

Why consider using CVA in the COVID-19 context?

Women and girls affected by the COVID-19 pandemic in crisis and displacement contexts may face increased risk of domestic violence/intimate partner violence and sexual exploitation and abuse, in addition to and resulting from loss of income and household stress.¹ They may resort to risky coping strategies including transactional sex, or be pressured into forced or early marriage. Women and girls may face increased costs, travel or waiting time to access sexual and reproductive health (SRH) care and services. They may be hindered from visiting their SRH care provider or gender-based violence (GBV) services due to: their additional responsibilities for care of dependents (infected relatives, older persons, children); mobility restrictions; additional costs of transport especially if public transport is suspended; other regulations such as curfews or mandatory masks.



Key Message: CVA is a tool, or modality, to address economic barriers to access SRH and GBV services or purchase necessary items. It does not replace but rather complements UNFPA's core humanitarian programming, including in-kind support for essential items through dignity kits.

Our CO cannot procure or deliver dignity kits as we usually do. Should we provide CVA to women and older girls to directly purchase items in dignity kits or other SRH items in their local markets? COVID-19 "Fast Track" Answer²:

1. Consult with women and girls on their preferences and context-specific protection/GBV risks regarding purchasing their own essential items. Identify risk mitigation measures for using CVA³, and determine which delivery mechanism⁴ would be the safest.
2. Ask women and girls if SRH/Dignity Kit non-medical items of adequate quality are available and affordable on the local market. Ask partners in the CVA Working Group such as WFP to include those items in their market assessments and determine if they are available and at which price.
3. Check with the CVA Working Group whether financial service providers (e.g. bank or mobile provider) have existing coverage in the target area. Ask women (consider age and disability) if they are familiar with these services and consider alternative delivery mechanisms for some individuals if necessary.



How might CVA support women and girls' access to GBV and SRH services?

1. Emergency cash transfers have been shown to help women at risk of GBV or survivors of GBV escape from perpetrators, access safe housing and reduce the indirect costs related to medical care or psychosocial support such as transport.
2. CVA could be used to cover transport and/or dependent care costs through unconditional but labelled⁵ cash transfers. Women may wish to stock up on hormonal contraceptives, condoms or menstrual supplies if they will go into quarantine/physical distancing/restricted movement, but may not have money saved in order to purchase in bulk.⁶ These could be a top-up to other CVA such as multi-purpose cash being delivered jointly by different agencies, or a small amount of cash along with UNFPA dignity kits.

Our CO / our partner is planning to use CVA in their programming. How can we support women and girls to minimize their protection, GBV and COVID-19 infection risks?

1. Display and update weekly during COVID-19⁷ GBV referral pathways along with COVID-19 infection prevention information in local languages and using pictures as well on posters at ATMs and shops, if safe to do so - ask women and girls. Distribute pocket cards containing relevant contact information to staff and volunteers.⁸
2. If using mobile phone transfers, disseminate phone messages to beneficiaries on available GBV and SRH services, on GBV risks, on COVID-19 infection prevention and on seeking medical treatment for COVID-19 symptoms.
3. Consider how to reduce crowding at CVA pick-up and when spending. Transfer CVA in a staggered manner to small groups of beneficiaries over a few days, to reduce crowding at ATMs, mobile agents or shops.
4. To reduce time outside/at cash points, deliver a lump-sum rather than monthly transfers, if women say they can safely use or store that amount. This will also allow them to stock up while markets still have adequate supply.
5. Consider local gender and social norms, household and community tensions when deciding on selection criteria (i.e., all women and girls; certain geographical areas; women who are already part of safe spaces or case management) and targeting methodology. Ensure that persons at risk of GBV or survivors are not singled out but part of broader selection criteria. CVA might have a different effect on intra-household relations than dignity kits alone, for example.
6. Advocate with the CVA Working Group or Inter-Cluster Working Group to consider at least three to six months' worth of unrestricted, unconditional cash transfers to meet households' basic needs to reduce recourse to risky coping strategies and decrease the risk of domestic violence/intimate partner violence. One-off CVA to women or households could potentially exacerbate household tension if they are not linked to broader assistance programmes for women and men, including livelihoods support.

Where can I find additional Cash & Voucher Assistance guidance relevant to GBV and SRH programming, with additional guidance on preventing the risk of COVID-19 when delivering CVA?

- [ICRC Tip sheet: Cash and Voucher Assistance and COVID-19](#)
- [CARE Tip Sheet Cash and Voucher Assistance during COVID-19](#)
- [Cash and Voucher Assistance and Gender-Based Violence Compendium](#)
- [WFP Guidance for Cash-based Transfers in the Context of the COVID-19 Outbreak](#)
- [UNHCR Cash Assistance and COVID 19: Emerging Field Practices](#)
- <https://www.calpnetwork.org/publication/cva-in-covid-19-contexts-guidance-from-the-calp-network/> (live document)



Endnotes

¹ Interagency GBV Risk Mitigation and COVID Tip sheet 6 April 2020 version.

² Please note that this is “fast track” decision-making advice for those COs faced with disruptions to normal procurement and delivery of dignity kits, as the use of CVA typically requires additional risk and other analyses.

³ GBV Risk Analysis for CVA available [here](#), page 50. Protection Risk Analysis for CVA available [here](#).

⁴ See UNFPA Humanitarian CVA Tip Sheet on CVA Overview for definition of key terms.

⁵ Without prerequisite activities or obligations (conditions) in order to receive the cash, but strongly encouraging the spending of the cash for these purposes.

⁶ [Gutmacher Institute, The COVID-19 Outbreak: Potential Fallout for Sexual and Reproductive Health and Rights.](#)

⁷ GBV AoR Tip Sheet on COVID-19.

⁸ Interagency GBV Risk Mitigation and COVID Tip Sheet, 6 April 2020 version.