

How to fill out and use the GBV Risk in Cash and Voucher Assistance (CVA) Matrix

What is the matrix?

- One-page fillable risk matrix extracted from the [CVA and GBV Compendium](#) (available in many languages)
- Captures potential gender-based violence (GBV) risks for women and other vulnerable groups in cash and voucher assistance (CVA) programming
- Helps users identify potential mitigation measures to prevent and decrease those risks
- Can be used when programme is being designed or during programme implementation
- Can be used at various levels: organizational, regional, national
- Should be updated/revised regularly

What goals does the matrix help achieve?

- Ensures that protection and the *do no harm* principle are truly accounted for in CVA programming
- Used as a basis for dialogue between GBV/ protection actors and CVA actors:
 - Ensures consensus around key GBV risks – helps to adapt design, programming, and risk monitoring
 - Helps to identify next steps for GBV risk mitigation for both GBV and CVA actors
- Can be used as an advocacy tool to encourage CVA actors to mainstream GBV/ gender/protection
- Help to align with donors' requirements (such as ECHO, USAID, etc.)

Key steps

1. LAY THE GROUND

- A. Make sure the right stakeholders are around the table:**
 - I. GBV experts** - could be the leads of the GBV coordination group
 - II. Cash experts** - could be the Cash Working Group (CWG) leads
- B. Confirm needs, availability, appetite, opportunities, and timelines** (i.e. is there any upcoming flash appeal? Is there a large CVA programme that is being designed? Etc.)
- C. Identify 4 to 5 cash champions and 4 to 5 GBV champions** should work together to fill out the risk matrix

2. FILL OUT THE MATRIX

- A. Plan a 2–3-hour discussion (ideally face to face) with the GBV and CVA champions identified in Step 1 in order to fill out the matrix. Specifically:
 - I. Start by developing a common understanding of each other's goals and a common language for the matrix exercise (the draft powerpoint included in [Tool 2](#) may be a useful starting point for this) (25 min)
 - II. Ask CVA champions to briefly present what they do and how they do it (i.e. modality, targeting, challenges, etc.) (20 min)
 - III. Ask GBV champions to briefly present on key GBV information (i.e. key GBV risks and trends, challenges, etc.) (20 min)
 - IV. In smaller groups or plenary, complete the matrix by filling out each column. Keep in mind the context being discussed and any specific GBV risks that are common for different groups in CVA programming. Push participants to be as specific, concrete, and focused as possible. NB: The columns for “GBV risks” and “Organizational mitigation measures” are the most important and should receive the most time and discussion (1 hour)

If possible, complement this exercise with further data collected through focus group discussions (FGDs) with women (using Toolkit [Tool 4](#)) and/or results from recent monitoring visits of CVA deliveries (using Toolkit [Tool 7](#)), PDM results analysis, or complaint and feedback mechanism (CFM) data.

3. IDENTIFY KEY FINDINGS AND CREATE AN ACTION PLAN

- A. Synthesize all of the key information gathered in Step 2 (including from the joint GBV-CVA discussions and presentations, from FGDs, PDMs, CFMs, etc.)
- B. Clean the matrix, keeping only the essential information
- C. Share the final completed risk matrix with CWG and GBV working groups' members for feedback and comments
- D. From the mitigation measures identified, select 3 to 5 measures and jointly agree on an action plan/yearly work plan to implement those measures. Various tools from the Toolkit can be used to develop this work plan once the tools have been contextualized to your specific context.

For examples of completed matrixes & joint action plans, see: [Iraq 2022](#), [Ukraine 2022](#), [Somalia 2021](#), [Burundi 2019](#). Further examples will be added in 2022 and 2023 on the Toolkit webpage.

Good luck! For any questions or comments, please reach out to hrd-cva@unfpa.org.

