

PROTECTION, GENDER AND INCLUSION (PGI) IN CASH AND VOUCHER ASSISTANCE (CVA) **IFRC AFRICA PGI-SENSITIVE CVA CHECKLIST¹**

This checklist is created as a tool to ensure that interventions using Cash and Voucher Assistance (CVA) sensitive to Protection, Gender, and Inclusion (PGI) in the design, implementation, and monitoring. Not all items on the checklist are applicable in every intervention,² however the checklist provides guidance on the optimal level of detail needed to ensure PGI-sensitive CVA. The checklist is overall structured to the Protection Principles of dignity, access, participation and safety,³ while tips are also included on protection mainstreaming, cash+, and specific protection programmes.

Protection, Gender and Inclusion (PGI) describes the IFRC's approach and way of working to address the causes, risks and consequences of violence, discrimination and exclusion in an integrated way.⁴

- Protection means addressing violence and keeping people safe from harm.
- Gender and diversity are about addressing discrimination and understanding people's different needs, risks and capacities
- Inclusion means actively addressing exclusion by meaningfully involving and engaging excluded people in our work.

A PGI-analysis is part of forming the programme design. Ensure that the **findings of the analysis are used strategically** in the project design and implementation and that follow up is done throughout the project. PGI analysis questions should also be reflected in e.g. post-distribution monitoring, market monitoring and evaluation frameworks.

LGBTQI+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and other gender identities) is mentioned several places in the checklist. While this might be sensitive to discuss in some contexts and extreme care should be taken in how to engage LGBTQI+ individuals, a PGI-sensitive approach requires recognition of LGBTQI+ individuals and that we engage equally alongside other groups. In all contexts, ensure that engagement with LGBTQI+ individuals do not reinforce or inflame violence or discrimination against them and that persons are not exposed as a result of your engagement and programming. Awareness raising on referral mechanisms and protection support should be an integral part of the engagement.

Audience: The checklist is primarily for Red Cross and Red Crescent National Societies, IFRC and Partners. The checklist should be filled by PGI and CVA focal points who engage in the design and planning of projects utilising CVA modalities. This should be done jointly with CEA focal points if available.

Please note that this checklist closely links to the **Community Engagement and Accountability (CEA) in CVA** checklist available here: <https://communityengagementhub.org/wp-content/uploads/sites/2/2021/12/Tool-24-CEA-in-CVA-checklist.docx>

¹ The PGI-sensitive CVA checklist must be seen as complementary to the IFRC's Minimum standards for protection, gender and inclusion in emergencies. Furthermore, resources such as the global protection cluster's references to Cash and Voucher Assistance and Protection, the CVA and Gender-Based Violence Compendium, and the IASC Gender Handbook with a chapter focused on Gender Equality in CVA are all additional relevant resources. The Cash Learning (CaLP) network also has a dedicated resource page on Gender and Inclusion in CVA.

² Some details are added as they are frequently requested by Partner National Societies who wish to support operations.

³ Sphere Standards: <https://handbook.spherestandards.org/en/sphere/#ch004>

⁴ <https://www.ifrc.org/protection-gender-and-inclusion>

Annex 1: Includes additional tips related to the different steps where relevant.

Annex 2: Provides tips on Cash+/complementary and integrated protection activities that can be included in more advanced programming (+6 months).

Annex 3: Gender Marker Vetting Form: The Gender Marker Vetting form allows National Societies to conduct a quick review of whether specific projects are gender harmful, neutral, sensitive, responsive or gender transformative. Filling in the form leads to grading of a specific project. The Gender Marker Vetting form is regarded particularly relevant when National Societies need to evaluate how gender sensitive a project is.

Generally, the minimum measures will apply:

- Prior to a response and as part of cash preparedness activities
- In the early stages of a response i.e., the first few months
- For smaller emergencies, with a shorter timescale i.e., less than six months
- For all types of projects using CVA modalities
- When there is limited experience in PGI in National Societies

Generally, the advanced measures will apply:

- Later in the response, i.e., from month three onwards
- For larger or protracted emergencies, with a longer timescale i.e., more than six months (also to include minimum actions)
- When there is a good level of PGI experience and capacity within the National Society
- When there is PGI surge capacity available to support

PGI-sensitive CVA checklist

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|------------------|--|------------------------|--|--------------|--|
| Date of filling | | Project title | | Project code | |
| National Society | | Stage of project cycle | | Reviewer(s) | |

Score Key: A= Achieved, PA = Partially Achieved, NA = Not Achieved, N/A = Not Applicable

| PGI requirements <i>Score Key: A= Achieved, PA = Partially Achieved, NA = Not Achieved, N/A = Not Applicable</i> | Why? | Scoring <i>(examples to be deleted)</i> | Justification for scoring <i>(examples to be deleted)</i> |
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| PGI MAINSTREAMING AND RISK MITIGATION | | | |
| PGI-analysis (see also, Annex 1) Minimum: <ol style="list-style-type: none"> The PGI analysis should ensure to collect and analyse sex-, age- and disability-disaggregated data (SADDD) on needs, priorities and capabilities relating to CVA and apply this throughout the project cycle. Advanced: <ol style="list-style-type: none"> Employ appropriately trained staff to conduct PGI-analysis in communities where CVA is implemented, so activities can be designed and implemented accordingly. Advocate for and work with PGI through current power structures in the communities throughout the project cycle. Support from religious | <p>A PGI analysis forms the backbone of protection mainstreaming and risk mitigation and must be undertaken to inform the design, implementation and monitoring of interventions.</p> <p>As part of our humanitarian duty to do no harm, we must incorporate PGI aspects into all steps of our programmes.</p> | <p><input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria</p> <p>Minimum: A <input type="checkbox"/> PA <input checked="" type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Advanced: A <input type="checkbox"/> PA <input type="checkbox"/> NA <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> | <p><i>The needs assessment collected SADD data and a few questions were included on PGI, however a specific PGI analysis was not conducted and the PGI team was not included.</i></p> |

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| <p>figures, leaders, and all men in communities is pivotal for the change that everyone envisions.</p> | | | |
| More information: <i>See PGI toolkit tool 2.4, PGI Assessment and Analysis Guidance: PGI iE Tool/2-4 PGI Assessment Guidance LR-web.pdf (ifrc.org)</i> | | | |
| Risk mitigation measures Minimum: <ol style="list-style-type: none"> Integrate PGI questions and concerns into existing CVA tools (assessments, targeting, monitoring forms, for example). This can help CVA actors identify if CVA might create or exacerbate protection risks for individuals, households and communities, and to what extent new risks could be mitigated by affected communities, humanitarian agencies and duty-bearers (governments) and/or by complementary programme activities (see below). Compare risks and benefits of cash, value vouchers, and in-kind. Advanced: <ol style="list-style-type: none"> Develop or update the CVA Risk Register and ensure that this captures findings from the PGI-analysis and establish and follow up on relevant risk mitigation measures. Include a PGI-expert in the cash team and focus on integrated programming (see Annex 2). | <p>To ensure that our CVA interventions do not exacerbate existing risks or introduce new risks because of the assistance. Integrating PGI questions into existing tools guide the users in analysis of data collected to inform design to ensure CVA delivery is safe and inclusive. Without appropriate PGI considerations, CVA may increase protection risks for specific vulnerable groups or impact who has access to assistance</p> | <p><input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria</p> <p>Minimum: A <input checked="" type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Advanced: A <input type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/></p> | <p><i>The feasibility assessment included risk questions and 90% of people interviewed clearly stated a reference for cash transfers over vouchers.</i></p> |
| CVA, PGI and CEA staff engagement Minimum: <ol style="list-style-type: none"> NS CVA, PGI and CEA colleagues must work together, particularly during assessment, design and monitoring and evaluation. | <p>Ensure collaboration between teams and avoid expectations that one staff member can fill all roles alone.</p> | <p><input checked="" type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria</p> <p>Minimum: A <input type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/></p> | <p><i>PGI and CEA staff were not included at any stage of the project.</i></p> |
| Data protection Minimum: <ol style="list-style-type: none"> Consider personal data protection and the risks of sharing beneficiary data with government and/or the private sector and incorporate data protection principles throughout the program cycle. Consider the risks for specific groups, e.g. if posting a list of targeted households publicly; this might create protection risks. | <p>Ensure that personal data is not exposed and cause any risks to affected populations.</p> | <p><input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria</p> <p>Minimum: A <input checked="" type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/></p> | <p><i>NS uses Red Rose as a data management platform. All volunteers are trained on data protection. Tablets are collected by staff after data collection and never kept at volunteers' homes.</i></p> |

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| c. Don't share data that may be linked back to a group or an individual, including survivors of Sexual and Gender Based Violence (SGBV) d. Training for staff or volunteers engaged in data collection includes training on data protection and protection risks related to this | | | |
| More information: <i>IFRC Practical Guidance for Data Protection in CVA</i> | | | |
| Training of staff and volunteers Minimum: a. Train staff and volunteers on PGI, CEA and data protection b. Train staff and volunteers on the prevention and response of sexual abuse and exploitation (PSEA) and child safeguarding , including on safe referral pathways to protection and psychological services. Advanced: a. Train staff and volunteers on SGBV prevention and response , including related to CVA b. Engage in advanced specialised SGBV training for staff and volunteers. Training available in the RCRC <i>SGBV training</i> | Ensure that staff and volunteers apply a PGI-sensitive lens in their work and can integrate PGI in CVA including spotting and reacting to any protection risks. | <input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria Minimum: A <input checked="" type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/> Advanced: A <input checked="" type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/> | <i>1-day training on PGI and CEA was included in the CVA training.</i> <i>All volunteers are trained on PSEA and referral pathways.</i> <i>No advanced trainings delivered on SGBV.</i> |
| DIGNITY | | | |
| Appropriateness of CVA Minimum: a. Ensure that CVA is culturally appropriate for persons of all gender identities, ages, disabilities and backgrounds by amending activities to specific groups as necessary (based on PGI analysis) b. The transfer value is adjusted for people living with disabilities according to extra costs they face (see also Annex 1). c. The capacities of persons with disabilities in the community have been assessed and taken into consideration in the CVA design, particularly in cash-for-work activities. | The appropriateness of using CVA modalities informs whether to use cash at all/or for all groups. The analysis (part of feasibility assessment) informs the need for adaptable and diverse approaches to supporting different groups. | <input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria Minimum: A <input checked="" type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/> | <i>People living with disabilities stated a preference to receive in-kind, which has been met, while other groups receive cash transfers via mobile phones.</i> <i>Due to different needs of different groups the cash transfer is unrestricted.</i> |
| Dignity items Minimum: a. Dignity items should ideally always be included in the cash transfer value or distributed as a complementary in-kind contribution. b. Include dignity items culturally appropriate to a given context in market assessments and market monitoring . | To ensure that women and girls' needs are met in any intervention using CVA. | <input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria Minimum: | <i>The NS engaged with the National Cash Working Group to ensure that dignity items were reflected in the Minimum Expenditure Basket.</i> |

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| | | A <input type="checkbox"/> PA <input checked="" type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/> | |
| ACCESS | | | |
| Feasibility of CVA – delivery mechanism Minimum: <ol style="list-style-type: none"> Engage efforts to identify persons or groups who might not have access to some delivery mechanisms (e.g. some groups might lack ID or do not own mobile phones). Strategies must be developed to ensure safe access for all; mitigation measures might be to utilise different delivery mechanisms. Consider setting-up community-based protection mechanisms to assist persons with specific needs to access CVA. | The feasibility of using CVA is analysed according to the local context, ensuring the selection of the most relevant cash transfer delivery mechanisms (bank accounts, mobile phone technology, direct distribution, vouchers). | <input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria Minimum: A <input type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/> | |
| Access to receive assistance Minimum: <ol style="list-style-type: none"> Establishing selection criteria should be done in consultation with representatives of all groups. Information is accessible to all: on the programme, the assistance to be provided, selection criteria, registration process, delivery and the complaints and feedback mechanisms. This way people can better self-assess whether they meet the criteria and want to be included. Ensure that recipient registration processes are available to persons of all gender identities, ages, disabilities and backgrounds (e.g. if through community meetings, ensure a simultaneous process to reach e.g. marginalised or at-risk groups, for example through home visits or self-registration through phone calls). Ensure there is opportunity to register a (trusted) proxy who may access the assistance on behalf of a person at risk. Include training sessions for persons with low digital and numeric literacy to ensure they can access the payment mechanism. If mobile money or bank cards, consider any risks in using pin codes (often people do not remember their pins) People with hearing disabilities may require support in sign language at distribution/pay out points. | To ensure that no persons face risks in registering for or receiving assistance from the Red Cross/Red Crescent. | <input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria Minimum: A <input checked="" type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/> | <i>Women who stated some fears of being raped on the road were organised in groups to move together and the community appointed a Protection Committee with different members to follow up on risks and monitor.</i> |

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| g. Establish timing of distributions according to other activities people engage in, for example, women may not find the time to go to distribution/pay out points early or late as they have chores at home or there are increased risks moving around late in the day. | | | |
| Safe access to markets and services Minimum: <ol style="list-style-type: none"> Needs and market assessments include questions on everyone's safe access followed up by analysis and integration of mitigation measures. For example: <ol style="list-style-type: none"> Top up the cash grant to ensure transport is afforded. Advice to groups on how to reduce protection risks, for example on which are the safest and most accessible routes to be used by women and girls, such as to markets. This can be followed up by establishing protection committees that can monitor routes or escort specific at-risk groups in high-risk areas. Physical access for persons with disabilities to vendors, markets and services points has been assessed and taken into consideration. Persons with disabilities, who may need assistance, receive help to carry materials from distribution points and marketplaces. Distribution points and local marketplaces are within maximum five kilometres of a recipient's home. If engaging in livelihoods support, ensure that assessments also account for everyone's safe access as vendors in markets. Check if any groups may not have safe access to markets due to social factors (e.g. due to ethnicity, marginalised groups) and implement mitigation measures. | To ensure that all people are safe in accessing markets or services to cater for their needs and that interventions using CVA do not introduce any new risks to those targeted. | <input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria Minimum: A <input type="checkbox"/> PA <input checked="" type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/> | <i>The Trader's Union was engaged to set-up protection measures in the markets including a ramp to one section and a bathroom for female vendors.</i> |
| Safe access to Financial Service Providers (FSPs) and pay out points Minimum: <ol style="list-style-type: none"> Ensure that pay-out points are adapted or designed in such a way that everyone can access them, especially persons with physical, sensory and intellectual disabilities, the illiterate and older people. Ensure everyone's safe access to location of FSP if moving to a pay-out point. Ensure monitoring around FSP pay-out points to mitigate any risks of abuse by private sector FSPs or any protection risks around the pay-out point. | To ensure that people do not face any risks or barriers to receive their cash transfers. | <input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria Minimum: A <input checked="" type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/> | <i>Volunteers are engaged to monitor and support around pay out points during transfer period.</i> <i>FSPs were trained on PSEA and signed the code-of-conduct.</i> |

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| <p>d. Ensure support to recipients at pay-out points through volunteers and NS staff, especially for those with limited financial and digital literacy.</p> <p>e. Ensure that FSPs are trained and understand the humanitarian principles and our approach to working with affected communities. Ideally, FSPs are asked to sign our Code of Conduct.</p> <p>f. Ensure that FSPs have female staff available or advocate for an uptake of this.</p> | | | |
| <p>Communication (see also CEA in CVA checklist)</p> <p>Minimum:</p> <p>a. Technical guidance and community engagement materials are available in relevant languages and in picture format. It is ensured that mobile phone companies issue cash transfer information in local languages and use appropriate alphabets so that persons of all gender identities, ages, disabilities and backgrounds can receive information.</p> | <p>To ensure that everyone has access to correct, timely and updated information.</p> | <p><input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria</p> <p>Minimum:</p> <p>A <input type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/></p> | |
| <p>SGBV/Protection/health Referrals (see also SGBV response in Annex 2)</p> <p>Minimum:</p> <p>a. Specify the existence of or establish safe referral mechanisms for SGBV and child protection.</p> <p>b. Train staff and volunteers on how to refer SGBV and child protection cases in a safe manner. Ensure that they can act on this during data collection (assessment, monitoring), distributions, and other community engagements and know how to handle sensitive feedback confidentially.</p> <p>c. Ensure that SGBV referral pathways are known by staff and volunteers and that they are trained in using these. Potentially include CVA to support access to services if these come at a cost (transport, payment for health services etc.).</p> <p>d. Ensure that referral pathways to other service providers in e.g. health and nutrition are known by staff and volunteers and that they are trained in using these. Potentially include CVA to support access to services if these come at a cost (transport, payment for health services etc.).</p> | <p>Ensuring that different referral pathways are in place and that staff and volunteers know how to use these is critical to support persons at risk in accessing services that are relevant to their needs and safe for them to access.</p> | <p><input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria</p> <p>Minimum:</p> <p>A <input type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/></p> | |
| PARTICIPATION <i>(all points below ONLY include advanced, as minimum actions are captured in the CEA in CVA checklist)</i> | | | |
| <p>Consultation in the project design</p> <p>Advanced:</p> | <p>Participatory design processes increase the relevance and accountability of our</p> | <p><input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria</p> | <p><i>Focus group discussions are always disaggregated by sex and female</i></p> |

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| <p>a. Ensure an equal balance of men and women on the CVA assessment team to ensure access to women, girls, men and boys. Where feasible, include PGI-specialists as part of the team.</p> <p>b. Look for expertise or training by local women, organisations of persons with disabilities and LGBTQI+ groups where possible to inform the analysis of the particular needs of these groups relating to CVA.</p> <p>c. Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care work. For example, a volunteer or community member may be asked to look after children in a space close to where a focus-group discussion is taking place.</p> | <p>responses. Only by including people of all groups in our consultations can we ensure that the projects are relevant, safe and dignified for them. Consultations can inform us of any requirements to diversify activities to different groups.</p> | <p>Minimum – per CEA checklist: A <input checked="" type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Advanced: A <input type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/></p> | <p><i>staff/volunteers facilitate female FGDs.</i></p> <p><i>Interviews were held in the facilities for the local women's group.</i></p> <p><i>People living with disabilities were interviewed at their home.</i></p> |
| <p>Targeting</p> <p>Advanced:</p> <p>a. Further sensitisation with men and local community leaders is established to ensure that women or specific groups targeted as primary recipients are safe and that this approach is accepted and understood.</p> | <p>To ensure that recipients do not face risks. For example, in some communities, men are often primary income-earners and may react negatively if women are targeted without consultation increasing the risk for women to SGBV. Some women might not have a preference to be targeted either.</p> | <p><input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria</p> <p>Minimum – per CEA checklist: A <input type="checkbox"/> PA <input type="checkbox"/> NA <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Advanced: A <input type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/></p> | <p><i>NS engaged with leaders to ask who should be targeted.</i></p> <p><i>Some people were unhappy with this and in the future, families should be asked instead.</i></p> |
| <p>Complaints and Feedback Mechanism</p> <p>Advanced:</p> <p>b. If working with community committees, promote women's leadership and gender equality in all CVA committees and agree on representation quotas for women with the community prior to any process for (s)election.</p> | <p>Persons of all gender identities, ages, disabilities and backgrounds should always have safe access to provide feedback during and after distributions; also those not targeted in our response.</p> | <p><input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria</p> <p>Minimum – per CEA checklist: A <input type="checkbox"/> PA <input type="checkbox"/> NA <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Advanced: A <input type="checkbox"/> PA <input type="checkbox"/> NA <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> | <p><i>There is only a box for people to put in written complaints, hence illiterate persons do not have access to state feedback or complaints.</i></p> |
| SAFETY (for PROTECTION SPECIFIC, see Annex 2) | | | |

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| Distribution point safety Minimum: <ol style="list-style-type: none"> Persons of all gender identities, ages, disabilities and backgrounds are involved in decision-making about distribution point access. Measures to ensure safety include: <ol style="list-style-type: none"> The point of cash disbursement should be within maximum five kilometres of the recipient's home distributions during daylight Ensure that all distributions are finalised within daylight hours Clearly marked and accessible roads to and from distribution sites Crowd control is in place Different queue for pregnant women and people living with disabilities is set up Accessibility features at distribution sites and access roads/paths to distribution sites for persons with disabilities Distribution teams with representation of diverse gender identities. | To ensure that cash distribution / pay-out point is safe, and persons of all gender identities, ages, disabilities and backgrounds feel safe accessing them. | <input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria Minimum: A <input checked="" type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/> | <i>The distribution took place in an open space which had been designated solely for the purpose of the distribution which was held during daylight and with visible security.</i> <i>The site was less than 1 km from the city center.</i> <i>It should be clearly communicated how beneficiaries' queue before the distribution and only trained personnel should guide the distributions.</i> |
| Household tensions Advanced: <ol style="list-style-type: none"> If women are selected for programmes, both men and women should be engaged in other activities (e.g., gender discussion groups) to avoid deepening household tensions. <i>(See also Targeting)</i> | Men and women might prioritise spending of cash differently. In some communities, men are traditionally income earners and may not understand or trust women's engagement in financial matters. | <input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria Advanced: A <input checked="" type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/> | <i>PGI-colleagues were engaged in conducting gender discussion group sessions with the community; CVA staff and volunteers participated alongside affected populations.</i> |
| Child protection Minimum: <ol style="list-style-type: none"> Where children are the recipients of CVA, relevant risk and hazard mapping that engages children must be conducted. Ensure that caregivers are engaged as relevant. Collaborate with child protection actors for referrals, case management and support in design, implementation and monitoring. Fill out the child safeguarding risk analysis form. Advanced: <ol style="list-style-type: none"> Integrate awareness raising on harmful practices related to children into the CVA project; engage boys and girls out of school to access | Considering child protection risks are important to support operations in strengthening their child safeguarding practices and reduce the risk of harm against children. | <input type="checkbox"/> Nothing/limited actions have been done but does not meet the Minimum criteria Minimum: A <input type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/> Advanced: A <input type="checkbox"/> PA <input type="checkbox"/> NA <input type="checkbox"/> N/A <input type="checkbox"/> | |

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| <p>information, enhance skills and return to education. Engage faith leaders in challenging norms and practices.</p> <p>b. Provide cash assistance to families with children whose income-generating and/or subsistence opportunities are impacted by the relevant crisis to reduce reliance on damaging coping strategies (taking children out of school, child labour, early marriage etc.).</p> | | | |

Annex 1: Related tips and pre-conditions to PGI-sensitive CVA

PGI-analysis

1. To be done before programming to inform programme design; follow up throughout project.
2. The PGI-analysis can be done in collaboration or consultation with other partners as relevant. It can be integrated in needs assessments or be conducted as a standalone assessment.
3. **Pay attention to possible biases in data collection and analysis.** For instance, if women, persons with disabilities were not consulted, the identified priorities do not reflect the needs and priorities of the whole community (see also Participation below).
4. NS may need to engage in advocacy activities with the Governance Board and Management team to ensure that PGI is mainstreamed in NS strategic documents and that there are clear commitments towards mainstreaming PGI.
5. **Invest in PGI mainstreaming** by ensuring adequate human, financial and communication resources at all stages of CVA programming.

Appropriateness of CVA

6. A restricted cash approach used for one group of people, might not apply or be appropriate to other groups. For example, fishing in some contexts is predominantly a livelihood option for men, whereas other activities should be provided for women and other groups (e.g. gardening or other income-generating activities). The same can be applied to different delivery mechanisms, see below on access.
7. Remember that unrestricted cash transfers, with priority to multipurpose cash, can afford much greater choice and dignity than sectorial voucher assistance, allowing people to meet their diverse needs in a personalised and dignified manner. Furthermore, cash may be able to mitigate certain pre-existing protection concerns, including SGBV and trafficking.
8. Research suggests that people with disabilities often face costs between 10 and 40% higher than others, so this should be assessed, and where necessary, taken into consideration in the transfer value calculation. See <https://www.calpnetwork.org/blog/people-with-disabilities-face-10-40-higher-costs-does-cva-account-for-this/>

Feasibility of CVA – delivery mechanism

9. Marginalized groups, minorities, and persons with specific needs may be better able to enjoy their rights and access to basic goods and services through cash assistance, which is often more flexible than in-kind assistance or vouchers. Listen to their preferences and aim to take them into consideration during CVA design.
10. **Note that different mechanisms might be required** for women, men, LGBTQI+ individuals and persons living with disabilities in the same community.
11. **Recognize that LGBTQI+ individuals facing public discrimination** may prefer more discreet delivery mechanisms, such as mobile phone transfers.

Safety

12. **Do no harm:** It's important to identify early potential problems or negative effects by consulting with women, girls, men and boys, using complaint mechanisms, doing spot checks (e.g. exit surveys) and, where appropriate, using transect walks to assess risks around distribution points.
13. **Consider the frequency and size of transfers.** For example, for safety reasons women may prefer smaller, more frequent cash-out options over one lump-sum cash-out (or vice versa).

Household tensions

14. NS must engage in consultations with households on **who should be targeted as the primary recipient of the cash transfers or voucher** including the household head and other members of households. While we often encourage the targeting of women as primary recipients, women might not always themselves want that due to cultural and social norms or because women fear that it could create tension/violence in the household.
15. Where cash transfer is provided to the household head, needs are identified to split the cash transfer among household members in a way that does not increase tension within the household.
16. In SGBV assessment for cash interventions questions are asked to women, girls, men and boys on what mitigation actions should be put in place to **reduce the risks of tension/family in the household and within the community.**
17. Avoid CVA approaches that could potentially put women at risk due to social practices around money handling or working roles.

Annex 2: Tips for cash+ / complementary and integrated protection activities (for advanced programming)

Maximize impacts of CVA

CVA that promotes women's rights and choices and reduces risks and barriers for women's access and participation, can potentially support women's economic empowerment (see also Gender Marker Vetting form).

Activities focused on the prevention of protection risks can be included to ensure that projects are tailored to address already existing risks for specific groups and partly to start addressing root causes of SGBV and gender inequality.

- Design CVA along with complementary activities and services to maximise impact.
- Focusing on PGI-sensitive CVA, relevant activities can for example be to engage in gender discussion groups, financial management training, sensitisation on shared decision making, SGBV, and gender equality.
- Apply gender markers to CVA programmes in the response (see Annex 3).
- Humanitarian CVA actors should provide financial education training to CVA participants to enhance their budgeting, saving, and borrowing behaviour.
- Strengthen referral pathways from MPCA programmes to livelihood projects, legal support and linkages with the government social protection programmes. These linkages, which serve as supplementary solutions, build on increasing financial inclusion by improving the socioeconomic stability of communities.

Nutrition and health referrals

- The needs of pregnant and lactating women and mothers of children under two years are considered. For example, consider complementary support to access supplementary feeding or establish a relationship with nutrition actors to be able to refer people to supplementary feeding and follow up by professionals.
- Opportunities are explored to provide CVA for access to health services.

Gender transformative approach

Note that these activities might have limited impact in the short-term.

- Use the PGI-analysis to identify opportunities to **challenge structural inequalities** between women and men, and to **promote women's leadership**. Invest in targeted actions to promote women's leadership, LGBTQI+ rights and reduction of SGBV.
- Integrate activities that challenge structural inequalities. Engage men, especially religious and community leaders, in outreach activities regarding gender-related CVA issues. Raise awareness with and **engage men and boys as champions** for women's participation, access to opportunities and resources and leadership within a CVA programme.

PROTECTION SPECIFIC

Prevention: Protection risks in affected communities are actively reduced as a result of the intervention

- Focus should be on **economic empowerment and financial inclusion** of groups at risk. Furthermore, discussion groups and awareness-raising activities for women, men, girls, boys, community leaders, religious leaders and other stakeholders can focus on the promotion of women's rights and gender equality, access to resources and participation, free choices, economic self-reliance, and shared decision-making power.
- Prevention activities must always be tailored to context and cultural specifics.

SGBV Response: SGBV survivors and women, girls, and others at risk of SGBV are assisted with CVA to reduce risks⁵

Using CVA in SGBV response can be a dignified and timely way to prevent and respond to a variety of protection risks faced by SGBV survivors or persons at risk. E.g. giving cash for transport to service providers, cash for shelter/rent to someone fleeing an abusive relationship, cash to mitigate early marriage, or livelihoods inputs to a person at risk of engaging in damaging coping strategies such as sex work.

- Establish SOP on referrals from SGBV actors** to include SGBV survivors in the CVA intervention.
- Integrate individual and collective group sessions** on gender norms, intimate partner/ domestic violence and prevention of IPV through for example, men's and women's discussion groups (e.g. using EMAP).

⁵ National Societies work in crisis settings, where the risks of SGBV are exacerbated. We often see gender norms change and more extreme versions of masculinity. There are usually other specialised actors who offer psychosocial support and case management services for survivors and those at risk. As CVA actors it is possible to help by providing support to survivors and women and girls at risk through referral pathways. CVA in SGBV response can be used as individual targeted support to survivors as part of case management where SGBV experts take lead on action planning. CVA can help give survivors access to relevant services (legal, health, transport) and recovery, but is also useful to address risks or causes of SGBV that are economically related, for example to support basic and urgent needs, livelihoods protection, food security, or to reduce exposure to SGBV and damaging coping strategies (e.g. early marriage, transactional sex, sex work).

- c. Do not collect information about specific incidents of SGBV or prevalence rates. If a SOP is agreed and signed between the SGBV actor and the cash actor, while conducting assessment cash actor should not seek out any SGBV incident but only assess the risks and how to mitigate them using CVA.

SGBV Response: Women, girls and groups at risk are subject to fewer SGBV risks as a result of their involvement in CVA

- a. Utilise CVA support to addressing underlying economic causes of the risks faced by groups.
- b. Integrate strong SGBV and protection analysis in the intervention in collaboration with SGBV actors and identify mitigation actions to reduce identified risks.
- c. Integrate sensitization on SGBV and SGBV risks for affected populations in the intervention.
- d. Integrate sessions with men and women on budgeting, communication and negotiation skills (for example, discussion group series and life skills training)

Annex 3: Gender Marker Vetting Form⁶

| | | | | | |
|------------------|--|------------------------|--|--------------|--|
| Date | | Project title | | Project code | |
| National Society | | Stage of project cycle | | Reviewer | |

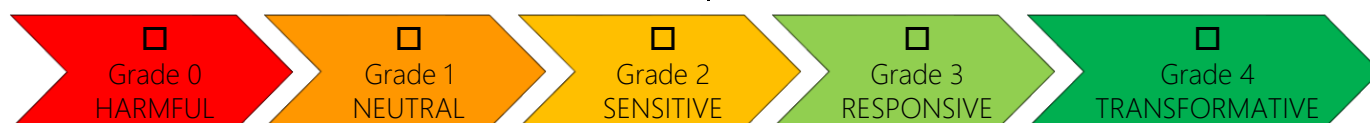
1. Select which of the following statements best describes this intervention:

| | |
|--|---------|
| i. Does NOT work with gender roles and relations through neither mitigation nor prevention | GRADE 0 |
| ii. WORKS WITH existing gender roles and relations through mitigation measures | GO TO A |
| iii. CHALLENGES existing gender roles & relations through mitigation AND prevention | GO TO B |

2. Answer the questions below (select column based on response above) and tick yes for all the statements that apply

| COLUMN A: WORKS WITH existing gender roles and relations through mitigation measures | YES X |
|--|----------|
| Analysis: Is this intervention informed by some analysis of the gender differences of and risks for women, men, boys, and girls? | |
| Activities: Are project activities adapted to meet the distinct needs of women, men, boys, and girls as identified in the analysis and mitigation actions put in place to reduce identified risks? | |
| Participation in Project Processes: Does the intervention ensure meaningful participation of women, men, boys and girls in at least one of the following: transparent information sharing; decision-making; responsive feedback mechanisms? | |
| Monitoring and Evaluation Systems: Are monitoring systems collecting and analysing: both sex and age disaggregated data (SADD), and changing protection risks and needs? | |
| 3. Add up the total number of yes | |
| Using the Grading Guidance below, tick the grade received: 0-1 YES = Grade 0 2-3 YES = Grade 1 4 YES = Grade 2 | |

| COLUMN B: CHALLENGES existing gender roles & relations through mitigation AND prevention measures | YES X |
|--|----------|
| Analysis: Is this intervention informed by an in-depth, project specific gender analysis of the distinct needs, roles, relationships, protection risks and power dynamics of and between women, men, boys and girls? | |
| Activities: Are project activities adapted to meet the distinct needs of women, men, boys and girls, supported by specific gender activities advancing gender equality and reducing SGBV risks? | |
| Participation in Project Processes: Does the intervention ensure meaningful participation of women, men, boys and girls in all three of the following: transparent information sharing; decision-making; responsive feedback mechanisms? | |
| Monitoring and Evaluation Systems: Are monitoring systems collecting, analysing, and addressing all four of the following: changes in gender roles and relations, sex and age disaggregated data, unintended consequences, and the changing protection risks and needs? | |
| 3. Add up the total number of yes | |
| Using the Grading Guidance below, tick the grade received: 0-1 YES = Complete column A instead 2-3 YES = Grade 3 4 YES = Grade 4 | |



⁶ This tool has been modified from CARE's Gender Marker Vetting Form https://insights.careinternational.org.uk/images/in-practice/Gender-marker/care_gender_marker_vetting_form_english_20191.pdf

3. Please describe the reasons that support your YES answers above, and provide with supporting documents or links:

| QUESTION | REASONS (WITH SUPPORTING DOCUMENTS OR LINKS ATTACHED) |
|------------------------------------|---|
| Analysis | |
| Activities | |
| Participation in Project Processes | |
| Monitoring and Evaluation Systems | |

| LESSONS | FEEDBACK |
|---|---|
| What were the three main lessons (can be both positive and negative) from integrating gender into your project design / implementation? | Based on these lessons, what will be changed within the intervention to improve gender integration? |
| | |
| | |
| | |

| If you scored Grade 0, please explain why gender was not relevant to this intervention: |
|---|
| |

References

CARE Gender Marker Vetting Form https://insights.careinternational.org.uk/images/in-practice/Gender-marker/care_gender_marker_vetting_form_english_20191.pdf

CEA in CVA checklist: <https://communityengagementhub.org/wp-content/uploads/sites/2/2021/12/Tool-24-CEA-in-CVA-checklist.docx>

Global Protection Cluster, CVA and Protection: <https://www.globalprotectioncluster.org/cash-and-voucher-assistance-and-protection/>

IASC Gender Handbook with a chapter focused on Gender Equality in CVA: https://www.gihahandbook.org/media/pdf/en_topics/cash_based_interventions.pdf

IFRC CEA in CVA checklist (link upcoming)

IFRC Checklist: Cash and Voucher Assistance in Emergency Interventions: <https://cash-hub.org/resources/africa-cash-community-of-practice/africa-cop-key-documents-and-tools/#other-key-docs>

IFRC Practical Guidance for Data Protection in Cash and Voucher Assistance: <https://www.ifrc.org/document/practical-guidance-data-protection-cash-and-voucher-assistance>

IFRC Protection, Gender and Inclusion: <https://www.ifrc.org/protection-gender-and-inclusion>

IFRC Minimum standards for protection, gender and inclusion in emergencies: <https://www.ifrc.org/document/minimum-standards-pgi-emergencies>

IFRC Protection, Gender and Inclusion in emergencies toolkit: <https://www.ifrc.org/document/protection-gender-and-inclusion-emergencies-toolkit>

The Cash and Voucher Assistance and Gender-Based Violence Compendium: <https://gbvguidelines.org/en/cash-voucher-assistance-and-gbv-compendium-training-modules/>

The Cash Learning (CaLP) network dedicated resource page on Gender and Inclusion in CVA: <https://www.calpnetwork.org/themes/gender-and-inclusion/>

Malawi Red Cross Society, PGI Minimum Standards Scorecard for Cash Based Interventions, 2021