



## Overview of Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response



## Background

From 2016 to 2018, the Women's Refugee Commission (WRC) undertook a project to build humanitarian actors' capacity to mainstream protection in cash-based interventions (CBIs) and to utilize CBIs for protection outcomes, specifically protection from gender-based violence (GBV). The project, "Optimizing Cash-based Interventions for Enhanced Protection from Gender-Based Violence," was funded by the U.S. State Department's Bureau of Population, Refugees, and Migration (BPRM). WRC engaged in key partnerships to develop and test guidance and tools (see the section on partners at the end of this document for detailed roles and acknowledgements). Guidance and tools were developed in close collaboration with the International Rescue Committee (IRC) and Mercy Corps. Pilots were undertaken across three emergency settings with four implementing partners: in Somalia with African Development Solutions (Adeso); in Jordan with Mercy Corps and IRC; and in Niger with Save the Children. Field resources have been revised based on lessons learned. This toolkit supports cash and GBV practitioners to ensure protection from GBV for crisis- and conflict-affected populations.

## Introduction

Efforts to prevent and respond to GBV should be a priority for all actors in all humanitarian response operations from the very start. By mainstreaming GBV considerations in CBIs throughout the program cycle and by utilizing cash within GBV case management services, cash can be optimized as a tool to enhance the protection of crisis- and conflict-affected populations and to mitigate risks of recurrent violence, to promote recovery, and to build resilience.

How can GBV considerations be mainstreamed within CBIs?

Cash itself is not inherently risky, but simply designing a CBI without assessing gender dynamics, weighing the potential GBV risks and protection benefits associated with the introduction of cash, and ensuring mitigation mechanisms can lead to unintended consequences. Cash actors need to take steps to mainstream GBV considerations within CBIs in order to get cash right from the start. These steps include: conducting comprehensive and participatory assessments of protection risks disaggregated by sub-population; tailoring program design for different sub-populations; undertaking robust protection monitoring; and adapting program design and implementation as needed. This last step may entail adjusting the delivery mechanisms employed, the amount, duration, and frequency of cash transfers, the mitigation mechanisms deployed, or the complementary activities and services paired with cash assistance. By mainstreaming GBV considerations in CBIs throughout the program cycle and working closely with GBV actors, it is possible to ensure that risks are not being transferred to recipients who are not prepared to manage them, and that the protective benefits of cash are maximized.

How can cash be utilized in GBV response?

Cash can be a key component of survivor-centered GBV case management services in humanitarian settings. In situations when core GBV response services (e.g., health or legal services) have associated costs and are not available for free, cash transfers can facilitate access. When clients of GBV case management (i.e., survivors of GBV) are prevented from accessing services due to limited financial resources, cash can help support their recovery and ensure their safety. Cash can

be lifesaving; for example, it can help a survivor meet the costs associated with fleeing an abusive relationship, such as rent, temporary shelter, transportation, food, clothing, etc. The flexibility of cash transfers can also enable a timely response to meet urgent needs. To ensure that cash referrals are appropriately tailored to meet clients' protection needs and that the introduction of cash assistance minimizes further exposure to harm, cash assistance must be adapted and closely monitored for the client's needs through a GBV case management process. Coordination between cash and GBV actors at all levels is essential to build the right capacities and develop systems and procedures that effectively meet the specific needs of diverse populations, including the most marginalized, women and adolescent girls, LGBTI<sup>i</sup> individuals and persons with disabilities (PWD), while preserving confidentiality and safety.

### About this Toolkit

The [Guidance on Protection in Cash-based Interventions](#) and the accompanying [Risks and Benefits Analysis Tool](#) help cash and protection practitioners analyze context-specific protection risk and benefit to inform response analysis. This toolkit assists practitioners in collecting the requisite situational protection information on risks for affected populations with an age, gender, and diversity (AGD) lens, identifying community-based or self-protection mechanisms, and preparing a monitoring system that is based on identified protection risks.

All of the tools in this toolkit are designed to be adapted to context and are modular so that cash and GBV actors can work together to bridge gaps in current practice. These tools are based on and should be used with existing best practice guidance on cash and GBV.<sup>ii</sup>

This toolkit has two sections.

**Section I** of this toolkit is designed to foster cooperation among field-level cash practitioners, GBV specialists, and Monitoring, Evaluation, Accountability, and Learning (MEAL) staff to mainstream GBV considerations within CBIs with sectoral or multi-sectoral outcomes to mitigate risks and enhance protection. By deploying guidance and tools in this section, cash actors in humanitarian settings can assess potential risks associated with CBIs, mitigate risks through protective program design and implementation approaches, and continually monitor risks to inform adaptations for safer and more inclusive programming.

**Section II** of this toolkit is designed for field-level GBV specialists who are engaged in GBV case management services in consultation with cash practitioners and MEAL staff. This section enables GBV actors in humanitarian settings to assess GBV survivors' needs for cash assistance, provide referrals to cash providers, tailor the cash component within the GBV case management services to maximize protection benefits and minimize risks, and monitor safety and outcomes. To optimize this section of the toolkit, all tools should be utilized in coordination with cash actors at the field-level.

Section I: Mainstreaming GBV Considerations in CBIs

- Assessing and Mitigating Risks of Gender-based Violence in Cash-based Interventions through Story: A Focus Group Discussion and Interview Guide
- Assessing and Mitigating Risks of Gender-based Violence : Guidance for Cash Providers
- Monitoring and Mitigating Risks of GBV: Guidance for Cash Providers
- Post Distribution-Monitoring (PDM) Module: Adapting CBIs to Mitigate GBV Risks

Section II: Integrating Cash into GBV Case Management

- Protocol for GBV Case Workers for Assessing Survivors' Financial Needs and Referring Clients of GBV Case Management for Cash Assistance
- Guidance for GBV Case Management Services on Monitoring Cash Referrals for Survivors of Gender-based Violence
- Post-distribution Monitoring (PDM) Module for Cash Referrals for Survivors of Gender-based Violence

This toolkit utilizes terms related to Cash and GBV in humanitarian settings. For a glossary of cash related terms see [Cash Learning Partnership's Glossary of Cash Transfer Programming](#). For key terms related to GBV case management see [Interagency Case Management Guidelines, Section VII: Glossary](#).

### Taking Stock of Current Practice

WRC conducted interviews with over 40 cash, gender, and GBV experts across 20 humanitarian agencies<sup>iii</sup> to understand current practice regarding mainstreaming GBV considerations in CBIs as well as integrating cash within GBV programming. The following are key findings from these interviews:

The integration of cash and GBV prevention and response is the next frontier. Recent published resources<sup>iv</sup> and related institutionalization efforts have focused on protection in CBIs writ large; tackling cash and GBV has yet to be widely grappled with and is the next frontier.

Cash and GBV actors are siloed. Actors in both sectors feel uncertain about their mutual roles and responsibilities and lack a unified vision when it comes to integrating cash and GBV. While there is general concern with addressing GBV through CBIs, the apprehension is stronger concerning the use of cash to address survivor needs than with mainstreaming GBV mitigation strategies within CBIs. Communities of practice are often siloed by their sector coordination bodies. Within organizations that provide CBI support and GBV programming, there is limited interaction between cash and GBV experts due to organizational structure and culture. Many cash and GBV actors lack a basic understanding of the other domain and its methodology.

There is anxiety about using cash for protection from GBV. Prevailing attitudes among some donors, operational organizations' leadership, and practitioners about utilizing cash for protection outcomes, and in particular for protection from GBV, inhibit cash and GBV actors from working together to build the required evidence and skills to move forward. It is a "chicken or egg" scenario: without cash and GBV actors beginning to explore mutual problems together, they cannot build the required evidence base and skills to move forward. Hesitancy to conduct action research and implement protective pilots is rationalized as "doing no harm," when, in fact, a failure to address the economic drivers and factors of GBV with cash assistance when it is needed can be harmful.

It is still time for myth-busting. Advocacy can play an important role to counter notions held by donors and practitioners alike that cash is risky.<sup>v</sup> While cash itself is not inherently risky, a failure to get cash right from the start can result in unintended consequences. Regular coordinated monitoring of CBIs for sectoral or multi-sectoral outcomes as well as monitoring the impacts of cash

referrals on survivors of GBV will ensure that first, risks are not being transferred to recipients who are not prepared to manage them, and second, that the protective benefits of cash are delivered.

Challenges remain. These include:

- Donor funding: funding ceilings result in insufficient project durations to address GBV given the time needed to build trust with communities. Likewise, to ensure the recovery of GBV survivors takes time and requires a holistic approach;
- Human resources: field-based cash and GBV staff often have little knowledge of each other's work and purpose; staff turnover results in people being trained and then leaving and contributes to a reliance on consultants; and there is overall insufficient staffing to address cash and GBV caseloads;
- Poor practice: nonexistent or poor gender analysis; nonexistent or poor protection analysis; and when gender and protection analysis are undertaken, there is a failure to "take it off the shelf" to inform and adapt program design.

While there is a dearth of evidence on the integration of cash and GBV, nascent programming<sup>vi</sup> and good practice do exist. These include but are not limited to:

- Adhering to a meaningful AGD and participatory approach throughout the program cycle;
- Coordination among cash, protection, and GBV clusters/working groups to harmonize assessment tools as well as disseminate findings and recommendations;
- Assessing protection markets when conducting market assessments;
- Assessing risks of GBV associated with the introduction of cash assistance separately from other protection assessments (e.g., child protection related to cash assistance);
- Conducting comprehensive gender and GBV assessments, which should be led by gender and GBV specialists;
- Ensuring that gender and GBV are mainstreamed in "quick and dirty" market and cash-related assessments conducted in the first days and weeks after an emergency, followed by mainstreaming of gender and GBV as part of a comprehensive response when time and resources are available;
- Diversifying delivery mechanisms to accommodate specific needs;
- Establishing diverse and anonymous communication/feedback mechanisms for meaningful inclusion;
- Developing standard operating procedures (SOPs) at the country level on referring survivors who disclose GBV to cash actors for GBV case management services, and on providing cash referrals for clients of GBV;
- Training cash staff in the basics of GBV prevention and response and on the local GBV context, their responsibility to provide referrals to GBV case management services, and how to address survivors of GBV;
- Training GBV staff in the basics of CBIs and how to provide cash referrals for survivors of GBV through a GBV case management approach;
- Training GBV and cash staff together in preparation for cash distributions so that GBV staff can identify gaps and oversights in ensuring protection; GBV staff can observe cash distributions as they occur to highlight issues and to adapt approaches and planning as needed;
- Engaging GBV expertise to analyze findings from assessing GBV risks and findings from protection monitoring to ensure that results translate into appropriate actions;
- Rather than setting an arbitrary ratio of women-to-male targeted (which could potentially put women at risk) asking households who should be targeted, provide culturally sensitive

education, and engage men on equitable targeting; relatedly, registering each wife within a polygamous household as a unique recipient;

- Designing and implementing cash plus programming (e.g., pairing cash with psychosocial support, case management, and livelihoods support);
- Depersonalizing post-distribution monitoring (PDM) so that respondents are more comfortable reporting protection issues, including GBV;
- Reviewing protection analysis and risk matrices on a weekly basis (e.g., during staff meetings) and updating these as needed to ensure ongoing risk analysis and mitigation.

Practical field and advocacy resources are needed. There is a critical demand for off-the-shelf field resources that can be adapted to context (including assessment and PDM tools, case studies, multimedia advocacy, and training materials) to operationalize protection risks and benefits analysis, specifically regarding GBV. This project, its partnerships and the resulting toolkit, have begun to address these needs. Future endeavors should include: developing capacity-building curriculums for cash and GBV actors to learn one another's domain and methodology as well as how to integrate cash and GBV; developing guidelines for the preparedness of cash and GBV actors to partner to integrate cash and GBV in humanitarian settings; and creating a protocol for cash actors to provide referrals for survivors of GBV.

### Calls to Action

#### Cash practitioners

- Assess and monitor risks of GBV associated with the introduction of cash assistance and mitigate these risks with protective program design. Adapt programming throughout the implementation phase to ensure safety and inclusion.
- Reach out to and collaborate with GBV actors at the field level to mainstream GBV considerations within CBIs across the program cycle, as well as to integrate cash within GBV case management services to better meet the protection needs of clients.

#### GBV practitioners

- Set up comprehensive inter-sectoral referrals, taking into consideration that cash actors are equally as important as health or other referral partners.
- Reach out to cash actors and build partnerships to integrate cash within GBV case management services to better meet the protection needs of clients. Integrating cash into GBV programming may require coordinating with a variety of actors to provide stop-gap access for clients for whom cash has been identified a key element in their action plan.
- Collaborate with cash actors to ensure GBV mainstreaming within CBIs across the program cycle.

#### Donors

- Resources are needed for further research on and scaling of the integration of cash assistance into GBV programming—dedicated funding streams will help move the needle.
- Utilizing cash within GBV response has unique parameters and requires longer-term project horizons to ensure that survivors of GBV have access to tailored support and can safely graduate from GBV case management services. Resources are also needed to cover start-up costs, additional staff, capacity building, and institutionalization.

### Partners

This body of work has been executed through several partnerships. All partners are grateful to the affected communities who participated in field activities.

**The Women's Refugee Commission (WRC)** works to improve the lives and protect the rights of women, children, and youth displaced by conflict and crisis. WRC researches their needs, identifies solutions, and advocates for programs and policies to strengthen their resilience and drive change in humanitarian practice. WRC served as the lead agency on this project and coordinated the various partnerships dedicated to developing field resources and testing these resources. WRC conducted primary and secondary research to take stock of current practice regarding the integration of cash and GBV in humanitarian settings and developed Section I of the toolkit. WRC revised Section I tools based on lessons learned during piloting, as well as based on the feedback of project partners and cash and GBV stakeholders more broadly<sup>viii</sup> to improve the utility and usability of the tools. Tenzin Manell led this project for WRC and key contributions were made by: Nadine El-Nabli, Anna Myers, Dale Buscher, Omar J. Robles, Emma Pearce, Boram Lee, Kathryn Paik, and Jennifer Rosenberg. To learn more about WRC's work visit: <https://www.womensrefugeecommission.org/>.

**The International Rescue Committee (IRC)** is a global humanitarian aid, relief, and development nongovernmental organization (NGO). The IRC's mission is to provide humanitarian assistance, safety, medical care, and other support to refugees living in extremely harsh conditions. The IRC also provides support to vulnerable communities that host refugees. To learn more about IRC's work visit: <https://www.rescue.org/>.

In recent years, IRC has led pivotal work on integrating cash within GBV case management in its Jordan response through collaboration between its Women's Protection and Empowerment (WPE) and Economic Recovery and Development (ERD) teams. With support from BPRM, IRC developed eligibility procedures for assessing the cash assistance needs for GBV survivors and making referrals, namely the WPE Protocol for Referrals to ERD/Cash Assistance. This protocol, which has been revised and expanded for broader use across populations of concern in humanitarian settings in partnership with WRC and Mercy Corps, appears in Section II of the toolkit alongside a jointly-developed accompanying PDM tool. Through IRC's stand-alone partnership with Mercy Corps to strengthen the integration of cash and GBV programming in Jordan and in particular to strengthen referral pathways, Section II tools were field-tested in an integrated fashion with the Mercy Corps-led pilot of Section I tools. Anna Rita Ronzoni led this project for IRC and key contributions were made by Melanie Megevand, Sawsan Issa, Meghan O'Conner, Nathalie Strigin, Neetu Mahil, Simon Fuchs, and Marie-France Guimond.

**Mercy Corps** is an international relief and development organization working in over 40 countries worldwide helping people build secure, productive, and just communities. Mercy Corps supports communities to execute recovery programming and resilience-building by promoting sustainable change through community-led and market-driven initiatives. Mercy Corps focuses on humanitarian needs while transitioning towards longer-term solutions. To learn more about Mercy Corps's work visit: <https://www.mercycorps.org/>.

Mercy Corps played a key role in the development of Section I and Section II tools by drawing on global Mercy Corps practice, including the nascent integration project to support GBV survivors' urgent needs through CBIs in the Central African Republic. Mercy Corps was an implementing partner for piloting Section I tools on mainstreaming GBV considerations within CBIs in Jordan. Through Mercy Corps' stand-alone partnership with IRC to strengthen the integration of cash and GBV programming in Jordan and, in particular, to strengthen referral pathways, Section I tools were field-tested in an integrated fashion with the IRC-led pilot of Section II tools. Mohie Al-Wahsh led this project for Mercy Corps and key contributions were made by Kevin McNulty, Sara Momani, Tala Momani, Farah Qadourah, Alexa Swift, Vaidehi Krishnan, Rebecca Vo, Ulrike Julia Wendt, and Dana Benasuly.

**African Development Solutions** (Adeso) is an African humanitarian and development NGO that works at the roots of communities to create environments in which Africans can thrive. Adeso works alongside African communities to co-create a new story for Africa—a future that is shaped by their values, powered by their own resourcefulness, and built on their capabilities. To learn more about Adeso’s work visit: <http://adesoafrica.org/>.

Adeso was an implementing partner for piloting Section I tools on mainstreaming GBV considerations within CBIs in Somalia. Deqa Saleh led this project for Adeso and key contributions were made by Charles Maumo, Noor Abdi Maalim, Hassan Dubat, Fatuma Ramadan, Kowthar Shaffat, and Abdikareem Ahmed Ali.

**Save the Children International** works towards a world in which every child attains the right to survival, protection, development, and participation. Its mission is to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives. To learn more about Save the Children’s work visit: <https://www.savethechildren.net/>.

Save the Children was an implementing partner for piloting Section I tools on mainstreaming GBV considerations within CBIs in Niger. Beverly Roberts Reite led this project for Save the Children and key contributions were made by the Zinder Field Office team, the Humanitarian team, Habsatou Sayanou, Ado Tome, Tidjani Diarra, Abdou Harouna, Nina Gora, Jose Manegabe, and Judith Amar.

The mission of the U.S. State Department’s **Bureau of Population, Refugees, and Migration** is to provide protection, ease suffering, and resolve the plight of persecuted and uprooted people around the world on behalf of the American people by providing life-sustaining assistance, working through multilateral systems to build global partnerships, promoting best practice in humanitarian response, and ensuring that humanitarian principles are thoroughly integrated into U.S. foreign and national security policy.

BPRM has generously funded this project and the resulting resources.

### **Additional Resources**

[Three case studies](#) are available and focus on piloting the tools within this toolkit to mainstream GBV considerations within CBIs, as well as to integrate cash within GBV case management to optimize CBIs for enhanced protection from GBV.

[The Women’s Refugee Commission has also produced a video](#) to demystify the respective roles and responsibilities of cash and GBV practitioners in order to strengthen the prevention of and response to GBV, and to optimize cash as a tool for displaced persons’ recovery and resilience.

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<sup>1</sup> WRC uses the LGBTI acronym as shorthand for “lesbian, gay, bisexual, transgender, and intersex” persons. For a Glossary of Sexual Orientation and Gender Identity-Related Terms, see IASC GBV Guidelines, Annex 2, p. 319 <http://gbvguidelines.org/> However, as others have noted, the rising dominance of such acronyms, which presumptively pool diverse identities under the same banner, poses conceptual and practical problems. For example, it contributes to the conflation of the two analytically distinct concepts of sexual orientation and gender identity. It also fails to adequately distinguish between the different realities faced by, say, transgender individuals compared to bisexual or intersex individuals. Moreover, in many countries throughout the world, individuals with diverse sexual orientations or gender identities do not themselves identify with the LGBTI monolith, or even as being “gay” or “queer.” They may identify as a

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number of locally specific terms. Caveats aside, many human rights advocates and humanitarian actors, including WRC, use 'LGBTI' as practical shorthand.

<sup>ii</sup> This includes guidance on the [Cash Learning Partnership](#) (CaLP) website, including [the Guidance on Protection in Cash-based Interventions](#) and the [InterAgency GBV Case Management Guidelines](#).

<sup>iii</sup> Agencies interviewed by WRC: Adeso, CaLP, CARE, DRC, FAO, Food Grain Bank Canada, G-insight, Haitian Red Cross, IFRC, IRC, Mercy Corps, NRC, ODI, Oxfam, Save the Children, UNFPA and UNHCR, UNICEF, UN Women, and WFP.

<sup>iv</sup> See: the [Guide for Protection in Cash-based Interventions](#), which identifies the minimum necessary information and key resources to help practitioners consider and monitor protection risks and benefits throughout the CBI program cycle as well as the accompanying [Protection in Cash-based Interventions Training](#); the [Protection Risks and Benefits Analysis Tool](#), which outlines the key questions that practitioners should explore to identify protection risks and benefits; [Tips for Protection in Cash-based Interventions](#) which presents essential tips to identify, monitor and mitigate protection risks and maximize protection benefits; and [Key Recommendations for Protection in Cash-based Interventions](#) which provides recommendations to ensure that protection (including GBV) is mainstreamed at each phase of the CBI project cycle.

<sup>v</sup> See [The Power of Financial Aid](#), a website from the Cash Learning Partnership (CaLP) that provides evidence for using financial aid in humanitarian crisis, where appropriate.

<sup>vi</sup> Some organizations are leading on mainstreaming GBV in CBIs and utilizing cash within GBV programming. This includes but is not limited to: IRC in Jordan; Mercy Corps in Yemen, Jordan and Greece; DRC in Lebanon and Serbia; and Oxfam in Jordan, Lebanon, Iraq, and Uganda.

Gift of the United States Government

