

# 10 Key Considerations for Women-Centered Complaint and Feedback Mechanisms for Cash and Voucher Assistance

Complaint and feedback mechanisms (CFMs) are formal mechanisms that provide ways for beneficiaries to give feedback to the agencies working in their communities, and which should trigger action and influence decision-making to keep agencies accountable to the communities in which they work. CFMs are vital in capturing and reporting the viewpoints of women, youth, affected communities, and implementing partners in order to improve the effectiveness and relevance of programs.

**CFMs are essential in cash and voucher assistance (CVA) programming, which can bring risks and harmful unintended consequences to women and girls.** The use of CVA remains new to a certain extent for many humanitarian actors, and almost always necessitates the involvement of third parties from the private sector like financial service providers and local retailers. This particularity of CVA requires increased care for making sure the beneficiaries - including women and girls who may be more at risk- can provide timely feedback on the programmes and risks they may be facing.

**CFMs are a key way to identify and respond to the concerns of women, acting as an early warning system of cases of sexual exploitation and abuse (SEA) and as a way to identify cases of other forms of gender-based violence (GBV) and offer support to survivors of it.** As such, CFMs for CVA programming should be women-centered and developed with the active participation of women and other at-risk groups and consideration of what works best for them.

*Please bear in mind that this Tip Sheet does not serve as comprehensive guidance on CFMs. For a complete discussion of the many considerations and steps involved in setting up a CFM, please consult the resources listed at the end of this document. Please also note that this is a live document that will be updated periodically.*

When designing, implementing and evaluating a CFM for CVA programming, it is vital to bear in mind the following **10 key considerations**:

- 1.** Start by **mapping and analyzing existing formal or informal structures** for feedback and response, such as protection / PSEA country mechanisms, if relevant, but also local mechanisms such as religious leaders, community committees, etc.
  - Are they capturing women's feedback? If not, why? How can they improve? It is easier to update an existing CFM than to start one from scratch.

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- 2.** Before setting up/improving a CFM, **engage with women and talk to protection/GBV/PSEA actors**:
  - Use Focus Group Discussions (FGDs) to ask women about their preferred channels of communication and other factors that would make the CFM accessible and effective/useful (language, format, etc.)

- Check if there are any GBV/PSEA services in place and if they are functioning/accessible. Are those mapped in GBV referral pathways? Discuss with GBV and protection actors on the ground.
  - Check if any GBV/PSEA services are in place and if they are functioning/accessible. Liaise with the PSEA coordinator on the ground to create linkages with the CVA women-centered CFM.
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**3.** The CFM must be designed in a way that gives all beneficiaries equal access to reporting without any fear of retaliation or stigmatization and without being constrained by cultural, language, social, or physical barriers. What does this mean for women and girls?

- To ensure fair access, CFM should be as low-cost as possible. **Think about what it “costs” (time/money/risk, etc.) for a woman or girl to make a complaint.**
  - Do women and girls have access to the CFM? **Check who in the household holds the phone ownership** (often the male head of the household)
  - Allow women the opportunity to identify safe and comfortable ways to report any possible issues in the CVA delivery process, especially if the transfer modality and delivery mechanism are new for them.
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**4.** **Keep in mind women’s use of the CFM.** For example, in vouchers/cash in hand programming: add a “protection desk” managed by female staff where female beneficiaries can directly go with questions and complaints and where staff can hang posters with hotline numbers, add complaint boxes in locations where women feel comfortable reporting such as in women and girls safe spaces or in health centers, etc.

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**5.** **Teams** (ideally female, or at least with a good ratio) operating the CFM:

- Must be trained on CFMs and **must have signed a Code of Conduct**. For an example, please see the [Code of Conduct for Humanitarian Workers in the Syria cross-border humanitarian response](#).
  - In addition, they should have been **trained on PSEA and GBV**, including basic concepts, how to receive a disclosure, and referral pathways.
  - Must ensure **confidentiality** at all stages.
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**6.** The **CFM should be linked to specialized services for GBV and PSEA (if safe & confidential)**. Information on those mechanisms should be readily available at the time that the complaint is made/feedback is given, especially given that complaints may at times be anonymous and follow-up with the survivor may therefore be difficult. If there are no GBV services in your area, follow the [Pocket Guide](#) advice.

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**7.** Protection for sexual exploitation & abuse (SEA)

- Make sure that **women understand their rights to free cash assistance** and that the exchange of money, employment, goods, assistance or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited.
  - The CFM should be able to **prioritize complaints regarding GBV/SEA**. In case of SEA disclosure, the CFM team needs to apply as survivor-centered approach and implement zero tolerance. SEA reporting is mandatory
- check in-country channels for information on how to do so.

8. While follow-up may be difficult or impossible with anonymous complaints, it is the responsibility of the agency to **follow up on all complaints**, however possible, and take corrective action that enhances the protection of women and girls. To the extent possible, try to **close the feedback loop**. Build trust by being accountable to community members especially women (for instance, by making any necessary adjustments to the delivery mechanism of CVA to make it more accessible for women or other groups at risk).

9. **Monitor and evaluate the CFM regularly**. Regularly ask women and girls if the CFM is suitable and accessible (especially if reporting is low). Adapt or establish new channels if systems are not used or trusted (for instance, by replacing a help desk with a hotline or FGD if women are not using the help desk).

10. **Publicize and raise awareness around the CFM**. Once in place (as early as registration, but also during the cash delivery or collection process), **use visual, low-literacy- friendly messages** in addition to written signage. Go through community-based women's networks, women safe spaces, etc. but also at the time of cash delivery or collection. For example:

- Print hotline numbers on the back of the voucher, on the envelope, etc.
- E-money: use SMS to share key messages about the CFM or key services for women
- Prepaid cash card/electronic voucher card: Print hotline numbers on the card, posters at level of an ATM, at point of sale in shop.
- Hawalas/private mobile agents/cash at the counter: train the agents (at least 50% of them should be female) involved in distributing the aid to share messages about the CFM and key related services during cash delivery

## Types of CFMs

Ideally, a CFM will use both one "Active" and one "Reactive" mechanism at the same time to ensure maximum utility for female users:

### Active mechanisms

are when the organisation approaches beneficiaries to collect representative feedback.

Methods include:

- Interviews with individual women beneficiaries
- Focus group discussions (FGDs) with women only
- PDMs that include questions related to satisfaction with the cash collection process, any issues that arose, beneficiary preferences for giving feedback, etc.

### Reactive mechanisms

are when the beneficiary can approach the organisation to make a complaint. Anonymous complaints can be enabled through:

- Information desks that are managed by female/protection staff
- Suggestions/complaints boxes that are accessible while still providing some privacy (requires women beneficiaries to be literate)
- Hotlines operated by women/protection staff
- Trained female "focal points" at the community level who can receive feedback from beneficiaries (could be from the community itself and/or agency staff).
- When using vouchers, Female Market Monitoring teams who monitor prices and retailers can be trained and be provided with tools to act as recipients of complaints and feedback

## Burundi

In Burundi, UNFPA has a small CVA scheme targeting IDPs, especially women head of households and other vulnerable women. The team started by consulting affected populations in IDP settings to inquire about which channels of communication they would prefer for a CFM. Those consultations showed that there was a need for various channels, as many women are illiterate and/or have no access to cellphones. As a result, the CFM took various shapes and formats, including regular FGDs with displaced women and girls, formal and informal PDM in groups or individually, information sessions in women and girls' safe spaces, and the setting up of mixed committees of community leaders (functioning as entry points for feedback and case referral). Complaints boxes are also currently being put in place, and efforts are being made to train all involved staff and beneficiaries on how to use these boxes. Finally, two hotlines are also in place at national level.

## Turkey Cross-Border

In early 2020, as part of humanitarian programming in northwest Syria through cross-border operations managed from Turkey, UNFPA decided to [scale up its assistance](#) to provide programming for the most vulnerable with the aim of reducing overall protection risks. The assistance was delivered through four of UNFPA's IPs, who all ensured accountability to affected populations. The one-off cash assistance also served as an effective entry point to provide recipients with relevant information on available services in the respective areas, including protection and GBV specialized services. Female staff and protection staff were integrated into distribution teams, which by design served to also offer recipients psychological first aid and referrals.

## Iraq

In Iraq, the Humanitarian Country Team affiliated with the Inter-Agency Standing Committee (IASC) [established an Information Call Center](#) in 2015 with the goal of providing information to internally displaced persons using free of charge phone numbers. Call center staff were trained to recognize and refer protection, SEA, and GBV cases. To ensure accessibility to the call center for women and diverse ethnic groups, efforts were made to create a gender and language balance among the call center staff. While the call center was initially one-way only, it eventually evolved into a two-way call center: 25% of calls are now call backs to callers to follow up on whether their issues were resolved or to provide further information

## Ethiopia

In Ethiopia as part of the [IASC's pilot community based complaint mechanism\(CBCM\)](#), a safe house for women was established inside an existing health center, ultimately showing that creating safe spaces for women can encourage more reporting of complaints over time due to increased beneficiary trust and comfort. By locating the safe house in an existing center that women were already familiar with, women felt more comfortable using the space, especially since they would not be immediately identifiable from other people visiting the health center. Because of this, the safe house became an important venue for receiving in-person SEA complaints, with women reporting that they felt much more comfortable registering their complaints in a safe space and to a trusted person.

## Bangladesh(Cox'sBazar)

A CFM was established and focal points were appointed by UNFPA and the IP regarding a kit distribution scheme. Special attention was paid to ensure gender-parity amongst the focal points who were chosen among field based staff given that they were well known by the communities. All focal points were present during the distribution, and their contact details were shared widely (with recipients, adolescent peer leaders, community facilitators). This approach ensured that there were multiple complaints and feedback pathways in place, and sufficient time was dedicated during the distribution of the kits to ensure that people were well oriented and informed of the mechanisms. Complaints were registered and verified and regular progress meetings were held to monitor progress towards addressing complaints and feedback and ultimately closing the loop.

## Additional Resources

[IASC Best Practices on Community-Based Complaint Mechanisms WFP & UNHCR project on abuse of power and fraud in CVA Protocol on Provision of Assistance to Victims of SEA](#)

[Confused about AAP and PSEA?](#)

CFM for UNFPA – when finalized, forthcoming

**For questions or comments, please contact [ho-cva@unfpa.org](mailto:ho-cva@unfpa.org).**

