

Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners

A COMPANION GUIDE TO THE IASC GBV GUIDELINES | MAY 2019



Acknowledgements

This compendium was developed through the collaborative effort of 15 organisations who contributed expertise to its inception, design and review. The process was led and funded by CARE USA. This compendium was prepared by Joanna Friedman, independent consultant, on behalf of CARE USA and the CVA and GBV Advisory Group to the IASC GBV Guidelines Reference Group. A full list of contributors is in [Annex 3](#).



Table of Contents

INTRODUCTION	6
PURPOSE	6
AFTER READING THIS COMPENDIUM, YOU SHOULD BE ABLE TO.....	7
PRACTICALLY SPEAKING, WHAT IS GBV RISK MITIGATION, PREVENTION AND RESPONSE? WHO DOES IT?	7
HOW DO CVA AND GBV OVERLAP?	8
PART I: CROSS-CUTTING CONSIDERATIONS FOR GBV RISK MITIGATION, PREVENTION AND RESPONSE FOR ALL HUMANITARIAN ACTORS	10
COLLECTIVE RESPONSIBILITY TO ADDRESS GBV	10
ACCOUNTABILITY TO AFFECTED PEOPLE	10
THE COMPENDIUM IS ORGANISED IN THIS WAY: KEY CONSIDERATIONS BY PROGRAMME CYCLE PHASE – IN BOTH PARTS II AND III	15
PART II: INTEGRATING GBV RISK MITIGATION INTO CVA	16
SITUATION AND RESPONSE ANALYSIS	16
RESOURCE MOBILISATION	18
DESIGN	19
IMPLEMENTATION	23
COORDINATION	24
MONITORING	25
EVALUATION	26
REDUCING GBV RISKS IN CVA: MODALITY DECISION TREE AND GBV RISK ANALYSIS TOOL FOR CVA	27
MODALITY DECISION TREE – CONSIDERING GBV RISKS RELATED TO MODALITY.....	29
GBV RISK ANALYSIS TOOL FOR CVA	30
PART III: USING CVA AS PART OF GBV PREVENTION AND RESPONSE (SPECIALISED PROGRAMMING BY GBV ACTORS)	32
GENERAL: OVERVIEW OF THE EVIDENCE.....	32
SITUATION AND RESPONSE ANALYSIS	33
RESOURCE MOBILISATION	34
DESIGN	34
IMPLEMENTATION	40
COORDINATION	40
MONITORING	41

ANNEX 1: GLOSSARY **42**

 GBV-RELATED TERMS.....42

 CVA-RELATED TERMS.....44

ANNEX 2: REFERENCES **46**

ANNEX 3: ACKNOWLEDGEMENTS **48**

 KEY INFORMANTS AND REVIEWERS* (*STARRED).....48

ANNEX 4: TEMPLATE GBV RISK ANALYSIS FOR CVA **50**

Acronyms

CaLP: Cash Learning Partnership

CBO: Community-based organisation

CCT: Conditional cash transfer

CFW: Cash for work

CTP: Cash transfer programming

CVA: Cash and voucher assistance

CWG: Cluster Working Group

FSP: Financial service provider

GBV: Gender-based violence, also referred to as sexual and gender-based violence (SGBV)

GBVIMS: Gender-Based Violence Information Management System

HC: Humanitarian Coordinator

HCT: Humanitarian Country Team

IASC: Inter-Agency Standing Committee

ICCG: Inter-Cluster Coordination Group

IDP: Internally displaced person

IPV: Intimate partner violence

IOM: International Organisation for Migration

IRC: International Rescue Committee

LGBTQI: Lesbian, gay, bisexual, transgender, queer and intersex

MEB: Minimum expenditure basket

MNO: Mobile network operator

MPC: Multi-purpose cash transfers

OCHA: United Nations Office for the Coordination of Humanitarian Affairs

PDM: Post-distribution monitoring (of cash and voucher assistance)

PLWHA: People living with and affected by HIV and AIDS

PSEA: Protection from sexual exploitation and abuse

SADDD: Sex, age and disability disaggregated data

SEA: Sexual exploitation and abuse

SOP: Standard operating procedure

UN: United Nations

UNHCR: United Nations Office of the High Commissioner for Refugees

WHO: World Health Organization

WRC: Women's Refugee Commission

A NOTE ON TERMINOLOGY

The terminology in this compendium is meant to be accessible to a wide audience of humanitarian actors, coordinators and donors. Technical, sector-specific CVA (acknowledging that CVA is not a sector, but a growing programmatic area of expertise) and GBV terminology is thus avoided, explained as appropriate or referenced for further study, within the text. For sector-specific CVA and GBV terminology, see the [Glossary of Terminology for Cash and Voucher Assistance](#) and the 2015 IASC [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#).

See [Annex I: Glossary](#) at the end of this compendium.

Introduction

PURPOSE

The purpose of this cash and voucher assistance (CVA) and gender-based violence (GBV) compendium is to assist **humanitarian actors** and **crisis- and conflict-affected communities** to:

- ✓ integrate **GBV risk mitigation** into **CVA interventions**;
- ✓ integrate **GBV prevention into multi-sector programming using CVA** when appropriate; and
- ✓ integrate **CVA into GBV prevention and response** when appropriate.

The compendium highlights key considerations, **ESSENTIAL ACTIONS**, **PROMISING PRACTICES** and **LESSONS LEARNED** to help humanitarian practitioners work with affected people and communities to identify and monitor GBV risks and mitigation measures throughout the programme cycle. The compendium gives examples of the potentially beneficial outcomes of using CVA alongside other assistance and services to contribute to preventing or responding to GBV.

The compendium is intended as a companion to the 2015 Inter-Agency Standing Committee (IASC) [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#) (hereafter referred to as the GBV Guidelines). Other companion resources include the [GBV Pocket Guide](#). The GBV Guidelines focus on GBV risk mitigation activities that should be undertaken within and across all sectors of humanitarian response, while the compendium focuses on practical guidance in terms of **GBV risk mitigation for all humanitarian actors using CVA**.

The compendium can also be used as an advocacy tool to remind **all** field-based practitioners, managers and coordinators about their responsibility for integrating GBV risk mitigation across CVA and sectoral programming. ([See Part I, Section A on collective responsibility, below](#))

The compendium is for:

1. Field-based humanitarian practitioners, across all areas or sectors of humanitarian response who use cash or vouchers in their programmes.
2. GBV specialists who are considering using CVA in their programming.

- Members of the humanitarian country team (HCT).
- Humanitarian coordinators (HCs) and donors who advise and monitor teams and partners on GBV mainstreaming/integration.

AFTER READING THIS COMPENDIUM, YOU SHOULD BE ABLE TO...

- Differentiate between i) GBV risk mitigation in CVA, and ii) potential ways in which CVA can contribute to GBV prevention and response.
- Identify practical actions that CVA and/or sector specialists and other humanitarian actors can take to identify and mitigate the risks of GBV in CVA.
- Identify practical actions that GBV specialists can take to incorporate GBV-protective CVA in their GBV programming.

PRACTICALLY SPEAKING, WHAT IS GBV RISK MITIGATION, PREVENTION AND RESPONSE? WHO DOES IT?

TABLE 1: GBV PREVENTION, RISK MITIGATION AND RESPONSE WITH CVA EXAMPLES¹

PREVENTION	RISK MITIGATION	RESPONSE
What: Interventions to prevent GBV from first occurring	What: Interventions to avoid increasing or reduce the risk of exposure to GBV	What: Interventions to address the consequences of GBV after it has happened
How: Address root causes	How: Be aware of and if possible address contributing factors	How: Provide specialised services
Who: Responsibility of all; could be carried out by GBV specialists OR other humanitarian actors as appropriate * See section on prevention, below	Who: All humanitarian actors, governments, communities, everyone	Who: GBV, Health and Protection specialists, who have had appropriate training
CVA in GBV prevention example: Targeted cash transfers to families who risk placing girls in early marriages, such as conditional cash assistance to keep girls in school.	GBV risk mitigation in CVA examples: Separate focus group conducted with women about their preference for the household recipient of a cash transfer or voucher, asking if targeting women might cause tensions in the family or any safety concerns. ²	CVA in GBV specialised response example: CVA as part of survivor care and assistance through case management, for example cash transfers to cover transportation costs, or conditional cash transfers (CCT) to encourage attendance at regular follow-up appointments.

¹ [GBV Guidelines training materials](#), slide 13

² Evidence has shown that in some contexts, targeting women with CVA without conducting gender discussion groups and including men in similar CVA or livelihoods support can contribute to household tensions and possibly intimate partner violence (IPV).

[Protection in Cash-Based Interventions: A Literature Review](#)

Practical guidance on GBV prevention is mentioned in both parts of this compendium, both for CVA actors and for GBV specialists.

→ **WHY?** The IASC has stated that GBV risk mitigation is required of all humanitarian actors for all programmes (See [Part I](#) on collective responsibility), whilst GBV response is carried out by GBV specialists as part of stand-alone GBV programmes.³ GBV prevention is also typically carried out as part of GBV stand-alone programmes, by GBV specialists; it is important to note that integrated, multi-sector programmes designed collaboratively by GBV specialists and other technical specialists may contribute to GBV prevention. For example, a livelihoods programme may include GBV prevention objectives and actions, and these actions may include a CVA component. In this case the livelihoods programme actors would need to coordinate closely with GBV specialists.

HOW DO CVA AND GBV OVERLAP?

Looking at the protection continuum of *mainstreaming – integration – stand-alone programming* can help to delineate the ways in which CVA and GBV risk mitigation, prevention and response actions could overlap:⁴ In the most recent global GBV guidance,⁵ “mainstreaming” has been updated and expanded to “integration.” A breakdown based on the most recent terminology is listed in Table 2.

3 Key informant interviews and reviews by the GBV and CVA Advisory Group, see Annex 3: Acknowledgements.

4 Based on the breakdown in [Protective action: Incorporating civilian protection into humanitarian response](#) and the CARE Framework and ToC for Addressing GBV in Emergencies (CARE, forthcoming 2019)

5 [GBV Guidelines](#); Handbook for Coordinating Gender-based Violence Interventions in Emergencies (GBV AoR of the Global Protection Cluster 2018, in press)

TABLE 2: CVA AND GBV INTEGRATION⁶

	GBV MAINSTREAMING/ INTEGRATION OF GBV RISK MITIGATION IN CVA	INTEGRATED PROGRAMMING (MULTI- SECTOR PROGRAMMING WITH INTEGRATED GBV OBJECTIVES)	STAND-ALONE OR SPECIALISED GBV PROGRAMMING
Where in this compendium	Part II	Part II; Part III <i>See above section on GBV prevention</i>	Part III
Definition , applied to CVA	The process of ensuring that CVA and its encompassing programme (across all sectors): (1) does not cause or increase the likelihood of GBV; (2) proactively seeks to identify and takes action to mitigate GBV risks in the environment and in programme design and implementation; and (3) proactively facilitates and monitors vulnerable groups' safe access to services.	CVA, and more often broader economic/ livelihoods support programmes that include CVA, that <u>have both economic and protection objectives, or are a means of contributing to the prevention or response to GBV through economic assistance.</u> Include specific objectives, activities and indicators on GBV.	<u>Dedicated GBV programmes that involve GBV specialists and have specific objectives, activities and indicators for the purposes of advancing GBV prevention or response outcomes, which include a CVA component.</u>
Example , applied to CVA	<i>Consultations with women and adolescent girls about the location, routes to/from and security provisions at cash machines or voucher distribution points.</i>	<i>Livelihoods programmes that aim to help crisis-affected persons improve their economic situation and prevent risky coping strategies that could lead to GBV.</i>	<i>Case management to survivors of GBV includes medical and psychosocial care, and referrals to CVA when appropriate.</i>
Minimum Capacity	CVA/technical actors have knowledge of GBV integration, are able to monitor risks and trends and adapt programmes accordingly. GBV risk mitigation training for CVA/technical actors.	CVA/technical actors have knowledge of GBV integration, can access GBV specialists for advice on GBV design, implementation and monitoring. GBV training for CVA/technical actors; availability of GBV specialist (even if not 100% dedicated to the project).	GBV specialists have some knowledge and experience with CVA and can access CVA actors or specialists for advice on CVA design, implementation and monitoring. CVA training for GBV specialists; availability of CVA actors or specialists (even if not 100% dedicated to the project).

6 Adapted from sources: <https://gbvguidelines.org/en/capacity-building/module-3-gbv-in-emergencies/slides-13-14>; Handbook for Coordinating Gender-based Violence Interventions in Emergencies (GBV AoR of the Global Protection Cluster 2018, in press); CARE Framework and ToC for Addressing GBV in Emergencies (CARE, forthcoming 2019); [Guide for Protection in Cash-Based Interventions](#)

Part I: Cross-Cutting Considerations for GBV Risk Mitigation, Prevention and Response for All Humanitarian Actors

COLLECTIVE RESPONSIBILITY TO ADDRESS GBV⁷

The IASC Principals' statement on [The Centrality of Protection in Humanitarian Action](#) underlines that humanitarian actors have a collective responsibility to address GBV. All humanitarian actors must be aware of the risks of GBV and—acting collectively to ensure a comprehensive response—prevent and mitigate these risks as quickly as possible within their areas of operation.

How does this apply to CVA?

This means that for any programme, regardless of the selected modality, humanitarian actors should identify GBV risks from the outset of a crisis and account for the potential risk faced by some women, girls, boys and men. CVA actors as well as GBV specialists can help inform a GBV risk analysis for CVA, but all humanitarian actors are responsible for awareness of GBV risks, mitigation strategies and adaptation of programmes, regardless of their assistance modality or objective. In the case of CVA, this might also include the private sector (e.g. vendors, bank staff) and other entities whose staff or representatives engage directly with CVA beneficiaries.

ACCOUNTABILITY TO AFFECTED PEOPLE

Accountability to affected people is important in all programme cycle phases and indeed all humanitarian programmes. The considerations below are thus intended for all CVA interventions, as well as for all GBV specialised programmes. They have been specifically adapted to refer to CVA and GBV.

⁷ [GBV Guidelines](#) and [The Centrality of Protection in Humanitarian Action: Statement by the Inter-Agency Standing Committee](#)

PARTICIPATION AND INCLUSION⁸

- ✓ CVA should be inclusive of all community members, particularly women, girls and others vulnerable to experiencing GBV based on their personal characteristics, which may be multiple and overlapping, such as having disabilities, being an older person and identifying as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI).
- ✓ Disaggregate information and/or include samples of individuals with different age, gender, disability and other diverse characteristics – this is not specific to CVA, but a critical reminder to make all programming safer for all beneficiaries.
- ✓ Ensure that people of different ages, genders and disabilities know how and are able to influence the programmatic decision-making process. Promote the active participation of women, girls and other people at risk of GBV in all CVA-related assessments in order to ensure safer CVA design and delivery for all. [See the Promising Practice text box below for an example of how to do this.](#)
- ✓ Identify strong national partners including community-based organisations (CBOs), which can play a critical role in partner capacity-building and outreach to persons of concern. Outreach volunteers with language and cultural knowledge of the affected population can be key to the initial analysis and ongoing monitoring of the protection situation and GBV risks in the community. Organisations representing more marginalised groups (such as organisations of persons with disabilities or older persons' associations, in which women are actively involved) can be key partners in promoting inclusive and accessible programming. This applies to all modalities of assistance, and to service delivery.



ESSENTIAL TO KNOW: INCLUSION OF WOMEN AND GIRLS WITH DISABILITIES WHO ARE UNIVERSALLY AT HEIGHTENED RISK OF GBV⁹

Recognise that there may be intended or unintended discriminatory practices towards some beneficiaries based on multiple and intersecting factors, e.g. women with disabilities may face communication barriers to access CVA due to inaccessible communication materials and low financial literacy. This may result in them depending on others to access CVA, which could lead to theft or to risk of violence. A participatory approach from the very earliest assessment stage, integrating multi-channel feedback from diverse individuals and groups, can help to prevent some of these practices. In this example, alternative communication materials following universal design principles could support equal access for all, including women and girls with disabilities. CVA can be more discreet and flexible than in-kind assistance (e.g. mobile phone transfers) if it is made accessible to people with disabilities, and particularly women and girls

-
- 8 For general guidance on ensuring participation and inclusion see [UNHCR Tool for Participatory Assessment in Operations](#); [UNHCR Policy on Age, Gender and Diversity](#) and for consulting with women and girls, Tip Sheet: Consulting with women and girls on their access to services and perceptions of safety (IASC GBV Guidelines Implementation Support Team)
- 9 IASC Guidelines on Inclusion of Persons with Disabilities, Cash-Based Interventions/Cash and Voucher Assistance chapter (IASC forthcoming 2019) and [As the movement for cash transfer programming advances, how can we ensure that people with disabilities are not left behind in cash transfer programming for emergencies?](#)



PROMISING PRACTICE: WORKING WITH WOMEN RESPONDERS CAN AMPLIFY THE VOICES OF CRISIS-AFFECTED WOMEN THROUGHOUT THE PROGRAMME CYCLE¹⁰

Enhancing women and girls' participation and leadership in programming is recognised as contributing to safer programming across humanitarian assistance modalities (cash, vouchers or in-kind) and services.¹¹ In a multi-country study in 2018, CARE found that one important entry point for reaching those at risk of GBV is to follow the lead of and tap into local women's self-organised protection and participation activities. The study identified six core contributions that women responders make to protecting and empowering themselves and other women in humanitarian responses:

1. Access that women have not only allows them to act as first responders but also, in turn, to support more marginalised populations;
2. Contextual understanding of the needs and realities of different groups, of how to engage with key stakeholders and their ability to respond creatively to barriers;
3. Their ability to use social capital and networks to reach other women;
4. The ability to provide a space for and raise women's voices and support women's leadership;
5. The ability to provide solidarity to other women and girls in day-to-day spaces and activism;
6. Contributions to gender transformative and potentially more sustainable interventions.

The study found that working with local women's organisations from the initial preparedness and assessment phases of CVA (and its encompassing programme) can pay huge dividends in terms of achieving effective GBV risk mitigation, safer CVA design and implementation for women and girls.

COMMUNICATION

- ✓ Ensure that general communication on the overall programme that encompasses the CVA includes information on GBV pathways and access points for disclosure and whistle-blowing.
- ✓ Ensure that different individuals and groups targeted by the programme receive specific communication to help them inform their decision-making.
- ✓ Provide information, consult and respond to feedback from affected people in multiple formats, including written, oral and 'easy to read' to improve accessibility for people with disabilities, people who are not literate or people who use minority languages.

¹⁰ [Women responders: Placing local action at the centre of humanitarian protection programming](#)

¹¹ [GBV Guidelines](#)



LESSON LEARNED: “DIGNITY” OF CASH CAN MEAN DIFFERENT THINGS TO CRISIS-AFFECTED COMMUNITIES AND HUMANITARIAN RESPONDERS

It is often assumed that crisis-affected communities and individuals will prefer CVA to in-kind assistance as the former confers greater “dignity.” Thoughtful communications with affected communities are necessary to test assumptions and ensure context-specific assessments, including of beneficiary preferences and GBV risks (see also [Part I, Section B for participation considerations](#)). A study conducted in Cox’s Bazar in 2018 among the Rohingya refugees and host communities highlighted the challenges and importance of communicating with crisis-affected communities, who are not homogenous in their preferences or their views of CVA.¹² In this study, for some Rohingya women, the dignity of staying in their home (*purdah*) was a priority, and may have represented a self-protection mechanism, if, for example, their male household members would not have accepted their leaving the house. For others, a preference for the dignity of self-reliance meant they would be willing to break *purdah* to work outside the home in order to support their families. In this case, different modalities of assistance would be necessary to meet the needs and preferences of the affected population and avoid exacerbating GBV risks for women.

FEEDBACK AND RESPONSE

- ✓ Strengthen the data from post-distribution monitoring (PDM) with qualitative feedback from partners, protection monitoring and regular contact with affected persons. Use this to inform changes to programmes if necessary.
- ✓ Consult separately a diverse range of women, men, girls and boys to monitor the positive and negative consequences of the overall response and specific activities, and to capture communities’ perceptions of whether the positive consequences outweigh the negative consequences.¹³
- ✓ Ensure that all are able to provide sensitive or confidential feedback in a safe and accessible environment and through appropriate and varied channels, ensuring timely response and/or referral of received feedback.
- ✓ Put in place a functional, safe and accessible feedback and response mechanism with multiple entry points (e.g. hotline, case management, multi-service centres) tailored to the needs and capacities of target beneficiaries. Conduct periodic audits on feedback and response mechanisms to ensure that they are safe and accessible for diverse women, men, girls and boys.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

- ✓ There is always a risk of sexual exploitation and abuse (SEA) in humanitarian programming. This must be considered in all parts of the programme cycle.
- ✓ Existing general guidance on PSEA should be applied to all CVA and all types of programming mentioned in this compendium. See the [PSEA Taskforce](#) for more information.

¹² [Dignity and the displaced Rohingya in Bangladesh](#)

¹³ See for example Tip Sheet: Consulting with women and girls on their access to services and perceptions of safety (IASC GBV Guidelines Implementation Support Team), unpublished. Contact gbv.guidelines@gmail.com for more information.

- ✓ Feedback and response mechanisms should include SEA reporting channels.



PROMISING PRACTICE: CVA FEEDBACK SYSTEM LINKED TO GBV REFERRALS¹⁴

A large-scale cash safety net programme set up a call centre (free hotline) for beneficiaries and non-beneficiaries to raise questions or grievances with implementing agencies. Many of the calls related to eligibility/exclusion from the programme, but the call centre also became an entry point for case management referrals. Persons at risk of GBV and survivors were referred to the proper channels for follow-up. Particularly in contexts where identification of survivors is difficult, CVA can be an entry point for GBV survivors to access case management and be referred to relevant services. It is critical, however, to ensure that staff working the hotline are fully trained on safe, ethical and appropriate referrals and that quality GBV response services are already in place.

¹⁴ Key informant interview, GBV and CVA Advisory Group, January-February 2019

THE COMPENDIUM IS ORGANISED IN THIS WAY: KEY CONSIDERATIONS BY PROGRAMME CYCLE PHASE – IN BOTH PARTS II AND III

Key considerations and their corresponding promising practices, lessons learned and essential knowledge in this compendium follow the phases of the humanitarian programme cycle. Links are made as much as possible to the corresponding sections of the [GBV Guidelines](#), which are intended for non-GBV specialists, as well as to the corresponding sections of the Cash Learning Partnership (CaLP)'s [Cash-Based Assistance: Programme Quality Toolbox \(hereafter referred to as Programme Quality Toolbox\)](#), accessible to CVA specialists and non-specialists alike. In this way, it should be easy to see how specific GBV-CVA considerations are linked to broader GBV and CVA guidance.

The programme cycle phases listed here are not exhaustive; only those phases and sub-phases where there is specific evidence and guidance relevant to GBV and CVA are included in this compendium. The phases have been adapted to integrate CVA-specific activities, e.g. there is a sub-phase on Selection of Delivery Mechanism as part of the Design phase.¹⁵

Please note that GBV-specific assessments, analysis and monitoring are highlighted due to the focus of this compendium, but best practice would also include protection and gender assessments and analysis, which may be done jointly or in an integrated manner with GBV-specific assessments.

➔ [Are you a CVA and/or sector specialist, implementer/partner or manager? Jump to Part II](#)

➔ [Are you a cluster/sector Coordinator, HC or donor? Jump to Part II or Part III](#)

➔ [Are you a GBV specialist? Jump to Part III, or skim through Part II first](#)

¹⁵ Further information on general cash planning and delivery can be found in the CaLP [Programme Quality Toolbox](#) and more broadly on the [CaLP website](#)

Part II: Integrating GBV Risk Mitigation Into CVA

PART II is intended for CVA and/or sector specialists, implementers/partners and managers, as well as cluster/sector coordinators, HCs and donors.

All humanitarian actors are encouraged to read the Promising Practices!

SITUATION AND RESPONSE ANALYSIS

- ➔ See [GBV Guidelines: Assessment, Analysis and Planning \(page 33\)](#) and the [Programme Quality Toolbox: Situation Analysis and Programme Quality Toolbox: Risk and Opportunity Assessment and Vulnerability Analysis](#)
-

GBV SITUATION ANALYSIS¹⁶

- ✓ The relevant cluster or working group for the CVA should seek out and advocate for GBV situation analysis, which can include information on reported incidents, anecdotal reporting and other information available in joint or sectoral assessments and analyses, and analysis from GBV specialists. GBV situation analysis should include information about gender relations, responsibilities and power dynamics within the household and community before and during displacement. Analysis should reflect other structural inequalities (e.g. on the basis of age, disability or other characteristics such as ethnicity) that intersect with gender relations.
- ✓ Use existing information, data and tools to inform the analysis wherever possible, to avoid both “assessment fatigue”¹⁷ for programme participants and unnecessary additional costs to the programme. Avoid repeating assessments that require primary data collection unless existing information is of poor quality or non-existent.

16 For rapid GBV assessments that can be carried out by or in close collaboration with GBV specialists, see [Assessing and Mitigating Risks of Gender-based Violence: Guidance for Cash Providers, Focus Group Discussion and Interview Guide tools in **Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence**](#)

17 Participants/ beneficiaries are asked to engage in repetitive surveys and other data gathering exercises, taking them away from their lives and livelihoods. See for example [Integrative Mental Health and Psychosocial Support Interventions for Refugees in Humanitarian Crisis Settings: Integrative Health Care for the 21st Century Refugees](#) (Weissbecker et al., 2019)

MARKET ASSESSMENT AND ANALYSIS

- ✓ Consult with women, girls, men and boys (and consider different GBV risks for women, girls, men and boys with disabilities, diverse ethno-religious affiliations and gender identities) about safe and equitable access to markets (e.g. freedom of movement, distance, seasonality, availability of specific items and market hours of operation).
- ✓ Consider any potential tensions or violence between target beneficiaries and local traders in the market. Consider physical, informational and attitudinal barriers for diverse individuals to access, keep and use CVA in a safe and dignified way. These considerations can feed into the [GBV Risk Analysis Tool for CVA](#) in this compendium.

GBV RISK ANALYSIS FOR CVA

- ✓ GBV-related risks that result from or are exacerbated by humanitarian assistance or services are usually related to overall programme design, which often stems from a lack of appropriate assessments or situation analysis, or not properly applying their learning to programme design.¹⁸ As such, risks that arise cannot usually be directly or solely attributed to the modality of assistance (e.g. cash transfers, vouchers, in-kind) or services.
- ✓ Ensure that GBV situation analysis feeds into GBV Risk Analysis for CVA.
- ✓ Conduct a GBV Risk Analysis for CVA ([See tool in this compendium](#)), taking into account GBV-specific risks and mitigation mechanisms for different individuals and groups at risk.
 - ✓ Involve GBV specialists as much as possible given that GBV risk analysis can be sensitive. Non-sensitive/ aggregated information on GBV risks, types and trends can be mainstreamed into the GBV Risk Analysis Tool for CVA.
 - ✓ Keep in mind considerations for different groups. There are groups of individuals more vulnerable to harm than other members of the population. This is often because they hold less power in society, are more dependent on others for survival, are less visible to relief workers or are otherwise marginalized such as people with disabilities, adolescent girls, widows, indigenous women, girls and boys and ethnic and religious minorities.¹⁹ The type or severity of the GBV risk may be context-specific (e.g. early marriage may be more prevalent in some emergencies than in others).
 - ✓ Understand trends of GBV-related risks and safety concerns before and during crisis, including who is impacted. Bring together findings from participatory assessments (with people of different ages, genders and disabilities), protection assessments, monitoring, vulnerability and capacity assessments and/or other recent assessments to better identify risks, capacities and priorities. Engage with GBV specialists and community-based groups to interpret and understand findings and trends.²⁰

18 Key informant interviews of the GBV and CVA Advisory Group, January-February 2019; CaLP's [Collected Papers on Gender and Cash Transfer Programmes in Humanitarian Contexts](#); and [Protection in Cash-Based Interventions: A Literature Review](#)

19 [GBV Guidelines](#) page 10

20 See for example [UNHCR Policy on Age, Gender and Diversity](#) and [GBV Guidelines](#)

- ✓ Avoid making assumptions since men and boys may also be at risk of exploitation and abuse in some contexts. Consult specialists, existing data, communities and individuals.²¹
- ✓ Identify and address specific risks for children and youth. Discuss with GBV, child protection and/or other protection actors who may be able to provide this information.
- ✓ Ask communities to identify potential GBV risks and benefits related to different aspects of CVA, either by or with GBV specialists, or in an anonymous/general manner in groups disaggregated by age, gender, disability and other context-specific inequality factors, as appropriate. Analyse the relative likelihood and impact of risks, and identify prevention or mitigation mechanisms, considering different needs and capacities.
- ✓ Consider social relations within the household and community that could increase risks of GBV or other violence for beneficiaries.



LESSON LEARNED: CONTEXT-SPECIFIC GBV RISK ANALYSIS CAN HELP TO MITIGATE GBV RISKS OF CVA AND IN-KIND ASSISTANCE²²

Incidents of GBV were reported via a feedback and response mechanism for a shelter project that included cash and shelter kit distributions for internally displaced person (IDP) returnees. Households were polygamous, and it was found that the amounts of both cash and in-kind assistance were insufficient to provide for the second wife and her children, leading to intra-household tensions. The team concluded that context analysis should have gone beyond sex, age and disability disaggregated data (SADDD) to look at pre-crisis gender dynamics, consider how these had been affected by the crisis and evaluate the gender or GBV implications they might have for programming.

In this case, GBV risks were clearly not specific to CVA (both CVA and in-kind assistance exacerbated intra-household tensions). These risks could have been avoided with better initial assessments, analysis and design.

RESOURCE MOBILISATION

➔ See [GBV Guidelines: Resource Mobilisation \(page 37\)](#)

- ✓ Reflect awareness of GBV risks associated with the use of different assistance modalities and include the proposed strategy to mitigate and monitor risks throughout the programme cycle in proposals for CVA as part of any sector/multi-sector programme. Include budget lines for these activities and ensure that they include the participation of women and girls, and others at risk of GBV in that particular context.

²¹ [Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies](#)

²² [GBV Risk Reduction in Shelter Programmes: three case studies, case study from Benin](#)

DESIGN

- ➔ See [GBV Guidelines: Implementation \(page 38\)](#) and the [Programme Quality Toolbox: Programme Design](#)
-

GENERAL

- ✓ Utilise the findings from GBV risk identification and analyses to inform design, implementation and/or updating of an existing CVA and its encompassing programme.
- ✓ Design programme activities that facilitate the participation of women, such as including additional female beneficiaries who will be responsible for child care, enabling women to participate in time-consuming CVA like cash for work (CFW).
- ✓ Ensure that time-consuming programmes like CFW are planned for the lean season, to avoid creating competition with existing livelihoods activities, which could result in children being taken out of school to work.

ELIGIBILITY CRITERIA AND TARGETING

- ✓ Base eligibility criteria on needs, vulnerability and capacity assessments and inputs from protection and GBV specialists, including case managers, and coordinate and harmonise criteria with sectors/clusters or the cluster working group (CWG)/inter-cluster coordination group (ICCG) as appropriate. They should be clearly documented as part of, or in addition to, CVA standard operating procedures.
- ✓ Gender-based or other categorical targeting of CVA may be appropriate in some contexts. It is important to note that, as for any modality of humanitarian assistance or services, gender-based targeting of CVA (typically of women) will not always lead to feelings of empowerment and targeting women will not always increase the risk of IPV - but either of these outcomes may occur.²³ As for any modality of humanitarian assistance or services, targeting should reflect the context, a GBV risk analysis, and the objectives of the programme.
- ✓ **People at risk of GBV and GBV survivors should never be the only targets of a programme.** See [Lesson Learned: Targeting Broadly to Avoid Stigma and Community Tensions](#).
- ✓ Build in flexibility in CVA actors' targeting to incorporate ad hoc referrals of GBV cases who meet the eligibility criteria for CVA and who may have been missed during initial identification. Ensure that all staff are trained on referrals and that referral pathways are up to date. GBV specialists are responsible for making pathways available and building capacity of non-GBV specialists to make referrals.²⁴
- ✓ In situations where CVA may be paired with protection and GBV services, work closely with GBV specialists to identify and assess those at risk of GBV, and refer them to other assistance if CVA is not relevant for them.

23 See a summary of the evidence on the CaLP blog [#GenderCash: One year on from the Nairobi Gender Symposium](#), and specifically [Gender and Cash-Based Programming in Malawi; Protection in Cash-Based Interventions: a Literature Review](#) and [Humanitarian Cash Transfer Programming and Gender-Based Violence Outcomes](#)

24 Handbook for Coordinating Gender-based Violence Interventions in Emergencies (Gender-Based Violence Area of Responsibility, Global Protection Cluster 2018, in press).



LESSON LEARNED: TARGETING BROADLY TO AVOID STIGMA AND COMMUNITY TENSIONS²⁵

A humanitarian project targeted only displaced persons living with and affected by HIV and AIDS for cash and livelihoods support in East Africa, and after a short time other community members understood the targeting criteria. Community feedback demonstrated that the target group and particularly persons with diverse sexual orientations and gender identities faced increased discrimination from other individuals in their community when they were thought to be receiving preferential treatment from the organisation. The project was paused and adapted to incorporate broader vulnerability criteria, including but not limited to persons living with HIV and AIDS.



ESSENTIAL TO KNOW: NEED FOR FURTHER FIELD-BASED EVIDENCE ON WHEN AND HOW TO CONDUCT GENDER-BASED TARGETING OF CVA²⁶

Contributing agencies to this compendium identified targeting – specifically, how to determine when gender-based targeting is appropriate for CVA and will not exacerbate GBV risks – as a critical piece of the ongoing development of evidence and case studies on GBV risk mitigation in CVA. At the time of publication of this compendium, there were no country-level promising practices put forward, which indicates that organisations are still testing and learning in this area. Indeed, a recent review of CVA and gender evidence found that many programmes using CVA use some form of categorical targeting of groups (e.g. older persons, female-headed households, households with orphans or vulnerable children) that tend to experience income poverty, yet little research exists regarding the effectiveness of categorical targeting to reach those most in need or those at risk of GBV.

Recent field studies have focused on the ways that activities like gender discussion groups, role plays and other awareness raising activities can help to prevent or mitigate intra-household conflict (and potentially violence) that could arise when women are named recipients or target beneficiaries of CVA.

SELECTION OF DELIVERY MECHANISMS

- ✓ Delivery mechanisms, like other aspects of CVA design, are not inherently ‘safe’ or ‘risky’ – this will depend on the context and can be determined through consultations with affected communities and individuals, financial service providers and other humanitarian actors through coordination mechanisms.

²⁵ Key informant interviews of the GBV and CVA Advisory Group, January-February 2019

²⁶ [GBV Guidelines](#) (page 15); [The Potential of Cash-Based Interventions to Promote Gender Equality and Women’s Empowerment; Setting the Stage: What We Know \(and Don’t Know\) About the Effects Of Cash-Based Interventions on Gender Outcomes in Humanitarian Settings; Protection in Cash-Based Interventions: A Literature Review](#)

- ✓ Include codes of conduct, protocols/trainings on PSEA and protocols with regards to GBV referrals if appropriate in contracts with CVA implementing partners and financial service providers. This is particularly important when partners or service providers will have direct interaction with target beneficiaries; GBV risk identification, mitigation and monitoring should be put in place accordingly.
- ✓ Require measures to be taken to ensure accessibility, including for people with physical, hearing, visual, intellectual and psychosocial disabilities in contracts with financial service providers (FSPs).
- ✓ Ask women, men, girls and boys with disabilities and older women and men about their access to delivery mechanisms (particularly in the case of newer technologies such as biometric scans, mobile money or debit cards). Identify any additional safeguards that need to be put in place for their safe access or identify alternative delivery mechanisms for a subset of the target group if necessary.
- ✓ Monitor the safety of delivery mechanisms and modality through PDMs and feedback mechanisms. Prepare to reconsider delivery mechanism and modality if they end up exacerbating or creating protection risks or if there are reports of abuse.



ESSENTIAL TO KNOW: DELIVERY OPTIONS, TRAINING AND FEEDBACK MECHANISMS CAN HELP MITIGATE GBV RISKS DURING DELIVERY OF CASH TRANSFERS AND VOUCHERS

In recent evidence reviews of CVA and GBV,²⁷ one area where CVA had the potential to put beneficiaries at risk was when they faced harassment and/or exploitation from gatekeepers and authorities related to the collection of their cash or vouchers. Offering multiple delivery mechanisms, or considering multiple FSPs, distribution points or shops in the case of vouchers, providing training to field staff and partners on the prevention of sexual exploitation and abuse, and improving the relevance, safety and access to accountability and feedback and response mechanisms can help to mitigate GBV risks during the disbursement and collection of CVA.

TRANSFER VALUE, FREQUENCY AND DURATION

- ✓ Consider potential additional barriers and discrimination based on age, gender, disability and other diverse characteristics to ensure safe access to CVA for all intended beneficiaries. Determine the transfer value, frequency and duration of CVA to ensure safe transfers to a diverse group of beneficiaries, including women, men, girls and boys with disabilities and/or non-conforming gender identities. See text box on [promoting safe accessibility to CVA for all](#).
- ✓ Choose a mechanism that has the option of allowing beneficiaries to withdraw small amounts multiple times (and cover the transaction fees) if large amounts are to be provided, to reduce their risk of being targeted for theft. (In some cases large lump sum payments may be necessary to meet the programme objectives.)
- ✓ Keep in mind that additional costs may be incurred by certain households (e.g. households including persons with disabilities for accessible transport, health care, assistive devices or where caring responsibilities have an impact on income generating activities).

²⁷ [Humanitarian Cash Transfer Programming and Gender-Based Violence Outcomes](#)

- ✓ Consider gendered aspects such as freedom of movement and unpaid dependent care work when choosing appropriate timings for cash transfers. For example, women may not be able to access CVA distribution points after sunset or during busy daytime hours. Seasonal work and weather may also influence access. Unlike in-kind assistance, CVA can be converted to electronic delivery. With a proper feasibility assessment and training, electronic delivery like mobile phone transfers can allow beneficiaries to receive their CVA without needing to go to a physical distribution point.



ESSENTIAL TO KNOW: PROMOTING SAFE ACCESSIBILITY TO CVA FOR ALL²⁸

Equal access could pertain to physical accessibility (e.g. getting to markets), information accessibility (e.g. for understanding information about disbursements), accessibility of technology (e.g. familiarity with mobile technology, see also [Selection of Delivery Mechanism](#)) and attitudes (e.g. whether financial institutions, vendors and families enable persons with intellectual disabilities to make their own financial decisions). If women are denied access to information by gatekeepers or illiteracy, this constitutes a form of GBV. These types of access should be analysed when considering CVA and indeed all modalities of assistance. Participatory and community-led engagement in GBV risk analysis and identification of mitigation mechanisms can go a long way towards addressing intended or unintended discrimination in terms of access to assistance, including CVA, and to prevent violence against those at risk of GBV.

- ✓ Regularly review and update transfer amounts to meet basic needs based on the cost of living (See minimum expenditure basket (MEB) in [Annex 1: Glossary](#)), to avoid risky coping mechanisms such as sex work or pulling girls out of school. Also consider additional costs faced by some households that may need to be covered by a top-up to the MEB.

EXIT STRATEGY

- ✓ As with any programme, plan and coordinate an exit strategy for CVA and its encompassing sector/multi-sector programme as part of initial programme design or as early as possible if you are coming into an existing programme. This is important for in-kind assistance as well and is not specific to CVA but deserves mention as it is a frequently overlooked aspect of programme design in general.²⁹
- ✓ Unfortunately, there is little evidence or guidance thus far on best practices in terms of CVA exit strategy, particularly with regards to GBV risk mitigation. Examples of linkages to longer-term livelihoods/employment programmes and protection services are mentioned in [Part III: Exit Strategy](#).

²⁸ [As the movement for cash transfer programming advances, how can we ensure that people with disabilities are not left behind in cash transfer programming for emergencies?](#)

²⁹ Key informant interviews of the GBV and CVA Advisory Group, January-February 2019

IMPLEMENTATION

- ➔ See [GBV Guidelines: Implementation \(page 38\)](#) and the [Programme Quality Toolbox: Implementation](#)
-

REGISTRATION AND REFERRALS

- ✓ Ensure ongoing coordination with GBV actors, GBV referral networks and/or GBV coordination focal points to ensure safe and ethical referrals using existing pathways and linkage to existing services.
- ✓ Provide training and capacity-building, in collaboration with GBV specialists, to frontline staff on how to support a survivor of GBV if a survivor willingly discloses their experiences.
- ✓ In settings where there are no GBV actors or referral pathways in your operational area, engage GBV specialists in country or in your agency for programme-specific guidance. Utilize the [GBV Pocket Guide](#) for guidance on how to safely support survivors when no GBV actors are present.³⁰
- ✓ Strive to conduct registration in partnership with protection, child protection and GBV actors as much as possible to link to existing services.
- ✓ In coordination with GBV specialists, consider pathways for safe and confidential referrals of at-risk persons or survivors of GBV into a broader targeting exercise (if they are not already included by meeting socio-economic targeting criteria), for example through case workers, so as not to bring undue attention to certain groups (e.g. GBV survivors, persons with diverse sexual orientations and gender identities) and potentially expose them to further risks.

DATA PROTECTION

- ✓ Adequately train staff carrying out assessment or registration to ensure discretion, sensitivity and data protection. Breaches of confidentiality of personal data can lead to increased risks of harm or violence or the targeting of certain demographic groups.³¹
- ✓ Include data protection, confidentiality of personal data and codes of conduct in contracts with FSPs, particularly in case of direct agent contact with beneficiaries. This is specific to CVA rather than in-kind assistance as FSPs may be required to hold some personal data on recipients as part of national banking laws, and FSPs may have direct contact with recipients during the delivery of CVA at distribution points such as bank branches, cash machines or in shops.³²

DELIVERY

- ✓ Incorporate GBV mitigation strategies into the standard operating procedures for CVA (e.g. standards for equal participation of women and men) but potentially with different types of CVA and complementary services; procedures and policies for sharing protected or confidential information about GBV incidents, or agency procedures to report, investigate and take disciplinary action in cases of sexual exploitation and abuse

³⁰ [GBV Pocket Guide](#)

³¹ See the [GBV IMS Data Protection Checklist](#) and the [GBV IMS Staff Data Protection Agreement](#)

³² See the [Data Protection Protocol, Checklist and other information on GBV-specific data protection on the GBV IMS Data Protection webpage](#)



ESSENTIAL TO KNOW: WHAT CVA ACTORS SHOULD DO IF GBV IS DISCLOSED

In cases where GBV survivors disclose violence to CVA/technical sector actors, consult the agreed referral pathway /mechanism in that location. If that does not exist, consult GBV specialists. If none of these services are available, check the [GBV Pocket Guide](#).

COORDINATION

- ➔ See [GBV Guidelines: Ensuring Implementation of the Guidelines: Responsibilities of Key Actors \(page 18-28\)](#) and the [Programme Quality Toolbox: Coordination](#)

CVA ACTORS

- ✓ Coordinate with local organisations and CBOs, including women's organisations and organisations of women and men with disabilities to feed into GBV risk analysis, particularly regarding pre-crisis situation.
- ✓ Undertake coordination with various sector/functional teams according to the programme objectives and with GBV focal points to address GBV risks, ensure protection and identify livelihoods opportunities for women, girls and other at-risk groups.

HCT/ICCG³³/CWG

- ✓ Ensure that cash and voucher-related assessments, monitoring and other data collection mechanisms include questions that safely explore potential GBV risks as well as the disaggregation of data by sex, age, disability and other inequality factors to monitor equal access for all populations at risk.³⁴
- ✓ Include regular reporting in inter-cluster/sector meetings and CWG about strategies used to mitigate GBV risks in CVA and the results of such strategies. Include CVA evaluation questions relating to GBV prevention and mitigation.

CLUSTER/SECTOR COORDINATORS AND ICCG /CWG

Advocate for cash partners to integrate GBV risk mitigation into their programming responses, with reference to the [GBV Guidelines](#) and GBV risk mitigation more broadly.

- ✓ Share experience of integrating GBV risk mitigation into CVA and how this has contributed to an effective response.
- ✓ Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign a cash focal point to regularly participate in GBV coordination meetings.

33 Under the guidance of the HC/HCT, inter-cluster coordination (groups) have responsibility for supporting cross-sectoral operational and technical coordination and helping ensure an effective response throughout every stage of the programme cycle. ICCG and Cash Working Groups ensure cash coordination in non-refugee settings. See www.humanitarianresponse.info

34 See [Assessing and Mitigating Risks of GBV: Guidance for Cash Providers, and PDM: Adapting CBIs to Mitigate GBV Risks in Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response](#)

- ✓ Advocate for CVA that minimises GBV-related risks as a result of participation and is accessible to those at risk of GBV.

MONITORING

- ➔ See [GBV Guidelines: Monitoring and Evaluation \(page 44\)](#) and [Monitoring and Evaluation Throughout the Programme Cycle \(by sector beginning on page 68\)](#) and the [Programme Quality Toolbox: Monitoring](#)
-

GENERAL

- ✓ Disaggregate monitoring tools and data by age, gender and disability and other factors as appropriate to identify barriers and risks faced by populations at risk.
- ✓ Focus outcome monitoring on the identified GBV risks and the effectiveness of the mitigation measures that were put in place following a GBV Risk Analysis for CVA (see [Modality Decision Tree and GBV Risk Analysis Tool](#) in this compendium).³⁵ These could be included in PDM tools for cash transfers or vouchers if not overly sensitive; the gathering of sensitive information must be carried out by GBV specialists.
- ✓ Assess knowledge and skills of trained frontline workers on how to safely receive a GBV disclosure when willingly shared and how to safely refer using existing referral pathways.
- ✓ Jointly analyse (CVA actors, GBV/protection specialists) monitoring data and adjust programmes based on this data, identified risks and beneficiary feedback. Respond immediately to red flags.
- ✓ Make PDM of cash transfers or vouchers one piece of a programme - or operation-wide monitoring system.”
- ✓ Do not monitor the number of GBV incidents in a community or interview or record details of an incident. This can cause more harm and is not in alignment with global safety and ethics practices.

SAMPLE MONITORING INDICATORS³⁶

Please note that the design of indicators should occur earlier in the programme cycle, as part of the **DESIGN** phase. Sample indicators are included here as part of the **MONITORING** section to provide examples of the considerations above.

PROCESS AND OUTPUT MONITORING

- ✓ Percentage of women [or other at-risk group, based on context], broken down by age group and with / without disabilities, who report feeling unsafe or at risk of harm due to any aspects related to CVA in or outside the household (i.e. withdrawing, storing, spending)
- ✓ Percentage of beneficiaries self-reporting safe access to cash and markets

³⁵ For guidance on GBV risk mitigation-related monitoring for CVA, see [Monitoring and Mitigating Risks of Gender-based Violence: Guidance for Cash Providers](#) and its accompanying PDM for adapting CVA to mitigate GBV risks.

³⁶ Adapted from [Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies](#). See also [Gender Tip sheet for Cash Based Interventions](#), and the forthcoming Multipurpose Cash Outcome Indicators as part of the Grand Bargain Cash Workstream

- ✓ Percentage of women as primary recipients within households receiving cash-based assistance
- ✓ Total amount of CVA provided to target population (which is based on eligibility criteria that are inclusive of those at risk of GBV)
- ✓ Net percentage or percentage increase in self-reported beneficiary awareness of and access to GBV or other protection services

OUTCOME MONITORING

- ✓ Percentage of households reporting decreased household tensions as a result of cash assistance
- ✓ Perceived changes in beneficiaries' access to and control over household resources; self-reported feelings of increased independence or joint decision-making (qualitative or percentage change in beneficiary reporting or women reporting)

EVALUATION

- ➔ **See [GBV Guidelines: Monitoring and Evaluation \(page 44\)](#) and [Monitoring and Evaluation Throughout the Programme Cycle \(by sector beginning on page 68\)](#) and the [Programme Quality Toolbox: Overall Evaluation](#)**
-

- ✓ Include GBV risk mitigation within the scope of evaluation to examine the relevance, effectiveness, efficiency and impact of CVA. This is an area that requires additional evidence in terms of promising practices and lessons learned.
- ✓ Collect evidence and share lessons learned on what works to include women and girls with disabilities and other individuals at higher risk of GBV in CVA.

Reducing GBV Risks in CVA: Modality Decision Tree and GBV Risk Analysis Tool for CVA

GBV-related risks that result from or are exacerbated by humanitarian assistance or services are usually related to overall programme design, which often stems from a lack of appropriate assessments or analysis or not properly applying their learning to programme design.³⁷ As such, risks that arise cannot usually be directly or solely attributed to the modality of assistance (e.g. cash transfers, vouchers, in-kind) or services.

Use the [Modality Decision Tree](#) and the [GBV Risk Analysis Tool for CVA](#) to weigh the options during the **RESPONSE ANALYSIS / ASSESSMENTS, ANALYSIS AND PLANNING** phase of CVA and its encompassing programme.

STEP 1 → With communities, think through the [Modality Decision Tree](#). This is a preliminary step to start thinking about whether risks are specific to CVA as a modality or not, i.e. Would the same risks be present if in-kind were used? Would the choice between cash and vouchers make a difference? Or would it be better to avoid direct assistance altogether and focus only on service delivery? These questions will be addressed in-depth through the GBV Risk Analysis, and a final decision on modality choice should be made following that analysis.

STEP 2 → With communities, carry out the [GBV Risk Analysis for CVA](#). Determine if GBV risks are related to specific aspects of CVA (e.g. modality, delivery mechanism, transfer frequency) and adjust those aspects as necessary. Identify how CVA could be made safer. Also consider how CVA, together with other programme components, could help to mitigate GBV risks.

Additional considerations for the GBV Risk Analysis Tool (identical to those in the [GBV Risk Analysis section](#) above):

- ✓ Involve GBV specialists as much as possible given that GBV risk analysis can be sensitive. Non-sensitive/aggregated information on GBV risks, types and trends can be mainstreamed into the GBV Risk Analysis Tool for CVA.

³⁷ Key informant interviews of the GBV and CVA Advisory Group, January-February 2019; CaLP's [Collected Papers on Gender and Cash Transfer Programmes in Humanitarian Contexts](#), and [Protection in Cash-Based Interventions: a Literature Review](#)

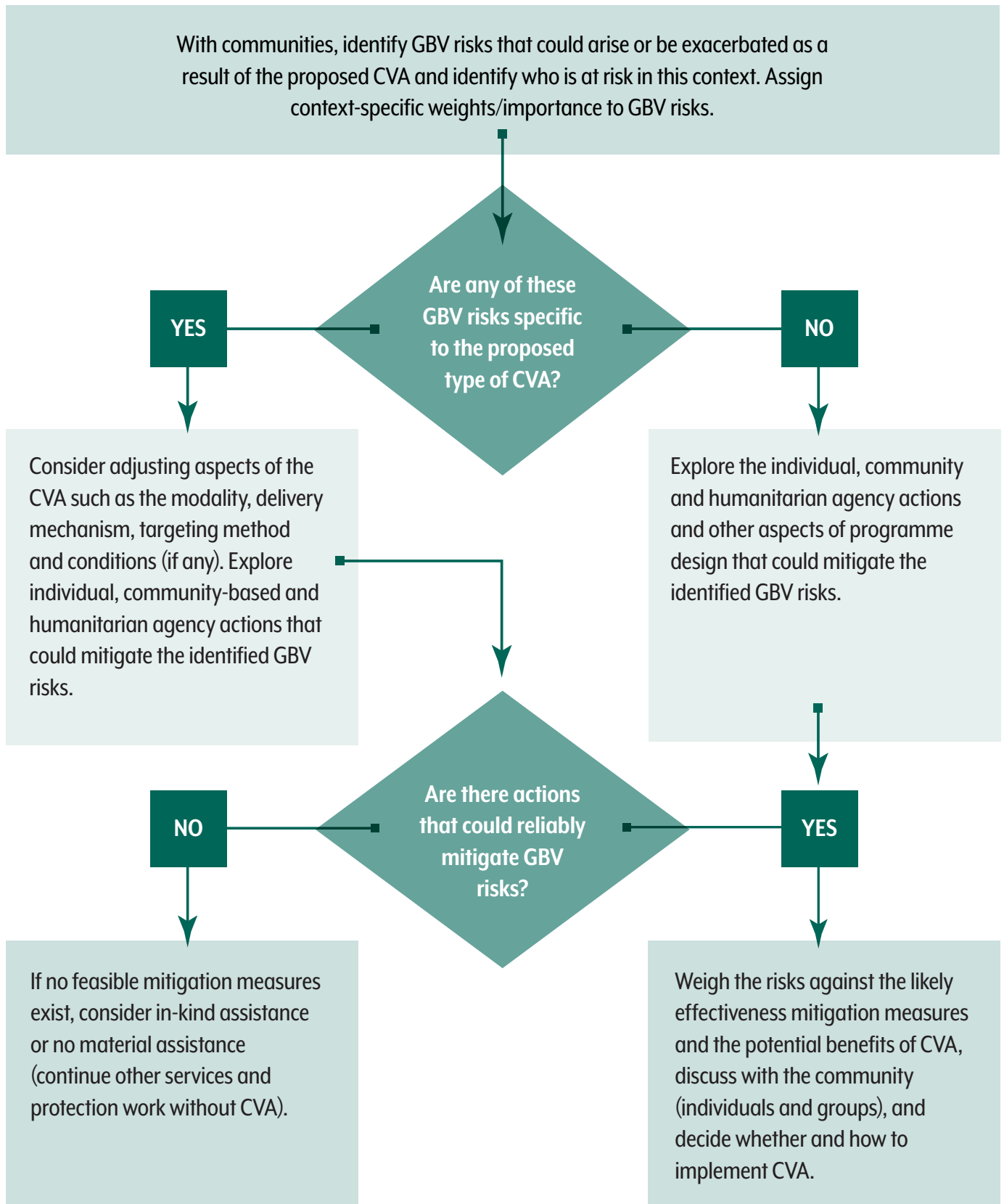
- ✓ Keep in mind considerations for different groups. There are groups of individuals more vulnerable to harm than other members of the population. This is often because they hold less power in society, are more dependent on others for survival, are less visible to relief workers or are otherwise marginalized such as women and girls with disabilities, adolescent girls, widows, indigenous women, girls and boys with diverse ethno-religious affiliations.³⁸ The type or severity of the GBV risk may be context-specific (e.g. early marriage may be more prevalent in some emergencies than in others).
- ✓ Understand trends of GBV-related risks and safety concerns before and during crisis, including who is impacted. Bring together findings from participatory assessments (with people of different ages, genders and disabilities), protection assessments, monitoring, vulnerability and capacity assessments and/or other recent assessments to better identify risks, capacities and priorities. Engage with GBV specialists and community-based groups to interpret and understand findings and trends.³⁹
- ✓ Avoid making assumptions since men and boys may also be at risk of exploitation and abuse in some contexts. Consult specialists, existing data, communities and individuals.⁴⁰
- ✓ Identify and address specific risks for children and youth. Discuss with GBV, child protection and/or other protection actors who may be able to provide this information.
- ✓ Ask communities to identify potential GBV risks and benefits related to different aspects of CVA, either by or with GBV specialists, or in an anonymous/general manner in gender, age and disability-disaggregated groups. Analyse the relative likelihood and impact of risks, and identify prevention or mitigation mechanisms, considering different needs and capacities.
- ✓ Consider social relations within the household and community that could increase risks of GBV or other violence for beneficiaries.

38 [GBV Guidelines](#) page 10

39 See for example [UNHCR Policy on Age, Gender and Diversity](#) and [GBV Guidelines](#)

40 [Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies](#)

MODALITY DECISION TREE – CONSIDERING GBV RISKS RELATED TO MODALITY



GBV RISK ANALYSIS TOOL FOR CVA⁴¹

In the left-most column of the tool, “GBV/CVA RISK CATEGORIES” are listed. These are based on the key elements of [protection mainstreaming](#) and the [Sphere Protection Principles](#), and adapted to reflect some of the most common areas where risks arise or are exacerbated by CVA as noted in the recent evidence reviews, promising practices, lessons learned and key informant interviews that are reflected in this compendium.⁴²


Please note: These GBV/CVA RISK CATEGORIES are intended to encourage **critical thinking**. Humanitarian actors who carry out this risk analysis, **ideally with the participation and/or leadership of crisis-affected individuals and communities**, should add other GBV/CVA RISK CATEGORIES. A blank printable template of the GBV Risk Analysis Tool for CVA can be found in [Annex 4](#). The table is filled in here as an example.

41 This tool is adapted from the Protection Risk and Benefit Analysis Tool in the [Guide for Protection in Cash-Based Interventions](#). See also: Assessing and Mitigating Risks of Gender-based Violence: Guidance for Cash Providers in [Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response: Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence](#)

42 See Annex 2: References and Annex 3: Acknowledgements

43 Keep in mind the Six Core Types of GBV as outlined in the Gender-Based Violence Information Management System (GBVIMS): rape; sexual assault; physical assault; forced marriage; denial of resources, opportunities or services; psychological/ emotional abuse. See the [GBV Classification Tool](#) of the GBVIMS.

KEEP THESE CATEGORIES

GBV/CVA RISK CATEGORY	GBV RISKS (CONTEXT-SPECIFIC)	POTENTIAL GBV TYPES	INDIVIDUAL AND COMMUNITY MITIGATION MEASURES	HUMANITARIAN ACTOR MITIGATION MEASURES	POTENTIAL BENEFITS IN THIS AREA
PARTICIPATION AND INCLUSION (PARTICULARLY REGARDING INFORMATION DISSEMINATION AND AWARENESS)	Individuals do not wish to register with the agency or FSP for fear that gender identity or sexual orientation could be determined and lead to discrimination as a direct result of participating in a CVA intervention	Physical assault, psychological abuse	Informal support networks and GBV response services	Explore options to ensure confidentiality; alternative / discreet delivery mechanisms; broad targeting criteria to avoid stigma	Improved access to resources and opportunities for persons with diverse sexual orientations and gender identities
SAFE AND DIGNIFIED ACCESS (PARTICULARLY REGARDING DELIVERY MECHANISMS OF CVA)	Older women with disabilities are seen as “easy targets” for theft after cash or vouchers are delivered	Sexual assault, physical assault, psychological / emotional abuse	Rely on trusted caregivers to collect assistance; support of women’s groups	Identify safe delivery mechanism; work with CBOs to ensure safety after delivery; monitoring, feedback and response mechanisms in place	Electronic CVA can be very discreet, disbursed in multiple tranches, and allow this group to access resources and services, but consider barriers to access and use of technology for this group
CONFIDENTIALITY OF PERSONAL DATA OF SURVIVORS AND PERSONS AT RISK	Personal data is shared with FSP without proper protocols for confidentiality and FSP staff who are also community members share information on intended recipients, resulting in discrimination against female beneficiaries of an ethnic minority by the host (non-beneficiary) community.	Emotional and physical violence	Community consultations and outreach by local women’s groups and other CBOs, discussion of targeting criteria	Consult with communities about vulnerability targeting criteria; include data protection protocols in FSP agreements.	Broader discussion of GBV risks and trends with CBOs
SOCIAL NORMS AND PARTNER, HOUSEHOLD & COMMUNITY RELATIONS	Increased household income may lead to early marriage for adolescent girls as families can afford “bride price”	Forced marriage of children (early marriage)	Community consultations and outreach by CBOs, gender and women’s rights discussion groups including women and men of different ages	Place conditions on CVA for e.g. school registration of girls and boys; ensure strong community consultations to inform design; ensure that CVA is part of a broader programme supporting basic needs and resilience, women’s rights education	CVA and complementary services can lead to feelings of empowerment for women and girls; households better able to meet needs and decreased household tensions
OTHER (CONTEXT-SPECIFIC)	 <p>FILL IN THE MIDDLE CELLS BASED ON YOUR CONTEXT</p>				

KEEP THESE HEADINGS

Part III: Using CVA as Part of GBV Prevention and Response (Specialised Programming by GBV Actors)

Part III guidance is intended for GBV specialists, and thus not all of the same sections (programme cycle phases) from Part II are repeated here. GBV specialists are encouraged to skim or read through Part II as well.

All humanitarian actors are encouraged to read the Promising Practices!

GENERAL: OVERVIEW OF THE EVIDENCE



ESSENTIAL TO KNOW – MIXED EVIDENCE ON THE CONTRIBUTION OF CVA TO GBV PREVENTION AND RESPONSE OUTCOMES⁴⁴

Carefully designed CVA, as one component of livelihoods/economic support, can help to uproot negative gender and social norms that confine women to the domestic sphere. However, threats to prevailing norms can risk increasing the incidence of some forms of GBV.

CVA aimed at contributing to positive outcomes in response to GBV should always be designed as part of a context-specific range of components to support GBV prevention and response (e.g. case management, quality service delivery, behaviour change activities, policy development and advocacy). CVA can enable access to lifesaving as well as non-urgent care and livelihoods services and increased attendance at response services (where available) for women at risk, children, and other at-risk groups in emergencies in contexts where services or logistics costs of those services (e.g. transport, lodging, food) must be paid for.

⁴⁴ [Integrating Cash Transfers into GBV Programs in Jordan; Humanitarian Cash Transfer Programming and Gender-Based Violence Outcomes; Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies](#)



PROMISING PRACTICES / LESSONS LEARNED: CVA CAN HELP SAVE LIVES AND IMPROVE ACCESS TO SERVICES AS PART OF INDIVIDUAL CASE MANAGEMENT, AND PSYCHOSOCIAL SERVICES CAN BOLSTER THE IMPACT OF CVA IN GBV PROGRAMMING

1) The International Rescue Committee's (IRC) women's protection and economic empowerment programme in Jordan used cash transfers as a tool for mitigation and prevention of GBV against women by supporting basic needs and providing specialised protection services.⁴⁵ The programme demonstrated that receiving cash and attending gender discussion groups for women and men helped to reduce IPV, and that gender discussions and other psychosocial services had an impact beyond the duration of the cash transfers. IRC also found that cash transfers associated with individual GBV case management could be lifesaving, by preventing an imminent threat of violence from occurring or by ensuring immediate health, safety and security after a violent incident. Women also reported feeling strong, confident, respected, independent and able to negotiate while participating in the programme and receiving cash transfers

2) A study in Lebanon explored the United Nations Office of the High Commissioner for Refugees' (UNHCR) cash assistance contribution to mitigating and addressing GBV risks.⁴⁶ UNHCR offered "protection cash assistance" as a targeted support designed specifically to address a protection incident or vulnerability. Cash assistance was found to be highly appropriate for GBV survivors due to its discreet nature. Examples of positive outcomes included: enabling survivors to move away from their abuser(s) and to rent for themselves and their children; to undergo surgery or cope during the recovery of a family member; and to search for another job or house to escape abuses by their employer or house owner. Findings suggest that factors enabling the success of cash assistance in GBV programming include functioning complementary services, thoughtful case management plans, counselling on safety and empowerment issues, including gender, and monitoring.

SITUATION AND RESPONSE ANALYSIS

➔ See **GBV Guidelines: Assessment, Analysis and Planning (page 33)** and the **Programme Quality Toolbox: Situation Analysis**

GBV SITUATION ANALYSIS

- ✓ Base CVA aimed at contributing to the prevention of risky coping strategies on gender, GBV and needs assessments, income and expenditure analyses and context-specific GBV risk analysis by specialists/case managers. Always ensure that only appropriately trained actors are undertaking sensitive individual assessments for a CVA response to GBV!
- ✓ In situations where GBV specialists are present, they should regularly assess survivors' needs and risks and refer them to CVA (anonymously/discreetly) when appropriate.

⁴⁵ [Integrating Cash Transfers into GBV Programs in Jordan](#)

⁴⁶ [Cash Assistance and Gender: Key Considerations and Learning](#)

MARKET ASSESSMENT AND ANALYSIS

- ✓ Consider, as for all intended recipients of CVA, whether those at risk of GBV can safely access markets to spend their cash transfers or vouchers.
- ✓ Prioritise advocating for free access to GBV-related services like health or legal services; if this is not possible, CVA to promote access to these markets can be considered.

RESOURCE MOBILISATION

➔ See [GBV Guidelines: Resource Mobilisation \(page 37\)](#)

- ✓ Develop proposals for GBV service provision that include CVA as one modality of assistance to support survivors where it is deemed appropriate.
- ✓ Ensure that proposals include resources to prepare and provide trainings for government, financial service providers, humanitarian actors, women's groups and community members engaged in CVA on the safe and accessible design and implementation of CVA to ensure that the introduction of CVA does not expose survivors to further harm.

DESIGN

➔ See [GBV Guidelines: Implementation \(page 38\)](#) and the [Programme Quality Toolbox: Programme Design](#)

GENERAL

- ✓ Ensure strong linkages with ongoing case management if CVA will be considered along with other assistance and services for people at risk of GBV and GBV survivors.⁴⁷

CONDITIONALITY

- ✓ There is some debate over the ethics of incentivising (by imposing conditions on the receipt of cash transfers or vouchers) the uptake of services like psychosocial support. Rather than “forcing” CVA beneficiaries to attend discussion groups or psychosocial support, review and re-analyse initial assessments and conduct more in-depth consultations with community members, ideally through women's groups or other similar CBOs, to better understand the needs and preferences of different groups so that the programme can be adapted accordingly. See Part I, Section B: [Participation and Inclusion](#); [Communication](#); [Accountability and Feedback](#) earlier in this compendium.

⁴⁷ Some humanitarian actors believe that CVA should only be provided as part of GBV response if it is fully embedded in case management, but there is not yet a formal evidence base comparing CVA through case management with CVA outside of, but linked to, case management. For guidance, see [Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response: Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence, Section II Integrating Cash into GBV Case Management](#). See also the GBV Area of Responsibility, GBV Minimum Standards, forthcoming 2019.



ESSENTIAL TO KNOW – CONDITIONAL CVA FOR GBV PREVENTION?

There is not yet enough evidence to support generalised guidance about the use of conditional CVA (see [Annex 1: Glossary](#)) to contribute to GBV prevention in humanitarian CVA. Three recent evidence reviews on the links between CVA and gender,⁴⁸ GBV⁴⁹ and child protection,⁵⁰ respectively, found that there was some evidence that CCTs to women and adolescent girls could help to reduce early and forced marriage, and temporarily contribute to reduced IPV. However, very few studies used rigorous methodologies that could attribute causality of outcomes to the selected modality. There was also indication that well-designed child protection programmes that include CCTs can have some positive outcomes in terms of behaviour changes that are linked to economic improvement, such as child labour or early marriage.⁵¹

One review found that most CVA with GBV-related objectives was provided as multipurpose cash transfers (MPC), and that these generally had positive or neutral results on the prevention and mitigation of and response to GBV. Positive outcomes were found to be related to the programme encompassing CVA, particularly components such as gender discussion groups and psychosocial support delivered as part of assistance and services to support persons at risk of GBV and survivors.⁵²

To summarise, it is the entire programme comprising CVA (including other types of assistance and services, as well as the strength of underlying assessments and their application to the design and objectives of the programme) rather than the conditionality of the CVA that will have a greater impact on GBV-related outcomes.

TRANSFER VALUE, FREQUENCY AND DURATION

- ✓ Determine the amount, duration and frequency of CVA to ensure safe transfers to a diverse group of beneficiaries. Consider gender aspects when choosing appropriate timings for distribution/delivery, such as daytime access to cash machines or markets, or staggered delivery of vouchers to ensure lines do not form at distribution points.
- ✓ There is no “one size fits all” when determining the right cash transfer value or its equivalent in vouchers needed to meet the objectives of the assistance, but there are a number of general CVA calculator tools that can be applied to CVA for improved GBV outcomes. See [Programme Quality Toolbox: Transfer Value, Frequency and Duration](#).
- ✓ If possible, GBV specialists should work with CVA actors to maintain a portion of the programme budget aimed at economic support/basic needs coverage as a contingency fund specifically dedicated

48 [Setting the Stage: What We Know \(and Don't Know\) About the Effects Of Cash-Based Interventions on Gender Outcomes in Humanitarian Settings](#)

49 [Humanitarian Cash Transfer Programming and Gender-Based Violence Outcomes](#)

50 [Cash Transfer Programming and Child Protection in Humanitarian Action](#)

51 [Cash Transfer Programming and Child Protection in Humanitarian Action](#)

52 [Humanitarian Cash Transfer Programming and Gender-Based Violence Outcomes](#)

to urgent/protection cash that could be used for protection emergency needs. This way, urgent GBV cases do not need to wait for the next scheduled transfer. More flexible financial or administrative arrangements may be required for programming in such urgent situations and should be planned in advance.



ESSENTIAL TO KNOW: CONSIDER THE ECONOMIC DRIVERS/ CONTRIBUTING FACTORS TO GBV – WILL CVA MAKE A DIFFERENCE? HOW DO WE CALCULATE THE RIGHT AMOUNT TO MEET OBJECTIVES?

Not all GBV risks and types can be prevented or mitigated through CVA. In some cases CVA as part of broader GBV prevention and response programming can reduce exposure to IPV or early marriage.

Operational evidence has shown that for some types of GBV, like early marriage, for which underlying causes are typically socio-cultural as well as economic, cash will have variable or only short-term effects (during the duration of the assistance) unless behaviour change-oriented programming addresses deeper gender equality issues in a meaningful way.⁵³ The CVA will only be as effective as its encompassing programme. ([see also Conditional CVA for GBV Prevention text box](#))

When determining the amount of CVA that would help a household avoid risky coping strategies and prevent certain types of GBV, the “opportunity cost” of the income from risky coping strategies (e.g. income from child labour or risky labour for adults) must be offset.⁵⁴ Exit strategies should include safer work options and integration into a multi-sector programme (e.g. one that includes CVA, education and livelihoods support). See also Exit Strategy sections in [Part II](#) and [Part III](#). Promising practices in terms of calculating CVA that offset the cost of risky coping mechanisms need to be further documented and shared.

53 [Setting the Stage: What We Know \(and Don't Know\) About the Effects Of Cash-Based Interventions on Gender Outcomes in Humanitarian Settings; Humanitarian Cash Transfer Programming and Gender-Based Violence Outcomes; Cash Transfer Programming and Child Protection in Humanitarian Action; Integrating Cash Transfers into GBV Programs in Jordan](#)

54 Child labour among refugees from Syria in the 3RP countries (Matz, P. for UNHCR 2016, unpublished presentation)

TABLE 3. BASIC ANALYTICAL TOOL – GBV RISKS, TYPES AND RELATIONSHIP TO CVA⁵⁵

Below is an example of thinking through underlying economic-related contributing factors to GBV for individuals and groups within the affected community. Persons at risk often have intersecting risk-related characteristics. It can be used by sector / CVA practitioners together with protection or GBV practitioners and is meant to start a discussion.

Caution: This does not represent an exhaustive list of GBV risks and types but should be part of a broader context-specific GBV assessment and analysis. The objective is to consider if there are some aspects of GBV risk factors that may have underlying economic drivers, which could partially be addressed by CVA. Objectives and indicators for the CVA as part of case management could then be designed accordingly. This type of exercise should be linked to a [GBV Risk Analysis for CVA](#).

PERSONS AT RISK (EXAMPLES)	GBV RISKS (CONTEXT-SPECIFIC)	POTENTIAL GBV TYPES ⁵⁶	ECONOMIC DRIVERS	POTENTIAL CVA (ALONG WITH OTHER SERVICES AND ASSISTANCE)
Persons with diverse sexual orientations and gender identities	Lack of safe shelter/ housing	Physical assault; rape or sexual assault, including transactional sex	Yes	Urgent unconditional cash or voucher for safe housing
Unaccompanied children	Engagement in unsafe livelihoods activities Dependence on exploitative or unhealthy relationships for basic needs	Psychological or emotional abuse; denial of access to education and services	Yes, for older children/ youth	Unconditional or conditional cash for participation in technical or vocational training for youth
Single adolescent girl-headed household	Lack of education, child care, income	Sexual assault, including sexual exploitation or transactional sex	Yes	Multipurpose cash to meet basic needs (along with training, child care, education, etc.)
Refugee, displaced or stateless women and girls (who may also fall into the other risk categories in this table)	Isolation and dependency; gender and social norms	Denial of opportunities and services (access to education and services) IPV	Partly or no	Short-term multipurpose cash to meet basic needs (along with gender discussion groups and livelihoods opportunities for women and men, etc.)
Persons with disabilities (who may also fall into the other risk categories in this table)	Isolation; lack of access to GBV prevention and response services; dependence on caregivers; lack of accessible housing	Rape or sexual assault including sexual exploitation; IPV; psychological/emotional abuse	Partly	Multipurpose cash to meet basic needs while supporting more sustainable livelihoods opportunities, referral pathways, tailored GBV services, etc.

Other

55 See [GBV Guidelines](#) (page 12-13) for a comprehensive list of key considerations for at-risk groups.. This should be contextualised. See Protocol for GBV Case Workers in [Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response: Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence](#) for a more detailed set of questions to consider regarding eligibility and prioritization of GBV cases for CVA.

56 Keep in mind the Six Core Types of GBV as outlined in the GBVIMS: rape; sexual assault; physical assault; forced marriage; denial of resources, opportunities or services; psychological/ emotional abuse. See the [GBV Classification Tool](#) of the GBVIMS.

EXIT STRATEGY

- ✓ If CVA is part of individual specialised GBV support and/or case management, plan and coordinate with CVA actors, livelihoods and employment actors and other protection colleagues on case closure/exit planning. Exit strategies can be very specific to case management/service provision, so service mapping and options must be regularly updated and potentially expanded. See the [Interagency Gender-Based Violence Case Management Guidelines](#) for more information on case management.



ESSENTIAL TO KNOW: DESIGN A CLEAR EXIT STRATEGY FOR CVA AS PART OF CASE MANAGEMENT/INDIVIDUAL SERVICE PROVISION, ENSURING THE SHORT AND LONG TERM SAFETY AS WELL AS SAFE AND SUSTAINABLE LIVELIHOOD OF GBV AT-RISK PERSONS AND SURVIVORS⁵⁷

CVA as part of an emergency response to GBV, such as the relocation of GBV at-risk persons or survivors and the provision of short-term cash transfers, can have negative effects such as the loss of social networks and the creation of dependency on CVA. If the assistance is short-term and there is no exit strategy in the programme design (for example, cash for short-term rent), the individual might resort to risky coping mechanisms or be forced to return to their home or community of origin at the end of the CVA intervention, increasing their risk of exposure to danger or abuse of their rights. This represents a risk for GBV at-risk persons or survivors vis-à-vis other beneficiaries of CVA.

Ensure an appropriate exit/transition strategy in the design of your intervention. Check on opportunities for: longer-term safe houses or rental assistance for GBV survivors; local support groups or networks; internal savings and lending schemes or livelihoods opportunities; training or educational support; entrepreneurship and small business opportunities; inclusion in national systems / social welfare system. [See also the Promising Practice/Lesson Learned text box on combining psychosocial and livelihoods support in Part I.](#)

⁵⁷ Key informant interview with the Global Protection Cluster, February 2019



PROMISING PRACTICES / LESSONS LEARNED: CVA CAN BE PROTECTIVE WHEN COMBINED WITH A STRONG ENCOMPASSING PROGRAMME THAT AIMS FOR SUSTAINABILITY, INCLUDING PSYCHOSOCIAL AND LIVELIHOODS SUPPORT AND WOMEN'S RIGHTS EDUCATION⁵⁸

1) In Za'atari and Azraq refugee camps in Jordan, a study of UN Women's Oasis model showed that involvement in full-time CFW along with access to public spaces and opportunities to engage with peers (building social capital) led to a decrease in domestic violence for 20% of beneficiaries and an increase in household decision-making power for more than 70%.⁵⁹ Many participants also reported increased self-esteem and fewer feelings of isolation and depression.

The Oasis model is a centre for resilience and empowerment of women offering multi-sectoral services under three pillars:

- i. Secure livelihoods opportunities provided via CFW that graduates into work permit employment opportunities or microbusinesses;
- ii. GBV prevention, protection and awareness raising services;
- iii. Educational opportunities linked to market needs, leadership and civic engagement initiatives and the engagement of men in Oasis activities through peer support groups to combat GBV and harmful social norms.

2) In a study of a multi-sector UNHCR programme in Ecuador, “[c]ash transfers were found to have a protective influence insofar as [they were] combined with the different elements of the Graduation Approach [see below], in particular psychosocial support, training in aspects supporting economic independence, women’s rights, and strengthening of self-esteem, and support from social workers. Women persons of concern interviewed report that in the situation of displacement, tensions around poverty and financial uncertainty is a trigger for violence in the household and that in that context, a cash balance has functioned as a factor of protection and deterrence of violence.”

The Graduation Approach is a sequenced, multi-sector intervention that supports the poorest and most vulnerable households to achieve sustained income and move out of extreme poverty within a specified period. It is a comprehensive programme that includes consumption assistance to meet basic needs, skills training, seed capital or employment opportunities to jump-start economic activity, financial education, access to savings and mentoring to build confidence and reinforce skills.

58 Cash Assistance and the Prevention, Mitigation and Response to Sexual and Gender-based Violence (SGBV): Findings from Research in Lebanon, Ecuador and Morocco (UNHCR forthcoming); [UNHCR Graduation Approach](#)

59 UN Women Jordan Humanitarian Action Brief (UN Women 2017); [Restoring Dignity and Building Resilience, Monitoring Report on UN Women's Programming in Za'atari Refugee Camp](#); Technical Report on the Oasis Model, updated second edition (UN Women forthcoming 2019)

IMPLEMENTATION

- ➔ See [GBV Guidelines: Implementation \(page 38\)](#) and the [Programme Quality Toolbox: Implementation](#)

DATA PROTECTION⁶⁰

- ✓ Data protection is important for all programmes, but particularly sensitive for GBV survivors or persons at risk of GBV, who may need to remain anonymous to protect themselves from discrimination or violence by family members, the community or local authorities.
- ✓ Document data compliance protocols when referring persons at risk of GBV or GBV survivors to CVA. These requirements must ensure the safe and ethical management of information and address the sharing and storage of confidential client data. Protect privacy during the sharing of data between humanitarian partners.

DELIVERY

- ✓ Adapt standard CVA operating procedures when integrating CVA into individual specialised GBV support and/or case management. This should be done jointly by GBV specialists and CVA actors and based on contextual analyses. For example, adapted or alternative mechanisms for registration and cash or voucher delivery may be necessary.

COORDINATION

- ➔ See [GBV Guidelines: Ensuring Implementation of the Guidelines: Responsibilities of Key Actors \(page 18-28\)](#) and the [Programme Quality Toolbox: Coordination](#)

- ✓ In general, GBV prevention and response should be led by GBV or protection actors as part of comprehensive GBV programming, with contributions from CVA actors.

HCT:

- ✓ Ensure that CVA-related assessments, monitoring and other data collection mechanisms include questions that explore potential GBV risks as well as the disaggregation of data by sex, age and other characteristic factors (such as disability and self-identified sexual orientation and gender identity)
- ✓ Include regular reporting in inter-cluster/sector meetings and CWG about strategies used to mitigate GBV risks in CVA across all sectors, and the results of such strategies. Include programme evaluation questions relating to GBV prevention and mitigation in CVA.

CLUSTER/SECTOR COORDINATORS:

- ✓ Advocate for all sector programming (not limited to the CVA component or modality) to integrate GBV risk mitigation into their programming responses, with reference to the [GBV Guidelines](#) and GBV risk mitigation more broadly.

⁶⁰ See for example the Protocol for GBV Case Workers in [Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response: Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence](#); [GBV Guidelines](#) (page 151: Confidentiality and pages 312-313: Resources on Data Collection)

- ✓ Share experience of integrating GBV risk mitigation into CVA in that context, if possible, and how this has contributed to an effective response.
- ✓ Assign GBV focal points to regularly participate in CWG, ICCG or other CVA forums.
- ✓ Advocate for CVA (and for all programming) that minimises GBV-related risks as a result of participation and is accessible to those at risk of GBV.

GBV COORDINATION MECHANISM:

- ✓ Develop basic GBV messages with CWG / ICCG and disseminate during community outreach and awareness-raising for CVA.

MONITORING

- ➔ See [GBV Guidelines: Monitoring and Evaluation \(page 44\)](#) and [Monitoring and Evaluation Throughout the Programme Cycle \(by sector beginning on page 68\)](#) and the [Programme Quality Toolbox: Monitoring](#)
-

GENERAL

- ✓ Carefully consider any programmatic effects with respect to the *overall programme*. Attribution to one variable such as the modality of assistance (e.g. cash, vouchers or in-kind) should not be assumed, but carefully monitored and evaluated. It is important to consider the package of services and assistance, including but not limited to CVA, that contribute to GBV prevention and response.
- ✓ Reflect the individual needs, risk and mitigation mechanisms initially identified through case action planning in outcome monitoring of CVA as part of GBV individual case management.
- ✓ Outcome monitoring should focus on the reduction in risk of exposure to GBV (e.g. reduction in IPV); reduction or mitigation of risky coping strategies (e.g. reduction in sex work as a coping strategy or engaging in sex work in a safer manner than before); or access to services (e.g. improved access to reproductive health services), as relevant to the programme objectives.⁶¹

SAMPLE INDICATORS⁶²

- ✓ Percentage of GBV case management clients whose CVA contributed to the intended objective as defined by the case plan
- ✓ Percentage of GBV case management clients / CVA recipients who report a reduction in IPV
- ✓ Percentage of GBV case management clients / CVA recipients who are able to access needed services (e.g. transport, health, training or education)
- ✓ Percentage of GBV case management clients / CVA recipients who are able to meet their basic needs and care for their dependents
- ✓ Percentage of GBV case management clients / CVA recipients who have reduced or made safer their risky coping strategies
- ✓ CVA is integrated into GBV standard operating procedures (SOPs) and included in referral pathways

61 [Humanitarian Cash Transfer Programming and Gender-Based Violence Outcomes](#)

62 See [Gender Tip Sheet for Cash Based Interventions](#) for more sample indicators

Annex 1: Glossary

GBV-RELATED TERMS

TERM	DEFINITION	SOURCE
GENDER-BASED VIOLENCE (GBV)	<p>Gender-Based Violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private.</p> <p>The term GBV is most commonly used to underscore how systemic inequality between males and females—which exists in every society in the world—acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls. GBV can be compounded by multiple and intersecting factors of discrimination, such as discrimination on the grounds of gender, age, or disability. Some examples would be women and girls with disabilities being identified as “easy targets” by offenders, as well as the additional barriers they face to disclose situations of violence. It is also important to note that persons with non-conforming sexual orientations or gender identities may also be extremely vulnerable to GBV in a wide range of contexts.</p>	<p>GBV Guidelines</p> <p>Humanitarian Cash Transfer Programming and Gender-Based Violence Outcomes; Including Children with Disabilities in Humanitarian Action</p>
GBV INTEGRATION/ MAINSTREAMING	<p>The process of ensuring that a programme (1) does not cause or increase the likelihood of GBV; (2) proactively seeks to identify and takes action to mitigate GBV risks in the environment and in programme design and implementation; and (3) proactively facilitates and monitors vulnerable groups' safe access to services.</p>	<p>GBV Guidelines</p>
GBV STAND-ALONE/ SPECIALISED PROGRAMMING	<p>Dedicated GBV programmes that involve GBV specialists and have specific objectives, activities and indicators for the purposes of advancing GBV prevention or response outcomes, which include a CVA component.</p>	<p>GBV Guidelines</p>
GBV PREVENTION	<p>GBV prevention refers to taking action to stop GBV from occurring. Some examples include: scaling up activities that promote gender equality or working with communities, particularly men and boys, to address practices that contribute to GBV.</p>	<p>GBV Guidelines</p>

TERM	DEFINITION	SOURCE
GBV RISK MITIGATION	GBV risk mitigation refers to actions aimed at reducing the risk of exposure to GBV. For example, ensuring that appropriate lighting and security patrols are in place from the onset of establishing displacement camps to reduce exposure to GBV for women and girls.	<u>GBV Guidelines</u>
GBV RESPONSE	GBV response refers to assistance and services that aim to save lives and contribute to recovery or resilience after GBV has occurred, such as immediate medical and psychosocial care for GBV survivors or livelihoods and education programmes for mothers of children born of rape.	<u>GBV Guidelines</u>
INTIMATE PARTNER VIOLENCE (IPV) AND DOMESTIC VIOLENCE	While these terms are sometimes used interchangeably, there are important distinctions between them. ‘Domestic violence’ is a term used to describe violence that takes place within the home or family between intimate partners as well as between other family members. ‘Intimate partner violence’ (IPV) applies specifically to violence occurring between intimate partners (married, cohabiting, boyfriend/girlfriend or other close relationships), and is defined by the World Health Organization (WHO) as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. This type of violence may also include the denial of resources, opportunities or services.	<u>GBV Guidelines</u>
SEXUAL EXPLOITATION	Any abuse of a position of vulnerability, differential power or trust for sexual purposes; this includes profiting momentarily, socially or politically from the sexual exploitation of another. Sexual exploitation is one of the purposes of trafficking in persons (performing in a sexual manner, forced undressing and/or nakedness, coerced marriage, forced childbearing, engagement in pornography or prostitution, sexual extortion for the granting of goods, services, assistance benefits, sexual slavery).	<u>Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response</u>
SEX WORK	Sex workers are female, male, and transgender adults and young people (over 18 years of age) who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work may vary in the degree to which it is “formal” or “organized.” It is important to note that sex work is consensual sex between adults, which takes many forms, and varies between countries and communities.	<u>Working with Refugees Engaged in Sex Work: A Guidance Note for Humanitarians</u>
TRANSACTIONAL SEX	The exchange of money, employment, goods or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour. This includes any exchange of assistance that is due to beneficiaries of assistance.	<u>United Nations Glossary on Sexual Exploitation and Abuse</u> (Task Team on the SEA Glossary for the Special Coordinator on improving the United Nations response to sexual exploitation and abuse 2017)

CVA-RELATED TERMS

Sources: [Cash Learning Partnership Glossary](#) and [Monitoring Guidance for CTP in Emergencies](#)

TERM	DEFINITION
CASH AND VOUCHER ASSISTANCE (CVA)	<p>CVA refers to all programmes where cash transfers or vouchers for goods or services are directly provided to recipients. In the context of humanitarian assistance, the term is used to refer to the provision of cash transfers or vouchers given to individuals, household or community recipients, not to governments or other state actors. This excludes remittances and microfinance in humanitarian interventions (although microfinance and money transfer institutions may be used for the actual delivery of cash). CVA includes cash-for-work.</p> <p>CVA is distinct from, but complementary to, in-kind assistance or direct service provision. CVA is a modality, not a programme or sector, which helps to meet programmatic objectives such as meeting basic needs, boosting livelihoods recovery or improving access to services.</p>
DELIVERY MECHANISM	Means of delivering a cash or voucher transfer (e.g. smart card, mobile money transfer, cash in hand, cheque, ATM card, etc.).
FINANCIAL SERVICE PROVIDER (FSP)	An entity that provides financial services, which may include e-transfer services. Depending upon your context, financial service providers may include e-voucher companies, financial institutions (such as banks and microfinance institutions) or mobile network operators (MNOs). FSPs include many entities (e.g. investment funds, insurance companies, accountancy firms) beyond those that offer humanitarian cash transfers or voucher services, hence within cash transfer programming (CTP) literature FSP generally refers to those providing transfer services
CONDITIONALITY	Conditionality refers to prerequisite activities or obligations that a recipient must fulfil in order to receive assistance. Conditions can in principle be used with any kind of transfer (e.g. cash, vouchers, in-kind, service delivery) depending on the intervention design and objectives. Some interventions might require recipients to achieve agreed outputs as a condition of receiving subsequent tranches. Note that conditionality is distinct from restriction (how assistance is used) and targeting (criteria for selecting recipients). Types of condition include attending school, building a shelter, attending nutrition screenings, undertaking work/training, etc. Cash for work/assets/training are all forms of conditional transfer.
MODALITY	Modality refers to the form of assistance (e.g. cash transfer, vouchers, in-kind, service delivery) or a combination (modalities). This can include both direct transfers at the household level and assistance provided at a more general or community level (e.g. health services, WASH infrastructure).
MINIMUM EXPENDITURE BASKET (MEB)	MEB requires the identification and quantification of basic needs items and services that can be monetised and are accessible through local markets and services. Items and services included in the MEB are those that households in a given context are likely to prioritise, on a regular or seasonal basis. A MEB is inherently multisectoral and based on the average cost of the items composing the basket. It can be calculated for various sizes of households
MULTIPURPOSE CASH TRANSFERS (MPC)	MPC are transfers (either periodic or one-off) corresponding to the amount of money required to cover, fully or partially, a household's basic and/or recovery needs. The term refers to transfers designed to address multiple needs, with the transfer value calculated accordingly. MPC transfer values are often indexed to expenditure gaps based on a MEB or other monetised calculation of the amount required to cover basic needs. All MPCs are unrestricted in terms of use as they can be spent as the recipient chooses.
OUTCOME MONITORING	Outcome monitoring focuses on the delivery of project outcomes and assesses changes (intended and unintended) brought about by the project. Assessing the extent of progress against outcomes allows for any necessary adjustments to be made; it is also essential for providing information for project evaluations. For CVA, the immediate outcome is that beneficiaries are able to spend the cash/voucher, while the medium-term outcome is that households are able to meet their basic needs/sector specific needs (depending on what the transfers were designed to achieve). See Monitoring Guidance for CTP in Emergencies page 32-46.

TERM	DEFINITION
PROCESS MONITORING	Process monitoring assesses if resources or inputs (e.g. funds, goods in kind, human resources) are being used at the planned rate or period, and that activities are happening in line with plans (addressing the correct needs of the right people) to deliver outputs. CVA process monitoring relates to activities (registration, verification and transferring the cash via the delivery mechanism) and outputs (beneficiary has received the cash/voucher). Process monitoring has requirements specific to the type of transfer and delivery mechanism being used and requires distinct issues to be monitored at the level of the beneficiary/household, market, and implementing agency. See Monitoring Guidance for CTP in Emergencies page 20-31.

Annex 2: References

[As the movement for cash transfer programming advances, how can we ensure that people with disabilities are not left behind in cash transfer programming for emergencies? \(Leduc, M. et al., CaLP and Handicap International, undated\)](#)

[Cash Assistance and Gender: Key Considerations and Learning \(UNHCR 2018\)](#)

Cash assistance and the prevention, mitigation and response to sexual and gender-based violence (SGBV): Findings from research in Lebanon, Ecuador and Morocco (UNHCR forthcoming)

[Cash Feasibility and Response Analysis Toolkit \(UNHCR 2017\)](#)

[Cash Transfer Programming and Child Protection in Humanitarian Action: Review and Opportunities to Strengthen the Evidence \(Sarrouh, L. et al., The Alliance for Child Protection in Humanitarian Action 2019\)](#)

CARE Framework and Theory of Change for Addressing GBV in Emergencies (CARE forthcoming 2019)

[Dignity and the displaced Rohingya in Bangladesh: 'Ijjot is a huge thing in this world' \(Holloway, K. and Fan, L., Humanitarian Practice Group 2018\)](#)

[Distribution: Shelter Materials, NFI and Cash: Guidance to Reduce the Risk of Gender-Based Violence \(Global Shelter Cluster, IOM and CARE 2018\)](#)

[GBV Risk Reduction in Shelter Programmes: three case studies, Case study from Benin, 2011 \(CARE International UK and IOM 2016\)](#)

[#GenderCash: One year on from the Nairobi Gender Symposium \(Yoshikawa, L. and Rogers, T., CaLP blog 2019\)](#)

[Gender and Age Marker \(IASC 2018\)](#)

[Gender and Cash Based Assistance in Humanitarian Contexts: An Agenda for Collective Action \(Cash Learning Partnership 2018\)](#)

[Gender and Cash-Based Programming in Malawi: Lessons from Concern Worldwide's humanitarian and development experience \(de Barra, C., Concern Worldwide and Molloy, E., CI2 Consultants\)](#)

[Guide for Protection in Cash-Based Interventions and related Protection Risk and Benefit Analysis Tool for Cash-Based Interventions \(UNHCR 2015\)](#)

[Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action and related Lessons Learned, Practice Brief, User Guide and Pocket Guide \(IASC 2015\)](#)

Handbook for Coordinating Gender-based Violence Interventions in Emergencies (Gender-Based Violence Area of Responsibility, Global Protection Cluster 2018, in press)

[Humanitarian Cash Transfer Programming and Gender-Based Violence Outcomes: Evidence and Future Research Priorities \(Cross et al. for WRC and IRC 2018\)](#)

IASC Guidelines on Inclusion of Persons with Disabilities, Cash-Based Interventions/Cash and Voucher Assistance chapter (IASC forthcoming 2019)

[Integrating Cash Transfers into GBV Programs in Jordan](#) (Yoshikawa, L., IRC 2015)

[Integrative Mental Health and Psychosocial Support Interventions for Refugees in Humanitarian Crisis Settings: Integrative Health Care for the 21st Century Refugees](#) (Weissbecker, I. et al. 2019)

[Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response: Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence](#) (WRC, Mercy Corps and IRC 2018)

[Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies](#) (UNFPA 2015)

[OCHA on message: Cash Coordination](#) (OCHA 2018)

[Programme Quality Toolbox](#) (CaLP 2018)

[Protection in Cash-Based Interventions: A Literature Review](#) (Berg, M. and Seferis, L. for UNHCR and Danish Refugee Council 2015)

[Protective action: Incorporating civilian protection into humanitarian response](#) (O'Callaghan, S. and Pantuliano, S., Humanitarian Practice Group 2007)

[Restoring Dignity and Building Resilience, Monitoring Report on UN Women's Programming in Za'atari refugee camp](#) (UN Women 2015)

[Setting the Stage: What We Know \(and Don't Know\) About the Effects of Cash-Based Interventions on Gender Outcomes in Humanitarian Settings](#) (Simon, C., UN Women 2018)

[Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response](#) (UNHCR 2003)

[Tackling the Integration of Gender-Based Violence Prevention and Response and Cash-Based Interventions](#) (Manell, T., WRC 2018)

Technical Report on the Oasis Model, updated second edition (UN Women forthcoming 2019)

[The Centrality of Protection in Humanitarian Action: Statement by the Inter-Agency Standing Committee](#) (IASC 2013)

[The Gender Handbook for Humanitarian Action](#) (IASC 2017)

[The impact of cash transfers on women and girls](#): a summary of the evidence (Hagen-Zanker, J. et al., Overseas Development Institute 2017)

[The potential of cash-based interventions to promote gender equality and women's empowerment](#): A multi-country study (WFP 2019)

Tip Sheet: Consulting with women and girls on their access to services and perceptions of safety (IASC GBV Guidelines Implementation Support Team), unpublished. Contact gbv.guidelines@gmail.com for more information.

UN Women Jordan Humanitarian Action Brief (UN Women 2017)

[UNHCR Policy on Age, Gender and Diversity](#) (UNHCR 2018)

[UNHCR Tool for Participatory Assessment in Operations](#) (UNHCR 2006)

Annex 3: Acknowledgements

KEY INFORMANTS AND REVIEWERS* (*STARRED)

	ORGANISATION	NAME	TITLE
1	CARE	Holly Welcome Radice*	Cash & Markets Technical Advisor
2	CARE	Siobhán Foran	Gender in Emergencies Coordinator (Operations)
3	CARE	Tamara Shukakidze-Demuria	Humanitarian Director of Practice, Partnerships & Innovation
4	Cash Learning Partnership (CaLP)	Lynn Yoshikawa*	Regional Representative, Americas
5	CaLP	Julie Lawson McDowall*	Knowledge Management and Research Coordinator
6	CaLP	Stefan Bumbacher*	Senior Technical Officer
7	GBV Guidelines Implementation Support Team (IST)	Erin Patrick*	GBV Guidelines Coordinator
8	GBV Guidelines IST	Sonia Rastogi*	Information Management Specialist
9	GBV Guidelines IST	Masumi Yamashina	Programme Specialist (GBV Guidelines)
10	Global Protection Cluster (GPC)	Sofia Khetib-Grundy	Senior Protection Coordinator, GPC
11	International Organisation for Migration (IOM)	Joseph Ashmore	Shelter & Settlement Advisor
12	IOM	Boshra Khoshnevis	Shelter & Settlement Consultant
13	IOM	Victoria Korsnes Nordli	GBV Specialist
14	International Rescue Committee (IRC) Jordan	Melanie Megevand	Senior Technical Advisor, Women's Protection and Empowerment
15	IRC	Ricardo Pla Cordero*	Risk Mitigation and Inclusion Advisor
16	Mercy Corps	Kevin McNulty	Senior Protection Advisor

	ORGANISATION	NAME	TITLE
17	Mercy Corps	Alexa Swift	Senior Advisor, Economic Coping and Recovery
18	Oxfam	Julie Lafrenière	Gender Team Lead
19	UNICEF/UNHCR	Kirstin Lange*	Senior Disability Advisor
20	UNICEF	Shannon Hayes*	Project Coordinator – DTM for Children on the Move
21	UN Office of the High Commissioner for Refugees (UNHCR)	Laura Madsen*	Cash & Protection Advisor
22	UNHCR	Elizabeth Morrissey*	Protection Officer (SGBV)
23	UNHCR	Renate Frech	Senior Protection Officer (SGBV), Global Learning and Development Centre
24	UN Women	Eva Langaas	Programme Analyst
25	UN Women	Claire A. Simon*	Consultant, Cash and Gender
26	UN Women	Theresia Thylin	Humanitarian and Gender Specialist
27	UN Women Jordan Country Office	Ana Lukatela*	Head of Programmes, UN Women Jordan Country Office
28	UN Women Regional Office for Arab States	Ekram El-Huni*	Regional Programme Coordinator, The EU Madad Fund, Amman, Jordan
29	UN Women Regional Office for Arab States	Rachel Weeks	Regional Advisor, Peace, Security and Humanitarian Action, Arab States
30	Women's Refugee Commission (WRC)	Tenzin Manell*	Senior Technical Advisor, Cash & Livelihoods
31	World Vision South Sudan	Vanessa Saraiva	Child Protection & Cash Task Force Co-Coordinator

Annex 4: Template GBV Risk Analysis for CVA

GBV/CVA RISK CATEGORY	GBV RISKS (CONTEXT-SPECIFIC)	POTENTIAL GBV TYPES	INDIVIDUAL AND COMMUNITY MITIGATION MEASURES	HUMANITARIAN ACTOR MITIGATION MEASURES	POTENTIAL BENEFITS IN THIS AREA
PARTICIPATION AND INCLUSION (PARTICULARLY REGARDING INFORMATION DISSEMINATION AND AWARENESS)					
SAFE AND DIGNIFIED ACCESS (PARTICULARLY REGARDING DELIVERY MECHANISMS OF CVA)					
CONFIDENTIALITY OF PERSONAL DATA OF SURVIVORS AND PERSONS AT RISK					
SOCIAL NORMS AND PARTNER, HOUSEHOLD & COMMUNITY RELATIONS					
OTHER (CONTEXT-SPECIFIC)					

