECOMMENDATION 2(D) – USE GENDER MARKERS EARNESTLY**

- When designing CVA, gender markers (such as the ones developed by CARE, the Inter-Agency Standing Committee (IASC), and the European Civil Protection and Humanitarian Aid Operations (ECHO))<sup>56</sup> should be systematically used to ensure that gender is considered from the outset. Gender markers should also be reflected upon during evaluations to “ground-truth” the findings.

### **3. Implementation and monitoring**

#### **RECOMMENDATION 3(A) – UNDERSTAND AND MITIGATE GENDERED PROTECTION RISKS**

- Selecting partners who have a good understanding of how providing CVA for those affected (or at risk of being affected) by gender protection risks is essential. Consideration should always be given to partnering with women's groups to support CVA program implementation.
- All CVA should recognize diversity of needs and capacities and identify and use transfer delivery mechanisms that are most appropriate to ensure that all recipients are safe when collecting their transfer and bringing it home. This may result in different mechanisms being used for different groups within a target population.
- Ensuring cash transfer pay points are close to where recipients live, even if this means increasing the number of pay points, must form a part of program design. This may require additional advocacy with FSPs, but is important from a safety and dignity perspective.
- Where recipients have to pay for transport costs in order to collect their transfer, the costs must be covered in a supplementary transfer.
- Ongoing monitoring to inform program adjustment is an important element of all CVA. However, monitoring the safety of women and girls, as well as others at risk, throughout the duration of the response is critical and must be built into program monitoring frameworks and approaches.

#### **RECOMMENDATION 3(B) – UNDERSTAND THE POTENTIAL NEGATIVE IMPACTS ON GENDER RELATIONS OF TRANSFER VALUES THAT DO NOT MEET MULTIPLE NEEDS**

- In order to ensure that needs are fully covered and that recipients have the ability to choose the most appropriate way to use their transfer, the provision of multi-purpose cash transfers should systematically be considered as a first option.
- Where transfers are designed to cover a single outcome (e.g. food security), agencies must coordinate to ensure that the transfer value is sufficient to cover identified needs and that this is combined with strong awareness-raising within the community to ensure that this is well understood so that expectations regarding what the transfer will cover are realistic.

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56 For information, see the markers: [CARE](#); [IASC](#); and [ECHO](#)

### **RECOMMENDATION 3(C) – SENSITIZATION AND AWARENESS THAT REACHES ALL GENDERS**

- Holding community sensitization and awareness sessions—with women and men, separately and then together if appropriate—to help ensure community-wide understanding of why some people, but not all, have been targeted with CVA is recommended, particularly to try to ensure that those targeted are not put at risk or harassed. The sessions need to target all genders and ages. Awareness-raising can be integrated into a *Cash Plus* approach.

### **RECOMMENDATION 3(D) – COMMUNITY COMMUNICATION AND ENGAGEMENT THAT PROMOTES GENDER EQUITY AND MITIGATES GENDER PROTECTION RISKS**

- Establishing two-way feedback and complaints mechanisms that are sufficiently secure to allow recipients to use them needs to be included for all CVA. The use of feedback and communication mechanisms should be continuously monitored so that they can be adjusted appropriately to ensure that recipients, particularly women, feel confident using them and do not feel that their safety will be compromised if they use the mechanisms.
- Building programmatic responses that bridge the development-humanitarian nexus is an important element of ensuring sustainability that begins in preparedness. This requires thinking through specific CVA issues in advance of a crisis but also throughout its length in order to inform appropriately gendered approaches. This is linked to earlier recommendations related to the need to undertake gender and market analysis to underpin all CVA. This analysis, if updated, can be used to support preparedness for gender-sensitive CVA.

## **4. Agency Resources and Influencing Actions**

### **RECOMMENDATION 4 (A) – GENDER ANALYSIS AND INSTITUTIONAL MESSAGING AT RESPONSE LEVEL**

- Stakeholders responsible for overseeing and undertaking assessments and analyses must emphasize the importance of gender analysis to effective and gender-sensitive responses; they must advocate at all levels needs to systematically and consistently highlight this in institutional messaging.
- Donors need to systematically and consistently require partners—or at a minimum hold partners accountable—to undertake gender analysis and ensure that financing is sufficient to cover this.

### **RECOMMENDATION 4(B) – BRING GENDER EXPERTISE INTO CVA**

- Drawing on the expertise of gender experts, including GBV experts, who understand the potential benefits and drawbacks of adopting certain tactics, such as engaging men in discussions and creating safe spaces for women to discuss protection issues, should be considered when designing and implementing CVA. Ensuring that gender experts have a sound understanding of CVA is an important element of this approach.

### **RECOMMENDATION 4(C) – TRAINING ON GENDERED PROTECTION ASPECTS OF CVA**

- There is a need for continued and systematic training of agency staff on PSEA and GBV and how these may be affected or influenced by CVA. Training could include peer-to-peer education to ensure that learning is cascaded.<sup>57</sup>
- The CARE funded “Cash and Voucher Assistance and Gender Based Violence Compendium: Practical Guidance for Humanitarian Practitioners” should be used as a foundation and key reference tool for all CVA to ensure that GBV risk mitigation is integrated into CVA interventions; GBV prevention is integrated into multi-sector programming using CVA when appropriate; and that CVA is integrated into GBV prevention and responses when appropriate.<sup>58</sup>

57 At the time of writing CARE and WRC, with support from UNHCR, are developing a training module linked to CARE’s (2019) **Cash and voucher assistance and gender based violence compendium: Practical guidance for humanitarian practitioners**.

58 CARE. (2019). **Cash and voucher assistance and gender based violence compendium: Practical guidance for humanitarian practitioners**.

# ANNEX 1: OVERVIEW OF KEY DOCUMENTS REVIEWED

1. ACF and CARE. (2019). *The gendered dimension of multi-purpose cash supporting disaster resilience*.
2. ActionAid. (2019). A feminist approach to cash transfer programming.
3. Bell, E. (2015). Violence against women and cash transfers in humanitarian contexts. DFID.
4. Berg, M., & Seferis, L. (2015). Protection outcomes in cash based interventions: A literature review. ECHO, UNHCR, & DRC.
5. CaLP. (2018). Gender and cash based assistance in humanitarian contexts: An agenda for collective action.
6. CARE. (n.d.). Gender marker.
7. CARE. (n.d.). Introduction to EKATA Groups.
8. CARE. (n.d.). SHOUHARDO Program – Approaches to gender integration.
9. CARE. (n.d.). WASH minimum commitments for the safety and dignity of affected people.
10. CARE. (2013). Emergency WASH tip sheet.
11. CARE. (2015). Gender and protection the household conditional cash transfer (Philippines).
12. CARE. (2015). Household cash transfer assessment – Typhoon Haiyan recovery response – Promoting resilient and sustainable livelihoods.
13. CARE. (2017). CARE’s cash capacity: Keeping gender on the agenda.
14. CARE. (2017). Care International’s piloting of the WASH minimum commitments for the safety and dignity of affected people – Taking stock of the minimum commitments implementation in Nepal, Niger and Vanuatu.
15. CARE. (2017). Gender, power and justice primer.
16. CARE. (2017). Mobile money activities in Somalia – Overview.
17. CARE. (2018). International Gender Equality Policy.
18. CARE. (2019). A framework for addressing gender-based violence in emergencies.
19. CARE. (2019). *Cash and Voucher Assistance and Gender Based Violence Compendium: Practical Guidance for Humanitarian Practitioners*.
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21. Concern Worldwide. (2018). Gender and cash-based programming in Malawi: Lessons from Concern Worldwide’s humanitarian and development experience.
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24. ERC Project. (2015). Improving cash-based interventions – Multipurpose cash grants and protection – Tips for protection in cash-based interventions.

25. Ground Truth Solutions, UNHCR, & WFP. (2019). Qualitative perception monitoring – Mitigating the risks of abuse of power in cash assistance.
26. Hagen-Zanker, J, et al. (2017). The impact of cash transfers on women and girls – A summary of the evidence. ODI.
27. IEED. (2017). Cash transfers during urban crises: lessons for women’s economic empowerment.
28. IRC. (2015). Integrating cash transfers into gender-based violence programs.
29. IRC & WRC. Can cash transfers in humanitarian contexts help prevent, mitigate and respond to gender-based violence? A review of the evidence.
30. Kopf, D. (2018). The transformative power of giving young women cash.
31. Lumbasi, L. (2018). Gender and cash transfers: Implications of intrahousehold decision making on nutrition of women and children in Ethiopia. Trinity College Dublin/University College Dublin.
32. Manell, T. (2018). Tackling the integration of gender-based violence prevention and response and cash-based interventions. WRC.
33. Molyneux, M., & Thomson, M. (2011). Cash transfers, gender equity and women’s empowerment in Peru, Ecuador and Bolivia. CARE.
34. Peachey, K. (2018). Opinion: For cash transfers to work we can’t ignore gender. DEVEX.
35. Peterman, A., Kumar, N., Pereira, A., & Gilligan, D. (2019). Towards gender equality: A critical assessment of evidence on social safety nets in Africa.
36. UNHCR. (2019). Cash assistance and gender – Key considerations and learning.
37. UN Women. (2019). The potential of cash and voucher assistance to empower women and reduce violence: Evidence, practice and future research.
38. UN Women. (2018). What we know (and don’t know) about the effects of cash-based interventions on gender outcomes in humanitarian settings.
39. WFP – How cash-based interventions can promote gender equality and women’s empowerment (February 2019)
40. WFP. (2018). Reviewing the linkages between gender, market assessments and market-based interventions.
41. WFP. (2019). The potential of cash-based interventions to promote gender equality and women’s empowerment.
42. WRC. (2018). Mainstreaming GBV considerations in CBIs and utilizing cash in GBV response.
43. WRC & Save the Children. (2018). Mainstreaming gender-based violence considerations in cash-based interventions – A case study from Zinder, Niger.
44. WRC. (2018). Tackling the integration of gender-based violence prevention and response and cash-based interventions.

# ANNEX 2: OVERVIEW OF STUDY PARTICIPANTS

COUNTRY	OVERVIEW OF CVA	RESEARCH DATA COLLECTION OVERVIEW	CVA RECIPIENTS
<b>Haiti</b>	<p>CVA recipients were primarily those affected by Hurricane Mathew.</p> <p>CVA was given to heads of household, predominantly women.</p> <p>CVA was given in the form of:</p> <ul style="list-style-type: none"> <li>■ food vouchers in response to the El-Nino drought of 2015;</li> <li>■ food vouchers and cash for work as well as unconditional cash and housing support in response to Hurricane Mathew in 2016;</li> <li>■ and food voucher and VSLA support which is ongoing.</li> </ul>	<p>Study participants were located in the following areas:</p> <ul style="list-style-type: none"> <li>■ North West Department (El Nino drought response)</li> <li>■ Grand’Anse Department (Hurricane Mathew response)</li> <li>■ Centre Department (ongoing food insecurity)</li> <li>■ Participants were located in rural and urban areas.</li> </ul>	<p>Cash was provided in vouchers and direct cash, mainly to women heads of households.</p>
<b>Jordan</b>	<p>CVA recipients were vulnerable Iraqi and Syrian refugees and Jordanian residents. CVA was Unconditional cash assistance.</p>	<p>Study participants were located in the following areas:</p> <ul style="list-style-type: none"> <li>■ Irbid</li> <li>■ Zarqa</li> <li>■ Mafraq</li> <li>■ Amman</li> <li>■ Azraq City</li> </ul> <p>FGD participants were Syrian and Iraqi refugees. HH interviews also included Jordanian residents.</p>	<p>Men and women in need of emergency cash assistance.</p>

COUNTRY	OVERVIEW OF CVA	RESEARCH DATA COLLECTION OVERVIEW	CVA RECIPIENTS
<b>Malawi</b>	CVA recipients were those affected by Cyclone Idai (2019). They had left their homes to temporarily live in camps but most of those who participated in this research had returned to their homes although some remained in camps.	Study participants were located in a number of villages in the district of Nsanje in Southern Malawi.	Mainly women who were beneficiaries of a CVA project designed to provide food support. The project mainly targeted female-headed households; elderly women; people with disabilities; pregnant and lactating women; and more vulnerable men.
<b>Niger</b>	CVA recipients covered by the research were those affected by the Lake Chad Basin crisis in the Diffa region.	Study participants were located in the following areas in Diffa Region: <ul style="list-style-type: none"> <li>■ Garin Wanzam</li> <li>■ Boudouri</li> <li>■ Guidan Kadji</li> <li>■ Abdouri (a neighborhood of Maine Soroa town).</li> </ul>	Recipients were male and female IDPs, refugees, and host population affected by the Lake Chad Basin crisis. Some of the programs targeted only women.
<b>The Philippines</b>	CVA recipients were those in communities affected by Typhoon Haima (2016) and Typhoon Mangkhut (2018). CVA was given as: <ul style="list-style-type: none"> <li>■ Direct cash</li> <li>■ Money transfer through FSPs</li> <li>■ Checks to be encashed in a government-owned bank</li> <li>■ Through a government office providing money transfer services</li> </ul>	Study participants were located in Kalinga Province – Tabuk City and Rizal.	Recipients were men and women.

# ANNEX 3: STAKEHOLDER INTERVIEWS

	NAME	ROLE	CARE MEMBER PARTNER
1.	<b>Nicholas Brooks</b>	Emergency WASH Team Leader	CARE International
2.	<b>Siobhan Foran</b>	Gender in Emergencies Coordinator for Operations	CARE International
3.	<b>Susannah Friedman</b>	Humanitarian Policy Director, CARE USA	CARE USA
4.	<b>Sheri Lim</b>	Climate Change and Resilience Team Leader	CARE UK
5.	<b>Kassie McIlvaine</b>	Regional Program Quality for West Africa	CARE USA
6.	<b>Maxime Michel</b>	Head of Humanitarian Programs - Humanitarian Assistance & Emergencies Team (HAET)	CARE Canada
7.	<b>Matildah Musumba</b>	Regional Gender in Emergencies Coordinator - East, Central and Southern Africa	CARE USA
8.	<b>Ciara O'Malley</b>	Middle East and North Africa Cash and Markets Advisor	CARE USA
9.	<b>Amy O'Toole</b>	Gender Justice Team Director of Strategy and Operations	CARE USA
10.	<b>Holly Welcome Radice</b>	Cash and Markets Technical Advisor	CARE USA
11.	<b>Rachel Routley</b>	Humanitarian and Emergency Response Unit	CARE Australia
12.	<b>Tamara Shukakidze</b>	Humanitarian Director of Practice, Partnerships & Innovation	CARE USA
13.	<b>Heather Van Sice</b>	Humanitarian Program Quality	CARE International



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