

Guidance: How to design and set up cash assistance in GBV case management



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Guidance:

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GLOSSARY OF TERMS

Assessment:¹ The beginning stage of GBV case management or psychosocial services in which information is gathered and evaluated for the purpose of making an appropriate decision about a course of action for and with the survivor. Assessment prevents assumptions, creates grounds for developing an appropriate plan of action, and helps identify a survivor's strengths.

Case action plan: The case document that outlines the main needs of the survivor alongside goals and strategies for meeting those needs and improving the survivor's current condition.

Case management: GBV case management, which is based on social work case management, is a structured method for providing help to a GBV survivor. It involves one organization – usually a psychosocial support or social services actor – taking responsibility for making sure that survivors are informed of all the options available to them and that issues and problems facing a survivor and her/his family are identified and followed up in a coordinated way. The organization also provides the survivor with emotional support throughout the case management process.

Caseworker: This term describes an individual working within a GBV case management service-providing agency who has been tasked with the responsibility of providing case management services to survivors. Caseworkers are trained appropriately on survivor-centered case management. With this, they are supervised by senior program staff and adhere to a specific set of systems and guiding principles designed to promote health, hope, and healing. Caseworkers are also commonly referred to as social workers and case managers, among other terms.

Cash and voucher assistance (CVA): The provision of cash transfers or vouchers to individuals, households, 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).

Cash assistance: The provision of unrestricted assistance in the form of money – either physical currency or e-cash – to recipients (individuals, households, or communities). The terms 'cash' or 'cash assistance' should be used when referring specifically to cash transfers only (i.e. 'cash' or 'cash assistance' should not be used to mean 'cash and voucher assistance').

¹ Definitions extracted from the CALP Network's [Glossary of Terms](#) and the [Interagency Gender-Based Violence Case Management Guidelines](#) (GBVIMS SC 2017).

Conditionality: A prerequisite activity or obligation that a recipient must fulfill in order to receive assistance. In principle, conditions can be used with any kind of transfer (e.g. cash, vouchers, in-kind, service delivery, etc.) depending on the intervention design and objectives. Some interventions might require recipients to achieve agreed outputs as a condition of receiving subsequent transfers. An example of a condition is attending antenatal care visits.

Confidentiality: Confidentiality is an ethical principle associated with medical and social service professions. Maintaining confidentiality requires that service providers protect information gathered about clients and agree to only share information about a client's case with their explicit permission. All written information is maintained in a confidential place in locked files, and only non-identifying information is written down on case files. Maintaining confidentiality means that service providers never discuss case details with family or friends, or with colleagues whose knowledge of the abuse is deemed unnecessary.

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 providers (FSPs): An entity that provides cash or voucher transfer services, which may include e-transfer services. May include e-voucher companies, financial institutions such as banks and microfinance institutions, and/or mobile network operators.

Focus group discussions (FGDs): A focus group discussion involves gathering a small number of demographically similar people or participants who have other common traits/experiences in order to discuss a specific topic of interest. It is a form of qualitative research in which questions are asked about their perceptions, attitudes, beliefs, opinions, or ideas.

Gender-based violence (GBV): Gender-based violence is an umbrella term for any harmful act perpetrated against a person 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 spaces. Typical forms of GBV include sexual violence (rape, attempted rape, unwanted touching, sexual exploitation, and sexual harassment), intimate partner violence (IPV, also called domestic violence, including physical, emotional, sexual, and economic abuse), forced and early marriage, and female genital mutilation.

Informed consent: Informed consent is the voluntary agreement of an individual who has the legal capacity to give consent. To provide informed consent the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent. To ensure consent is "informed," service providers must take all of the following actions with the survivor: (a) provide all the possible information and options available to the person so she/he can make choices; (b) inform the person that she/he may need to share her/his information with others who can provide additional services; (c) explain to the person what will happen as you work with her/him; (d) explain the benefits and risks of services to the person; (f) explain to the person that she/he has the right to decline or refuse any part of services; and (g) explain limits to confidentiality to the survivor.

Key informant interview (KII): Qualitative in-depth interviews with people who are representative of the targeted community. The purpose of key informant interviews is to collect information from a wide range of people – including community leaders, professionals, or residents – who have firsthand knowledge about the community and who can provide information on critical aspects of community life and meaningful indications about access, risks, priorities, vulnerabilities, and capacities at the community level.

Perpetrator: A person who directly inflicts or supports violence or other abuse inflicted on another against her/his will.

Selection criteria: The criteria used to select recipients/beneficiaries of CVA. Sometimes called targeting criteria.

Targeting: The methodology used to select recipients/beneficiaries of assistance.





INTRODUCTION


 1

1.1. UNFPA AND CASH AND VOUCHER ASSISTANCE (CVA)

With the goal of meeting the 2030 deadline for achieving the Sustainable Development Goals (SDGs), UNFPA is leading global efforts to achieve three world-changing objectives: to end preventable maternal deaths, to end the unmet need for family planning, and to end gender-based violence (GBV) and all related harmful practices, including child marriage and female genital mutilation.

In support of these goals, UNFPA has in recent years been working to integrate cash and voucher assistance (CVA) interventions into its existing GBV and sexual and reproductive health (SRH) response programming globally.² CVA is an appropriate tool to help address the needs of women and girls in humanitarian settings.³ As part of comprehensive SRH and GBV programs in humanitarian settings, CVA can support access to services, help survivors to escape to safety following a GBV incident or when faced with imminent risk of GBV, and reduce risks of GBV such as the adoption of harmful coping strategies. CVA is a modality – or more simply put, a tool – that UNFPA can use to address economic barriers to accessing SRH or GBV services or purchasing necessary items. Evidence shows that CVA can be more flexible and less costly than in-kind assistance. Importantly, CVA should never replace but should rather complement UNFPA's core humanitarian programming, including in-kind support for essential items through dignity kits. CVA, like any other modality of assistance or service delivery, should fit into UNFPA's mandate, strategy, and specific humanitarian program objectives in a country or region.

According to growing global experience, the use of CVA as a modality maximizes the use of resources in a way that is most suited to GBV survivors' preferences and requirements of their situation. It offers discretion and flexibility and can provide GBV survivors with emergency and life-saving assistance as well as medium to longer-term support for recovery and healing.

In particular, CVA:

- **Gives women and girls the freedom to choose.** The lives and well-being of women and girls are placed at risk in the absence of choice, particularly in humanitarian and crisis settings. This is particularly true in the case of women and girls who already face exacerbated risks of GBV, such as adolescent girls, pregnant women, and women and girls with disabilities, among others. The

2 The key guiding principles for GBV programming are: **safety**, which refers to both physical safety and security and to a sense of psychological and emotional safety; **confidentiality**, which refers to a person's right to choose with whom she will or will not share her story and information (only share necessary information, as requested and agreed to by the survivor); **respect** for the choices, rights, and dignity of women, girls, and GBV survivors, which means that survivors are the primary actors in all aspects of service delivery; and **non-discrimination**, which means that GBV staff should possess knowledge, skills, and attitudes toward inclusive programming.

3 The Humanitarian Response Division's (HRD) CVA Unit developed the [Guidelines for Cash and Voucher Assistance](#) for Field Offices implementing cash and voucher assistance as part of their humanitarian programming. The Guidelines are available in English, French, Spanish, Arabic, and Russian.



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interventions give vulnerable women and girls the power to use the cash that they are given as part of an integrated, survivor-centered approach.

- **Fosters inclusion.** Recognizing that UNFPA's target populations and their specific needs often fall through the cracks of large-scale CVA programming such as multi-purpose cash (MPC), cash assistance for GBV and SRH serves to help cover some of these gaps.
- **Permits flexibility.** Cash or vouchers can provide crucial support to key populations and specific vulnerable groups in a more flexible, tailored, and discreet way than other types of assistance.
- **Is cost-efficient.** CVA can be a useful tool to ensure more efficient use of limited resources, as it can be less costly than procuring and distributing in-kind goods during emergency responses in which a one-size-fits-all approach often does not meet the individual needs of recipients.
- **Represents an essential bridge.** CVA is a modality and an approach that can contribute to bridging humanitarian and development programming. It is naturally linked to more sustainable exit strategies such as national social protection cash transfer programs that are already established in some countries. To realize this, UNFPA will leverage its long-term presence and strong government partnerships.

Due to its greater flexibility and responsiveness, **UNFPA recommends the use of unrestricted and unconditional cash assistance rather than vouchers whenever possible** in order to ensure greater agency and empowerment of the GBV survivors. For this reason, we will refer to this modality as cash assistance or cash rather than CVA in the following chapters.

1.2. CASH ASSISTANCE IN GBV CASE MANAGEMENT

Women and girls affected by complex crises often face increased GBV, be it within their own households or at the hands of external perpetrators such as landlords, employers, human traffickers, or armed actors. As part of a coordinated response to GBV in emergencies, UNFPA and its partners provide cash assistance within a structured [GBV case management](#)⁴ process alongside other services, with the goal of improving protection outcomes and mitigating individuals' risk of GBV. According to the Inter-Agency Guidelines, GBV case management is defined as a "structured method for providing help to survivors that involves one organization (usually a protection or social services actor) taking responsibility for making sure that those individuals are assisted with their identified challenges, followed up with in a coordinated way, and provided with emotional support throughout the process."⁵

As such, cash becomes part of an individual's "case action plan" through which survivors work with caseworkers to identify it as a complementary action to reduce the risk of GBV and/or to support recovery. Potential risks are identified and discussed with the survivors, including those related to the use of particular cash delivery mechanisms, and are taken into account in the development of a safety plan specific to the use of cash for each case.

As a reminder, cash in GBV case management is not a stand-alone intervention that replaces other modalities in UNFPA's core humanitarian programming: instead, it should complement and be integrated with other interventions focusing on the improvement of service provision within regular case management and should not aim to replace those.⁶



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⁴ UNFPA's GBV programs align with the interagency definition of GBV case management and comply with the [Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#) (2019) and the [Interagency Gender-Based Violence Case Management Guidelines](#) (GBVIMS Sub-Cluster 2017). With this, UNFPA's GBV programming follows aspects of the survivor-centered approach in order to preserve and promote confidentiality, safety, non-discrimination, and respect for the choices, rights, and dignity of women and girls.

⁵ [Interagency Gender-Based Violence Case Management Guidelines](#) (GBVIMS Sub-Cluster 2017)

⁶ [Commitments to Scaling Up CVA](#) (UNFPA 2021)

WHY IS CASH ASSISTANCE USED IN GBV CASE MANAGEMENT?



UNFPA now recommends that cash be made available as an option in every well-functioning case management program given that the integration of cash in GBV case management supports a more holistic response and follow-up to challenges that survivors may face. When integrating cash into GBV case management, the adoption of an unrestricted and unconditional cash modality is recommended, as evidence shows that it is more adequate for GBV survivors given the speed of disbursement and the agency and flexibility that it provides the survivor.

The presence of a solid and well-structured GBV case management system is an essential precondition for the implementation of cash within GBV case management.

1.3. ABOUT THE GUIDANCE

Provisions on when and how to use cash assistance as a tool in GBV case management need to be carefully considered in order to mitigate any associated risks and avoid negative unintended consequences of cash assistance. As such, this Guidance has the purpose of guiding and supporting UNFPA's GBV and cash practitioners in assessing, designing, implementing, and integrating cash assistance in GBV case management programming in a safe and efficient manner. The Guidance is the result of extensive feedback from cash recipients, their caseworkers, and implementing partners (IPs) in the field.

The following chapters of the Guidance outline the building blocks and key actions that field teams and Country Offices (COs) should undertake in order to design an effective and safe integration of the cash modality within GBV case management. UNFPA's approach and methodology are delineated using a step-by-step approach, including instructions on how to carry out a Situation and Feasibility Assessment, how to effectively plan the Response, and how to design the cash intervention. In the last chapter, specific suggestions on the entry points for integrating the cash assistance intervention at each step of the GBV case management process are provided for the use of GBV teams in order to complete the Guidance. In addition, the reader will find relevant adaptable tools and resources at the end of each section.





SETTING UP AND DESIGNING THE INTEGRATION OF CASH ASSISTANCE IN GBV CASE MANAGEMENT

2



This section guides teams through the relevant assessments of the context and the subsequent feasibility of a cash intervention within GBV case management. It is then followed by guidance on how to analyze the information gathered through those assessments and subsequently how to elaborate a Response Framework (including choosing the modality of cash disbursement), how to identify financial service providers, and how to make the necessary provisions for safe data-sharing.

2.1. SITUATION AND FEASIBILITY ASSESSMENT

The Situation and Feasibility Assessment is conducted in the preparatory phase of the program in order to understand if the cash assistance is a feasible and relevant modality in a particular context and if there are practical options for cash implementation within the GBV case management. Please be aware that this preliminary action should be regularly informed and updated throughout the program cycle to ensure timely adaptation. Below, we outline the different steps, actions, roles, and sources of information for the assessment, all of which will inform how to appropriately design corresponding cash assistance. Whenever possible, **teams should rely on existing information and assessments and should only conduct new ones if important gaps remain.** Useful information for the Situation and Feasibility Assessment may be obtained through the Protection Sector and Cash Working Group (CWG) as well as the GBV Sub-Cluster.

2.1.1. Assess the preconditions for cash assistance at the Country Office (CO) level

There are a number of preliminary considerations that are key to understanding whether cash assistance is a feasible response option and if the CO is set up for

success in handling it within GBV case management. In particular, the following elements should be in place:

- An active, effective, and well-structured GBV case management program that includes a supervision system
- Local government and community acceptance of CVA⁷
- Senior management support and commitment for CVA in the country
- Availability of funds or the ability to secure them
- Presence of necessary human resources (both GBV and CVA), including an active role from Finance and/or Administrative units, and/or the possibility of obtaining additional CVA technical support at the regional and headquarters (HQ) levels
- Existing capacity of implementing partners and cash delivery systems
- Functionality of services⁸ and availability of relevant items in the market system

Tool 1: [Checklist to assess the presence of the pre-conditions for the implementation of cash](#)



GBV CASEWORKERS: PREREQUISITES AND CONSIDERATIONS

GBV case management is a structured method and process to provide help to GBV survivors. It follows the survivor-centered approach, which means that survivors are treated with dignity, empathy, and respect; considered as unique and different individuals with different capacities, needs, and resources; and are recognized as having the right to care and support. GBV caseworkers are the ones who interact directly with the survivors and therefore validate their experiences, seek to restore their sense of empowerment, build on and emphasize their strengths, and use case management to establish connection and trust. It is therefore highly recommended to have and build a technically strong and prepared GBV team as a prerequisite to undertaking GBV and cash assistance programs. In fact, **GBV team members are essential not only in the implementation phase but also as active participants in the design of the response.** Their technical preparation, contextual knowledge, and experience should inform the project from its beginning and provide essential feedback and information throughout the intervention.

Caseworkers are an essential link in the GBV case management process. As such, in order to successfully provide quality support services, they should be equipped with:

⁷ This information is usually made available at the CWG level.

⁸ See [section 2.1.3. Mapping of GBV Services and Market Assessment](#) for more details.

- comprehensive training,⁹ technical supervision,¹⁰ and support throughout their work
- an understanding of contextual issues and trends in the area of intervention (e.g. the demographic profile of the population, needs and risks related to intersectional vulnerabilities,¹¹ social dynamics, etc.)
- knowledge of services available and the GBV referral pathways, the extent of their functioning, accessibility for different social groups,¹² and entry points and gaps (all of this information should be obtained in the preliminary assessments, covered in Section I)
- awareness of service coordination and local referral pathways, especially if the latter includes non-protection actors like the financial service providers (FSPs)
- knowledge of confidentiality procedures, including case documentation, information storage, and both internal and external data sharing (both as related to GBV case management and cash assistance)

COs and program teams should **check if all of the above conditions are met before starting the implementation of cash activities within GBV case management.**¹³ If they are not in place, COs and program teams should provide capacity building and revise relevant organizational procedures and structures to enable the GBV team to effectively support a cash integration.

If all the above conditions are respected, teams should proceed with the additional assessments and analysis listed below.

2.1.2. Build on existing GBV and Gender Assessments

WHO

The GBV specialist, by working with the GBV Sub-cluster when existing baseline data on GBV and gender considerations in the identified context are available. In cases in which baseline data is not already available or is incomplete or outdated, the GBV specialist should be responsible for conducting a new GBV and Gender Assessment and related analysis.



-
- 9 The minimum standards are for caseworkers to have knowledge of GBV (root causes and consequences), guiding principles, the survivor-centered approach, and case management steps and tools.
 - 10 Technical supervision is necessary in order to refine skills like empathy, communication, problem-solving and to maintain up-to-date knowledge of trends and services available.
 - 11 Intersectionality refers to layers of inequality that a person might experience. For example, a poor woman from an ethnic minority may experience different types of GBV and have less access to services than a wealthy woman from an ethnic majority.
 - 12 Some survivors may experience different barriers to accessing services like cash assistance. This can be due to formal barriers (such as lack of formal documentation or restriction of movements) or informal barriers (such as language barriers or lack of knowledge of services and how to gain access to them).
 - 13 Specific information related to cash assistance, its modalities, and provisions will be obtained and shared with the GBV team after completion of the preliminary assessments that are covered in the following sections.

WHAT

A baseline GBV and Gender Assessment is necessary to give an overview of the existing GBV risks, and needs in the target community/population and to inform the design of interventions focused on GBV and/or to mainstream GBV considerations in other kinds of programs. Given that there should already be active GBV programs in the contexts identified for cash assistance, there should already be existing GBV and Gender Assessments that the GBV specialist can build on to better understand and gather additional information that will be relevant to the integration of cash assistance. **The information gathered by the assessment will allow the GBV and cash teams to analyze and recognize the specific needs and risks that can be mitigated and responded to by using cash.** The information should be used to design a response intervention that is tailored, safe, and culturally acceptable in the selected context. By understanding a variety of important factors – including the contributing factors to GBV, intersectional vulnerabilities in the communities, norms, decision-making power, and levels of accessibility to services – teams will be able to start identifying:

- common relevant GBV scenarios and trends in the area
- GBV survivors' needs that can be responded to through cash assistance
- prevalent GBV risks that can be mitigated and met by cash¹⁴
- possible risks connected to cash delivery mechanisms and scenarios

HOW

When possible, build on existing baseline GBV and gender data in the context, which can often be obtained through the GBV Sub-Cluster. If data is not available or is incomplete or outdated, new data can be obtained through document review (including of GBVIMS reports, GBV reports, CVA post-distribution monitoring [PDM] reports, CVA impact assessments, ad hoc focus group discussions [FGDs] on delivery mechanisms for women and girls, etc.), data analysis, and interviews (including key informant interviews [KIIs]). The GBV and Gender Assessment should gather information about:

- population demographics (with desegregation by age and sex), survivor profiles, and perpetrator profiles
- types of GBV in the identified context, risk factors for different types of GBV, and community profiles (including community attitudes and practices about gender and GBV; forms of GBV that are occurring in the identified context and how the community perceives them; traditional and/or religious beliefs and practices; women's participation in decision making; and roles, responsibilities, and norms around age and gender)
- the presence and functioning of GBV referral pathways and information sharing protocols (e.g. the functioning existence of a system for information sharing and of service provider knowledge, etc.)

¹⁴ Teams will decide whether cash assistance is a suitable option to respond to various GBV situations in the assessed context during the [Response Analysis and Design phase](#) discussed in the following section.



- gaps in GBV services
- survivors' GBV-related needs and any barriers to accessing GBV services (e.g. cost, transport, etc.)
- potential GBV risks linked to a cash assistance modality and mechanisms
- the needs and preferences of GBV survivors for assistance and support, including how GBV survivors would handle cash and their preferences when it comes to cash collection and storage



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- Be aware that data gathered through the GBV and Gender Assessment aim to inform and influence the design of the program and its implementation.
- Information about the dynamics of GBV and context-specific risks is part of the necessary analysis to build the foundation of the Response Framework for cash assistance in GBV case management. It is relevant to know the specific needs and risks of GBV survivors and in particular their unmet needs.
- GBV teams should consider this as part of their knowledge of the context and target population, not as an element for prioritization among survivors and women and girls at risk of GBV. Teams are advised to maintain a case-by-case approach and ensure that the cash assistance will be inclusive and tailored to the survivors' needs (see the section on Assessments within the GBV case management process for more information). It is recommended to focus on the assessment of the relevance and utility of cash assistance for each survivor's specific case rather than evaluating and prioritizing whether a survivor should receive cash assistance based on the level of violence that they experienced (e.g. the involvement of firearms, if more than one perpetrator was responsible for the assault, etc.).

2.1.3. Conduct a Mapping of GBV Services and a Market Assessment

WHO

Both the GBV specialist and CVA focal point¹⁵



WHAT

The objective of completing a Mapping of GBV Services and a Market Assessment is to obtain an understanding of: the availability, accessibility, potential costs, and existing uptake of GBV services (e.g. legal, medical, MHPSS, etc.) in the identified contexts; how user fees and costs may be influenced by whether the provider is private or public; the availability and cost of transport; and the availability and cost of other related needs such as rent, medications, basic living items, child care, and other needs depending on what the cash assistance would be planned to cover.



HOW

Since GBV case management activities would have already been established in the identified contexts, a Mapping of GBV Services would have already been completed. However, it is still important to revise it to specifically consider the services and costs that cash assistance could potentially cover as per the survivor's case management plan. The necessary information for the Mapping of GBV Services and the Market Assessment can be mostly obtained through the GBV Sub-Cluster and CWG (which can provide information on market functionality and prices for basic items), as well as through the Protection and Health clusters/sectors (which can provide information on the availability and quality and price of services), as well as from local implementing partners (IPs) and caseworkers. If unavailable, COs should liaise with specialists in the sector(s) in order to receive the necessary support.¹⁶



2.1.4. Assess the capacity of financial service providers (FSPs), implementing partners (IPs), and other delivery options

WHO

The CVA focal point at country level and the Operations Unit, in collaboration with IPs and the CWG, if existing and active.



¹⁵ The CVA focal point will be the appointed person at CO level covering the technical and/or operational role of supporting CVA activities, including cash in GBV case management.

¹⁶ For more details, please see the CALP Network's [Introduction to Market Analysis](#) course and the International Rescue Committee and CALP Network's course on [A Practical Guide to Market Analysis](#).

WHAT

Map and assess the options available for the delivery of cash to GBV survivors and women and girls at risk of GBV. This should include details on the social acceptability, accessibility, safety, and timeliness of the assistance implementation modality (e.g. direct, through partners, piggybacking on others' systems, etc.), and delivery mechanism. Assess the capacity, experience, and potential of GBV case management IPs to provide cash and/or engage with financial service providers (FSPs). Consider whether implementing the cash modality would be possible through an IP and/or through an FSP (e.g. a mobile phone company, bank, a remittance agency, etc.) or another UN agency or common delivery platform.

HOW

In most cases, the CVA focal point should use and rely on information and assessments that have already been completed and made available by partners and the CWG to identify what options are available in the target context, what is working well, and what is not. It is important to discuss with the IPs and other UN agencies if options exist to piggyback on existing systems. Cash delivery might also be completed through the GBV case management partner directly as cash-in-hand. As such, the capacity of the IP to deliver cash should be assessed (taking into consideration financial processes, operational performance, risk management, segregation of duties, etc.). This will impact the decision of whether it would be safe and feasible to provide cash assistance to the GBV survivors and women and girls at risk of GBV and how cash would actually be delivered to them.

2.1.5. Conduct a Risk Assessment and Analysis on cash in GBV case management

WHO

The CVA focal point should take the lead in the cash Risk Assessment and Analysis process. Even so, the collaboration of the GBV team is vital and the participation of all teams (i.e. Finance, Operations, M&E) is strongly advised to make sure that the use of cash (and/or vouchers) does not create more harm.¹⁷

WHAT

A strong Risk Assessment and Analysis specifically focused on the use of cash in GBV case management will ensure that the assistance does not put the targeted women – nor the staff, organization, or programs involved – at further risk. Risks and benefits should be weighed and re-assessed throughout the entire response. When mitigation measures make the risks acceptable, they should be implemented and closely followed up upon.

¹⁷ For additional support, please consult the [GBV Risk Analysis Matrix for CVA](#) from the [GBV Risk Mitigation in Cash and Voucher Assistance Toolkit](#) (UNFPA and GBV AoR 2022).

HOW

Use the [Risk Matrix for Cash in GBV Case Management template](#), filling it out using a collaborative and participatory approach that builds upon the knowledge and experience of all teams involved.

Tool 2: [Risk Matrix for Cash in GBV Case Management](#) (template and example)



2.2. RESPONSE ANALYSIS AND DESIGN

The Response Analysis is the link between Situational and Feasibility Assessment and the design of the final Response Framework, which outlines the specificities of the target groups, transfer amount, delivery mechanism, and frequency of the cash assistance.

CVA and GBV teams should delineate the Response Framework by defining the details of the intervention and establishing the provisions and systems that are necessary to prepare and set up the cash response so that it is ready for when the GBV survivors who will be supported with cash assistance come through case management. Notably, this design should be informed by the monitoring of the subsequent delivery of cash transfers and feedback from the survivors and should be adjusted if needed.

The following sections contain a detailed list of considerations and steps that will guide teams on how to design their interventions and develop a Response Framework and comprehensive standard operating procedures (SOPs).¹⁸ The Response Framework and SOPs will change according to the context and available modalities. This exercise will provide structure for the team to follow throughout the response and will provide GBV caseworkers with valuable information that they can utilize when presenting available assistance options to survivors.

FIELD EXPERIENCE FROM JORDAN: DESIGNING A RESPONSE FRAMEWORK WITH BOTH EMERGENCY AND RECURRENT CASH

The Jordan CO developed its initial Response Framework as a result of its Situation and Feasibility Assessment in order to guide GBV caseworkers in the selection of the cash response, its duration, and its amount. The Jordan CO opted to use recurrent cash assistance (RCA) for a maximum duration of 6 months and emergency cash assistance (ECA) as a one-off disbursement in emergency situations. This example illustrates how both RCA and ECA can be used concurrently to most fully address the needs observed in a given context. Please see [Tool 3: Response Framework](#) for further details and updated guidance.

¹⁸ The standard operating procedures (SOPs) document represents a set of written provisions and instructions that define the program's response model, the roles and responsibilities of all actors, and uniform criteria and procedures, providing answers to the questions "who does what, when, and how". For more guidance on what to include in the SOPs, see [Tool 5: SOPs Guidance Sheet](#).

FIELD EXPERIENCE FROM COLOMBIA: SELECTING BENEFICIARIES WITHIN A RESPONSE FRAMEWORK

In the design phase of their project, UNFPA Colombia's GBV team developed a detailed framework to support GBV caseworkers in the assessment and selection process for cash assistance. Based on the country context, the "Vulnerability Matrix and Defining of Risks" (in Spanish *la Matriz de vulnerabilidad y definición de riesgo*) includes the different case analysis assessments and considerations for GBV survivors (such as socio-economic vulnerability, priority and eligibility, verification, and specific objectives of CVA). Based on these considerations, the matrix that the Colombia GBV team developed includes an intuitive score system based on the answers provided that ultimately indicates whether cash assistance would be a useful and necessary tool in the case management process. This tool was developed to accompany and support GBV teams in the selection of survivors whose cases would have no other alternatives and who would benefit the most significantly from the cash intervention. Please see [Tool 3: Response Framework](#) for further details and updated guidance.

Tools: [Response Framework template](#) (Tool 3) and [SOPs Guidance Sheet](#) (Tool 5)



2.2.1. Identify when cash is an appropriate response

WHO



The CVA team¹⁹ should collaborate with GBV colleagues, the case management senior staff/supervisor, the IP's GBV caseworkers, supervisors, and/or managers to reflect on if and where direct assistance through cash can effectively influence GBV-related needs and outcomes.

WHAT



It is necessary to determine the precise contexts and situations in which cash would be a useful and appropriate intervention. While all GBV survivors and women and girls at risk of GBV under case management are eligible for cash assistance, cash may not be the right tool to assist and accompany every survivor as they work to fulfill their action plan and engage in the healing process. As such, it is vital that UNFPA, IPs, and other relevant actors use the information gathered in the assessment phase to define the precise contexts and situations in which cash is actually an appropriate assistance modality capable of responding to the GBV needs and risks of women and girls.

¹⁹ Many COs may not have a full team working on CVA. In such cases, the CVA focal point should be responsible for the work.

Doing so is meant to provide a framework for GBV teams to best implement the response. Even so, it should not prevent flexibility throughout the response to different cases when needed. **The key analytical question is whether cash would contribute to reducing the risk of GBV or supporting the recovery of survivors** alongside other services given the identified situation and case characteristics.

HOW




Using the GBV and Gender Assessment, the Situation and Feasibility Assessment, and the knowledge of GBV caseworkers and supervisors, the CVA and GBV teams should organize discussion sessions and/or workshops to identify the most prevalent GBV situations encountered in the selected context. In doing so, they should also seek to discern what the consequences of those specific GBV incidents and risks may be. With this, teams should also identify situations in which cash assistance might contribute significantly to reducing those risks and support the recovery of survivors – for example, by considering whether cash would contribute to mitigating the risk of intimate partner violence (IPV) or if it could actually increase the risk of such violence. It is important to evaluate all other viable and relevant response options (e.g. service provision, direct payment of services, referrals, etc.) rather than exclusively considering the viability of cash.

The analysis of the specific situations in which cash is an appropriate response must be tailored to the context; however, **below we list a series of common scenarios and examples in which cash has been found to mitigate GBV risks and/or respond to GBV consequences:**

- The cash assistance would enable a survivor to escape from a current living arrangement that does not guarantee her safety and the safety of her children. Cash assistance would enable the survivor to withdraw from the perpetrator/threat (e.g. IPV, domestic violence, harassment, and other forms of violence that may be linked with living arrangements) by assisting in their relocation to a safe place and providing cash for the survivor's accommodation and basic needs during a given period.
- The cash assistance would help pay for the basic needs of a survivor who has reduced or no access to economic resources due to economic dependency that perpetuates violence (e.g. a violent husband, sexual harassment at work that they are unable to quit due to economic dependency).
- The cash assistance would guarantee access to essential fee-based services related to GBV incidents/risks and thus address or mitigate serious harm deriving from GBV (e.g. by providing access to fee-based specialized medical services or medicines, legal services, shelter, etc.).
- The cash assistance would help the survivor cover the transportation cost to reach a safe shelter in which they can stay safe and begin the recovery process before starting a new life.
- The cash assistance would be a mitigating factor to reduce tension and violence that occurs when the scarcity of resources is an additional IPV trigger within the household.

- Cash assistance would help prevent the use of negative coping mechanisms (e.g. transactional sex)²⁰ and/or the risk of sexual exploitation.

2.2.2. Establish the urgency of the cash assistance

WHO

The GBV team specialist, the GBV case managers, and the case management supervisor, in close consultation with CVA focal points.



WHAT

Establishing the timeliness of the cash delivery is a key element of the Response Framework, outlining a set of parameters that will guide the GBV caseworkers assisting survivors enrolled in case management²¹ in order to help them access cash on a timeline most suitable to their needs. After in the previous phase having identified and agreed on the scenarios in which cash assistance would be the most appropriate response, teams should define response triggers (e.g. if the situation is life-threatening, if timely health services are needed, if there is a high-risk of GBV and further harm, etc.) as well as the timing of the response based on the urgency demanded by the situation (e.g. delivery of cash within 24 hours, 72 hours, 1 week, and so on depending on the situation, etc.). This will influence the CO and IP's selection of the delivery mechanisms and implementation models most capable of delivering cash according to the necessary urgency-based timelines.



HOW

The GBV team should use its experience and knowledge of the GBV case management and context and collaborate with the CVA focal points in order to elaborate an adequate response timeframe²² that delineates the urgency of the cash response needed in different cases.



2.2.3. Identify the possible implementation models, assistance modality, and delivery mechanisms

WHO

The CVA focal point, in close consultation with the GBV team/specialist as well as the IPs.



20 In some contexts, we observe a rise of negative coping mechanisms driven by economic and security reasons above all. Women and girls may be forced to engage in transactional sex to meet their basic needs and families may decide to marry their young daughters to avoid violence (including the violence of a sexual nature) and to secure their economic situation.

21 For more information on the specific GBV case management steps and tips for the integration of cash assistance at each stage of the process, see [Section III](#).

22 See [Tool 3](#) for an example of a Response Framework.

WHAT



Together, the CVA focal point, GBV team/specialist, and IPs will identify implementation models, assistance modalities, and delivery mechanisms that are relevant to the context, effective, safe, and culturally appropriate.

Possible implementation models

- Through the IP's delivery mechanism (defined in the IP agreement)
- UNFPA direct implementation, either contracting Payment Service Providers (PSPs)/Financial Service Providers (FSPs) or UNFPA staff delivering cash in hand (as cash custodians)
- Working through a Government social protection system
- Piggybacking on another UN agencies' CVA delivery platform (i.e. a UN-to-UN agreement)

Assistance modality

It is important to bear in mind that UNFPA recommends adopting an unrestricted and unconditional cash assistance modality in GBV case management, as it has been found to be much more effective and adequate when the transfer is urgently needed by the GBV survivor due to the fact that it can be delivered more quickly and provides the survivor greater agency and flexibility. When looking to integrate cash and voucher assistance in GBV case management, cash is the modality that can provide the maximum flexibility and choice to GBV survivors. With cash, survivors are able to cover their very different and specific individual protection and basic needs in the ways they see best fit. Cash transfers can easily be tailored in their amount and delivered within a few hours for life-saving needs.

Delivery mechanisms

GBV survivors who are provided with cash assistance should be familiar with or at least comfortable with one of the chosen delivery mechanisms before receiving the cash assistance. If they are not, consider hosting training sessions as well as providing additional support and/or alternative delivery mechanisms. It is paramount to consider using mechanisms that enhance discretion (such as transfers through phones) and to prioritize the use of delivery mechanisms that have been assessed to mitigate the most risks.

Please find below a list of general advantages/benefits and disadvantages/risks for each delivery mechanism. Even so, bear in mind that it is important to contextualize the analysis of advantages and disadvantages to each context because they might differ based on the local situation. Further advantages and disadvantages might arise in your project location.

1. CASH-IN-HAND: physical cash is provided directly by the GBV caseworker to the survivors in physical currency (i.e. banknotes and coins). This option should only be adopted when:

- a) it is the only way to deliver cash in a timely manner to meet immediate needs (e.g. as emergency response in the first hours after the intake and GBV assessment in case management)
- b) the survivor lacks the required documentation to access other payment modalities
- c) it is considered the only safe option for the survivor to receive cash

| Advantages/Benefits | Disadvantages/Risks |
|--|--|
| <ul style="list-style-type: none"> • Immediate, on-the-spot response • No need for formal identification • User-friendly: can be used regardless of the financial and digital literacy level of the survivors | <ul style="list-style-type: none"> • Potential risks of theft/assault for the staff/organization that keep the cash at the facility • Requires planning and precautions for safe storage after the cash has been collected by the survivor • In cases of recurrent cash assistance, survivors need to periodically return to the space in order to collect the cash |

2. MONEY TRANSFERS: Money transfers that are over-the-counter and do not use bank accounts may be conducted through options such as hawala, Western Union, remittance agencies, banks, or other FSPs. The money transfer agent company will be contracted based on the most convenient option (based on coverage, cost, financial solidity, data protection policies, etc.) in each context and location.

| Advantages/Benefits | Disadvantages/Risks |
|---|---|
| <ul style="list-style-type: none"> • Allows recipients to withdraw the transfer on their own time and at the counter of their own choice • Transfer time can be very fast (0-48 hours) • Can be very discreet if already used by the general population • User-friendly delivery mechanism in many contexts • Survivors can receive the transfer code on their mobile phone without distribution times/dates | <ul style="list-style-type: none"> • Requires sole access to SIM card and access to mobile phone unless a code is provided in an alternative way • Requires valid ID • When retrieving money at an FSP agent location, the survivors would have to deal with an additional entity in order to get the cash, which could expose them to other risks (e.g. verbal abuse, extortion, etc.) • Survivors may incur further risks by carrying cash from the collection point and could be targeted (for abuse, theft, etc.) |

3. CHECKS: The IP, UN partner agency, or UNFPA's Finance department may issue money order checks in the name of the GBV survivors or women and girls at risk of GBV.

| Advantages/Benefits | Disadvantages/Risks |
|--|---|
| <ul style="list-style-type: none"> • Rapid to issue • User-friendly: can be used regardless of the financial and digital literacy level of the survivors | <ul style="list-style-type: none"> • Requires valid ID • Limited individual bank coverage and opening times • When retrieving money at the bank, the recipients would have to deal with an additional entity in order to get the cash, which could expose them to other risks (e.g. verbal abuse, extortion, etc.) • In cases of recurrent cash assistance, survivors need to periodically return to the space in order to collect the checks |

4. MOBILE MONEY (E-WALLETS): This is a delivery mechanism that is particularly suitable in contexts where the use of mobile phones and mobile money is already widespread. If survivors are not already using mobile money systems in their daily lives, the CVA and GBV teams should try to identify a number of recipients who are willing to test a mobile money system if they deem it safe for themselves. Transfers to mobile money accounts can either be executed individually or in bulk through the mobile money provider's online platform. GBV survivors should have the option to make payments through their phones and/or to retrieve the money at agent locations.

| Advantages/Benefits | Disadvantages/Risks |
|---|--|
| <ul style="list-style-type: none"> • The account is owned by the recipient • Allows recipients to withdraw their desired amount of the transfer on their own time at the counter of their own choice • The entire transfer does not need to be withdrawn at once • Can be used to transfer money and pay for goods and services without physical cash and without dealing with an agent • Common delivery mechanism in certain contexts • Most solutions can be used with basic phones without internet capabilities • Valued for its level of discretion • Enables financial inclusion by setting up or feeding into an existing account with an FSP or bank | <ul style="list-style-type: none"> • Requires a certain level of financial and digital literacy • Requires sole access to SIM card and access to mobile phone. Need to verify if the survivors have full autonomy over and use of the phone and the account • Requires sharing of personal data to open the account • When retrieving money at a mobile money agent location, the GBV survivors would have to deal with an additional entity in order to get the cash, which could expose them to other risks (e.g. verbal abuse, extortion) • Only smartphones have features that can provide more options for account and payment management, limiting options to those who don't own those types of phones |

5. PREPAID CASH CARD OR GIFT CARD: The IP, UN partner agency, or UNFPA cash team may issue a card connected to a personalized code so that GBV survivors can retrieve the money at counters/ATMs/shops.

| Advantages/Benefits | Disadvantages/Risks |
|---|--|
| <ul style="list-style-type: none"> Allows recipients to choose the amount to withdraw and withdraw the transfer on their own time from an ATM or purchase items at points of sale (POS) Can be discreet if used by the general population as cards are easy to hide Allows for recurrent transfer disbursement uploads | <ul style="list-style-type: none"> Often requires valid ID Often requires sharing of personal data to open the account Card issuance time can be lengthy (3-4 weeks) May necessitate survivors' participation in ad hoc card distribution unless otherwise established Requires a certain level of financial and digital literacy |

6. BANK ACCOUNTS: The IP, UN partner agency, or UNFPA cash team may send the transfer amount to survivors' bank accounts. This option can work more easily if the recipients have pre-existing accounts or if the program is planned for a long enough period (such as by entailing recurrent transfers) to provide sufficient time for survivors interested in utilizing this delivery mechanism to open an account if they do not already have one.

| Advantages/Benefits | Disadvantages/Risks |
|---|---|
| <ul style="list-style-type: none"> Valued for their level of discretion Can be very efficient if survivors already have personal accounts Encourages greater financial inclusion by incentivizing survivors who did not already have a bank account to set one up Survivors can manage their money freely and safely in ways that respect their safety plans and provisions | <ul style="list-style-type: none"> Entails various requirements and waiting times in order to open an account Requires having official ID documents to open the account Requires a certain level of financial and digital literacy Opening an account may not be feasible for women and girls in all contexts |

HOW



The identification of the implementation model, assistance modalities, and delivery mechanisms should derive from the findings of the assessments of the capacities of the FSPs, partners, and other delivery options, as well as from the initial cash in GBV case management Risk Assessment and Analysis.

Discussions with IPs and GBV teams should also highlight risks specific to certain groups (e.g. refugees, IDPs, minorities), mitigation measures needed for each delivery mechanism, and the infrastructure needed to ensure that the mechanisms

can allow for timely cash distribution under the established urgency of the response (e.g. through the delivery mechanism, it must be possible for cash to reach the GBV survivors in under 24 hours for the most urgent cases and rapidly for all other cases).

Different delivery mechanisms can serve the diversified needs, capacities, and situations of survivors. The selection of the safest and most appropriate delivery mechanism(s) for the context needs to be based on the options available, respect for confidentiality, the establishment of a safe data sharing,²³ and the survivors' needs and potential risks, and their preferences. The time it takes to set up a delivery mechanism should also be considered, as well as whether UNFPA, the IP, or the UN partner agency have pre-existing contracts with FSPs in the area of intervention. Teams should always consider the advantages and risks of each delivery mechanism based on the particular case, their experience, and the context before electing to use a pre-existing contract with an FSP.

It is therefore recommended to consider the following principles and tips when selecting the transfer mechanism(s):

- **Accessibility:** In a moment of trauma, don't impose complicated assistance mechanisms on survivors.
- **Discretion and confidentiality:** Avoid mechanisms that would single out survivors. Don't organize "cash distribution" days. Consider mechanisms that are used in the community or by different CVA programs and for which survivors would be "just another client." At the same time, also make sure that being in a line at an ATM or elsewhere won't create additional GBV risks for the survivor.
- **Inclusion to all vulnerable groups/"Know Your Customer":** Ensure you have at least one mechanism available for survivors who lack a valid ID.
- **Timeliness:** Ensure you have at least one mechanism available for immediate disbursement in emergency circumstances.
- **Choice:** Consider whether the available mechanisms provide the flexibility for survivors to choose the safest time and location for their cash disbursement. For example, for recurrent transfers that use cash-in-hand, survivors would have to go to the women and girls' safe space on a specific appointment date that they might need to justify at home.
- **Flexibility:** Given that transfer amounts, duration, and the number of disbursements may vary according to each case and context, prepare to be flexible in the transfer modalities and delivery mechanisms used.

23 More details on the delivery mechanism and related data protection considerations are outlined in [section 2.2.5. Data sharing and confidentiality](#).

- When designing and selecting delivery mechanisms, always remember that cash assistance within GBV case management presents unique challenges.
- Disbursement should be structured in a tailored, confidential, and safe manner. The cash delivery mechanisms used in large-scale multipurpose cash programs, for example, may not be appropriate for GBV survivors in case management. Conducting a GBV risk mitigation analysis connected to cash assistance (see [Tool 2: Risk Matrix for Cash in GBV Case Management](#)) is recommended in order to tailor the cash assistance to the specific context and possible scenarios within it.

2.2.4. Set the transfer value, frequency, and duration of the cash assistance

WHO

The CVA focal point, in liaison with the CWG, IPs, and GBV case manager and/or GBV specialist.



WHAT

The **cash assistance should provide effective and sufficient support** to the GBV survivors in order to help them achieve the objectives of their case action plans. As such, the transfer value, frequency, and duration should be formulated to respond to the actual needs and risks of the GBV survivors and, in some cases, to provide enough recovery time to avoid falling into negative and risky coping mechanisms or decisions.



HOW

Transfer Value

If the funding, partner capacity, and delivery mechanisms allow it, transfer amounts can be tailored to the needs of each specific case. However, because it is not always possible to provide tailored support, UNFPA country offices often agree on a set amount or a range of different amounts depending on the commonly identified needs (see [Section 2.2. Response Analysis and Design](#) for more information on identifying prevalent scenarios and needs). The amount should be based on what the cash assistance aims to cover depending on the situation and the program (e.g. a transfer to cover basic needs or specific needs such as the cost of transportation to services, specialized medical consultation fees, legal fees, medical equipment, etc.).



The average price for the items and services should be assessed through the Mapping of GBV Services, while the Market Assessment helps to determine the adequate transfer value. If the program focuses on the provision of cash for a particular service only, such as cash for transportation, the transfer amount should be determined by the cost of that service. When the cash is intended to

cover the basic needs of GBV survivors, the amount can be based on the Minimum Expenditure Basket (MEB) and/or Cash Transfer Value (CTV)²⁴ determined by the CWG and adjusted to the average family size of GBV survivors. The amount of the transfer might also need to be adjusted to account for the transfer values being delivered by other cash actors who may be providing cash to GBV survivors, such as the Cash for Protection/GBV Task Teams, other agencies, or the Government.

- If COs realize that funding is insufficient to cover the relevant needs assessed and listed in the Response Framework, reducing the geographical coverage is recommended in order to maintain a relevant and effective intervention, rather than reducing the transfer amount received by each survivor or prioritizing among survivors.

Frequency

The identification of the number of cash disbursements for each survivor is connected to the case assessment and action plan. A one-off transfer could be required for an urgent and/or time-bound need (e.g. to cover emergency relocation, medical care, access to a specific service, etc.), while recurrent/multiple transfers could be more appropriate to cover monthly basic needs or recurring needs (e.g. repeated transportation to GBV services). **One-off and recurrent cash assistance should not be considered mutually exclusive interventions.** Indeed, GBV caseworkers might identify a mix of both urgent and medium-term risks and needs; in such cases, opting to conduct both one-off and recurrent transfers (if resources allow) can help to create a more holistic response.

Duration

The length of support should ideally be decided on a case-by-case basis depending on the identified needs. However, teams can agree on a set cycle of disbursement according to the type of scenario and available resources. Experience from different UNFPA COs shows that the minimum duration for recurrent cash assistance to effectively contribute to GBV needs response and recovery is 6 months, but there are also scenarios in which cash assistance has been set for 3 months and up to 12 months.

²⁴ The Cash Transfer Value (CTV) is calculated by deducting the average income of the lowest quintile from the MEB. If using the CTV, it is suggested to revise upwards by 20 percent to take into consideration the particular economic vulnerability of GBV survivors targeted for cash assistance.

FIELD EXAMPLE FROM JORDAN: USING BOTH ONE-OFF AND RECURRENT CASH ASSISTANCE

In 2021, UNFPA piloted a program in Jordan in which CVA was integrated into case management services for women survivors and those at risk of GBV. During the intervention, the selected women received one-off assistance or recurrent cash assistance of US\$100-120 each month to cover costs associated with their needs and risks. The women who received cash assistance were already utilizing GBV case management services in UNFPA's Women and Girls' Safe Spaces (WGSS) but still faced life-threatening situations and/or identified fleeing as an option in their action/safety plan. This demonstrates how the Jordan CO embedded cash assistance within the existing case management process and supports the survivor-centered approach in situations in which necessary GBV response interventions are not available free of cost.

FIELD EXPERIENCE FROM LEBANON: FORMS OF RECURRENT CASH ASSISTANCE

In addition to providing emergency cash assistance for GBV survivors and women and girls at risk of GBV, the Lebanon CO and IPs in the country also provide recurrent cash assistance. One type of recurrent cash assistance provided in Lebanon is "Cash for Transport" (CfT). This is provided to some survivors under case management to facilitate their transportation to case management services and takes the form of recurrent support depending on the travel requirements of each case. The initial GBV and context analysis as well as the feedback from the GBV case manager in the field revealed how the Lebanese financial crisis has impacted the capacity of women and girls to access case management services. This has resulted in reduced uptake of GBV services, including attendance to initial case action planning, case management follow-up sessions, and regular psychological support sessions at Women and Girls' Safe Spaces (WGSS). To mitigate this, each IP formulated CfT transfer amounts based on private transport fees and the distances to be traveled. The IPs then agreed with UNFPA on the CfT thresholds. This example illustrates that cash assistance can be designed and contextualized as a flexible response to specific needs and to overcome specific barriers that survivors face in a particular context.

FIELD EXPERIENCE FROM NORTHWEST SYRIA: FLEXIBILITY OF THE TRANSFER VALUE, FREQUENCY, AND DURATION

In Northwest Syria, an IP's cash workers assess a survivor's financial needs as part of their assessment through general questions. Cases identified are reviewed by a GBV technical supervisor based in Turkey as well as by a manager and caseworker for approval. This approach shows how cash assistance can be tailored to survivors' specific needs, making flexibility possible given that the amount, duration, and modality of delivery can be changed according to the situation. In some cases, vouchers are issued for survivors and caseworkers accompany them to cash in the vouchers at a cash point. In other cases, the IP purchases materials or services on behalf of the survivor. Such possible alternatives are designated and elaborated when risks are identified through the Risk Assessment and Analysis.

2.2.5. Data sharing and confidentiality: internal and external referrals

An essential step in GBV case management is the identification and coordinated use of the referral pathway, a flexible mechanism that safely links survivors to supportive and competent services in a timely manner. Referral is therefore defined here as the act of linking survivors to another agency or service and transferring the limited necessary data to initiate the referral (depending on the situation and on the wishes of the survivor, this could possibly include personal information, contact details, urgency level, service needed, etc.) from one unit (e.g. GBV team) to another one, either internally (cash, administration or finance focal point) or externally (e.g. UNFPA, FSP, etc.), in order to guarantee access to cash disbursement. As such, releasing sensitive GBV data – whether intentionally or unintentionally – in a manner that does not fully consider all of the possible implications can jeopardize ethics and put survivors, communities, and program staff at risk. COs should put in place Protocols or Agreements that list principles, objectives, contingency plans, roles, and responsibilities related to GBV data management and that should be signed by IPs. The main objective of Protocols or Agreements is to help agencies and IPs address challenges related to GBV data management, set clear guidelines for any sharing of GBV-related information, and most importantly protect survivors while implementing and promoting case coordination.

Data sharing measures should always follow the [UN Data Protection and Privacy Principles²⁵](#) adopted by the UN High-Level Committee on Management. When working with GBV survivors, agencies also need to respect the guiding principles of the survivor-centered approach²⁶ and operational standards.²⁷ This is particularly important with cash assistance because it is a modality that often necessitates the involvement of numerous parties who are not necessarily protection actors or trained in GBV or gender.

25 [UN Data Protection and Privacy Principles](#) (UN High-Level Committee on Management 2018)

26 [Interagency Gender-Based Violence Case Management Guidelines](#) (GBVIMS SC 2017)

27 See [Protecting Beneficiary Privacy: Principles and Operational Standards for the Secure Use of Personal Data in Cash and e-transfer Programmes](#) (CALP Network 2013).

With this in mind, principles and minimum standards of data protection must be embedded in the established cash transfer procedures, whether physical or electronic. Actors involved in any referral pathways must discuss and document the process in their agreements.²⁸

SAFE AND ETHICAL STANDARDS FOR GBV DATA MANAGEMENT²⁹

- Ensure services are available to GBV survivors if data is to be gathered from them
- Make survivor and incident data non-identifiable (i.e. do not show names, contact info, or other identifiers)
- Share survivors' identifiable information only in the context of a referral and only with the informed consent of the survivor
- Protect survivors' data at all times and only share it with those who are authorized (such as the selected focal point)
- Establish a clear agreement with service providers and other actors to determine how data will be shared, protected, and used - this should occur before data is shared
- Ensure that data sharing to partners is conducted using a non-stigmatizing approach. A non-stigmatizing approach means that referrals from the GBV team should be categorized simply as "individual referrals" and not specifically as GBV survivors or women and girls at risk of GBV. Actors are also encouraged to refer other women at risk in addition to GBV survivors in order to provide support to a wider target population and to not single out GBV survivors with their intervention.

Please find below more detailed information regarding the necessary steps, roles, and procedures to undertake in order to protect GBV survivors' data and share it when necessary. As aforementioned, the signing of a Data Protection Agreement is highly recommended in order to establish shared instructions for data protection between the COs and any IPs.

28 If using the GBV Information Management System (GBVIMS), the actor will also need a separate information-sharing protocol for sharing aggregated GBV incident data across agencies. See <http://gbvims.com> for further guidance.

29 Mostly extracted from the [World Health Organization's \(WHO\) Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies](#). Before sharing survivors' information, organizations should consult the relevant recommendations to ensure that data is shared in an ethical manner and does not draw unwanted attention to survivors, programs, agencies, or communities. See the [WHO Recommendations](#) for more information.

a) IDENTIFY TYPES OF REFERRAL MECHANISMS

WHO

All organizations, agencies, IPs and relevant stakeholders working with GBV survivors and/or women and girls at risk, and FSPs as relevant.



WHAT

Referral pathways³⁰ should be designed to guarantee the safe and ethical flow of information. As previously illustrated, all information sharing should be done following and based on the survivor's ongoing and explicit informed consent. Women and girls affected by humanitarian crises often experience GBV and seek help despite the risks involved. COs and IP teams need to be aware of the numerous possible risks that these women and girls face and of the fact that sharing their personal data with UNFPA personnel, FSPs, or IPs through referrals could put them at further risk of violence or discrimination and can reduce their trust in programs, which could negatively impact their timely access to life-saving care. Therefore, whenever possible, actors should abide by these recommendations when designing and using their referral mechanisms:

- Keep the program (cash within GBV case management) discreet and disclosed only to survivors within the case management process
- The actor responsible for the case management should under no circumstances share details of a survivor's GBV incident or personal situation in the referral form
- Referrals to cash partners (e.g. FSPs) should follow a non-stigmatizing approach
- Before sharing their data, collect signatures from survivors through consent forms, explain their rights and the referral mechanism (especially when using third parties such as UNFPA, other UN agencies, or FSPs),³¹ and ensure space for any questions they may have



HOW

Referrals happen as a result of survivors' enrollment in case management and the thorough assessment of their needs and the available options to fulfill them, as decided by the survivor with the support of the caseworker. The GBV caseworker then makes a referral to cash assistance by sharing the necessary data of survivors internally in cases in which those services are available within the same organization and program, or externally with non-GBV actors when required in order to provide the needed support for the survivors. Depending on the structure of each GBV case management program, their implementation of the cash intervention, and the



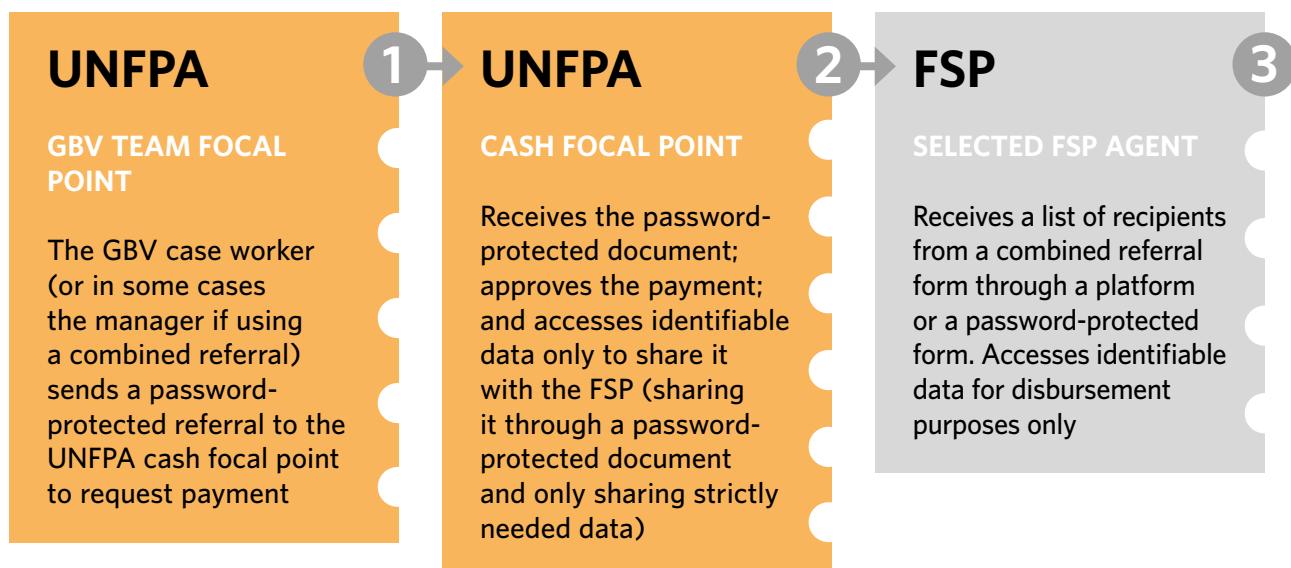
³⁰ In general, the GBV Sub-Cluster coordination is responsible for the development of the GBV referral pathway, which should be rooted in broader GBV case management SOPs.

³¹ When proceeding with an external referral, be aware that only the strictly required data can be shared with third-party (e.g. Hawala: Name, ID Number; E-wallet: Name, Phone Number, ID Number; Check: Name, ID Number).

agreement with existing cluster/working groups, GBV personnel could do so by using either an *Individual Referral Form*³² or a *Combined Referral Form*.³³

Please find below descriptions of the most typical referral processes and subsequent data sharing scenarios:

1. UNFPA is in charge of GBV case management and of the cash transfer through an FSP or directly (as a cash custodian)



In this case, the flow of information sharing happens from the UNFPA GBV team to the UNFPA cash focal point³⁴ and from the cash focal point to the FSP focal point.

It is important to establish a clear and safe flow of information internally given that safety and confidentiality must be respected at all stages. For example, in this particular scenario, the GBV team needs to request payment to a different department, so the GBV focal point should make this request to the cash focal point of the relevant department and include the survivors' details (e.g. name, ID number, etc.) on a need-to-know basis using the internal referral form. The cash focal point should confirm budget availability and obtain approval from the budget holder only by sharing aggregated data; identifiable data should not be shared. The cash focal point should then provide the FSP focal point with the list of the survivors' data through a safe platform or with a password-protected document in order to proceed

32 Individual referral forms are most commonly used in case of urgent one-off cash-in-hand disbursement or cash for transportation, and they usually follow a simpler path. In this case, the GBV caseworker would obtain survivors' informed consent and share the identifiable data necessary for the referral with the identified focal point in order to proceed with the urgent disbursement.

33 Combined referral forms are lists that GBV actors may share with UNFPA or FSPs (depending on the implementation mechanism) in order to request cash disbursement for survivors in need. When using combined referral forms, the GBV caseworker would obtain survivors' informed consent and share the identifiable data necessary for the referral with the person responsible for the list aggregation. When using a combined referral form, an aggregated list of names is shared rather than the name of one single individual. The use of this type of referral is more common for recurrent or multi-month disbursements.

34 For ease of convenience, here we define the cash focal point as the UNFPA agent who is working as CVA staff or Administration or Finance team. They are the ones in charge of the processing of the payments according to the given context and delivery system.

with the transfers. The FSP entity or focal point should **never** be able to identify recipients as GBV survivors.

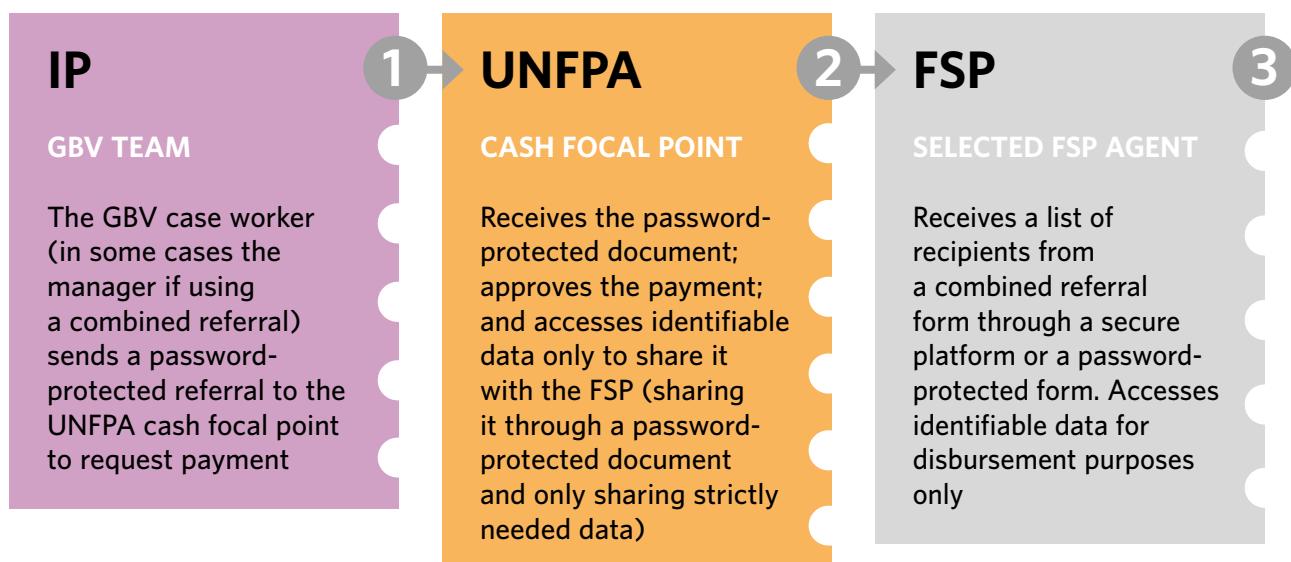
- If data is needed internally for monitoring purposes, it is not necessary to share identifiable information such as names, identification numbers, or any other information that could make survivors recognizable. Only share aggregated data and the data that is actually necessary for the specific scope of internal monitoring. It is important to advocate to the Finance department that it is not recommended to undertake an audit on CVA for GBV survivors or to share identifiable data in the budget approval process.
- This is in line with the GBV key principles and the objective to minimize risks for survivors.³⁵

FIELD EXAMPLE FROM COLOMBIA: WORKING WITH AN FSP TO DISBURSE CASH ASSISTANCE

UNFPA Colombia has directly contracted an FSP to disburse cash assistance to GBV survivors. The remittance company, SuperGiros, has a large presence and capacity across the country. The UNFPA Colombia country team informs the FSP of the upcoming disbursements, after which the cash transfers are made available and the GBV survivors can retrieve the cash at the counter of the location of their choice (e.g. in another municipality than the one they live in if they are worried about not being seen collecting cash in their own municipality). In this example, the focal point within the UNFPA GBV team shares identifiable information with the FSP focal point in a safe manner without disclosing data outside of the needed referral purposes. In addition, the FSP agents have received GBV awareness raising and sensitization sessions and signed a contract that includes a clause on data sharing and abuse. Because the FSP takes at least two days to register a new beneficiary in its system for the transfers, UNFPA Colombia is also using cash-in-hand assistance to cover the gap in timing in the case of emergency cases requiring assistance in less than one or two days.

35 Consult the UNFPA and UNICEF [Guidance for Third Party Monitoring Entities and Donors on Handling External M&E and Verification Processes for GBV & Child Protection Programmes](#) (UNFPA and UNICEF 2020) for more information on advocacy points and additional guidance on data access and sharing with third party monitoring and donors.

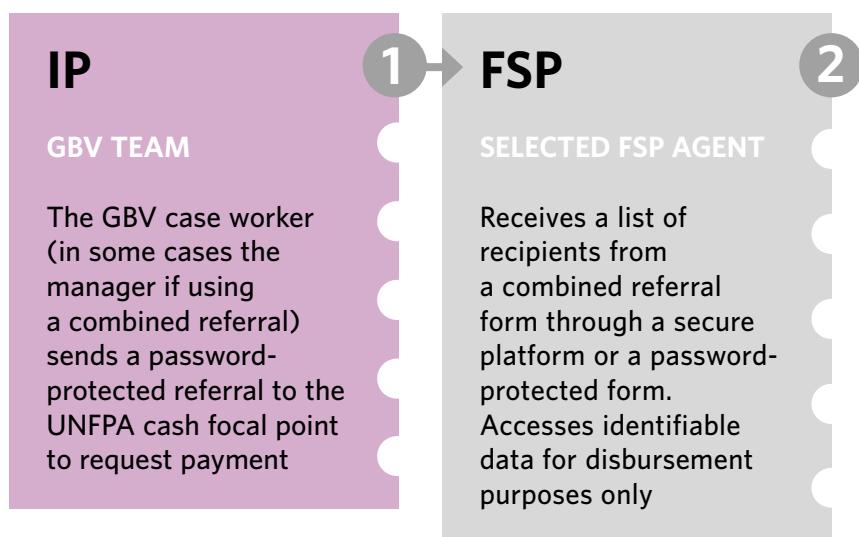
2. UNFPA manages the delivery of cash while the IP provides the GBV case management



In this scenario, the GBV team of the IP would share survivors' data with UNFPA in the context of a referral, given that UNFPA is managing the delivery of cash assistance. Here, the UNFPA cash focal point would receive requests for payments from the IP's GBV caseworkers or directly from the IP's GBV focal point and arrange for the FSP to pay the selected amount. In this case, UNFPA is acting only as an intermediary between the IP's GBV team, which is responsible for case management, and the FSP, which is merely responsible for the cash delivery. In order to guarantee data confidentiality, the referral should be password-protected and shared exclusively with the UNFPA cash focal point, who should be the only person to have the key to access the whole referral and survivors' identifiable information. The cash focal point would be then the one sharing the list or name with the FSP and allowing the disbursement. UNFPA personnel do not need to validate or assess the list of recipients, as this would have been previously completed by the primary service provider (in this case the IP's GBV team).

In addition, if UNFPA is implementing multiple cash programs in a given context, it is recommended to create, whenever possible, aggregated master lists of recipients instead of dedicated lists for GBV survivors. By doing so, the community will never know the reason behind the payment, thus helping to avoid greater risk of stigmatization and identification of survivors in small communities.

3. The IP implementing the GBV case management also manages the cash transfer directly or through an FSP

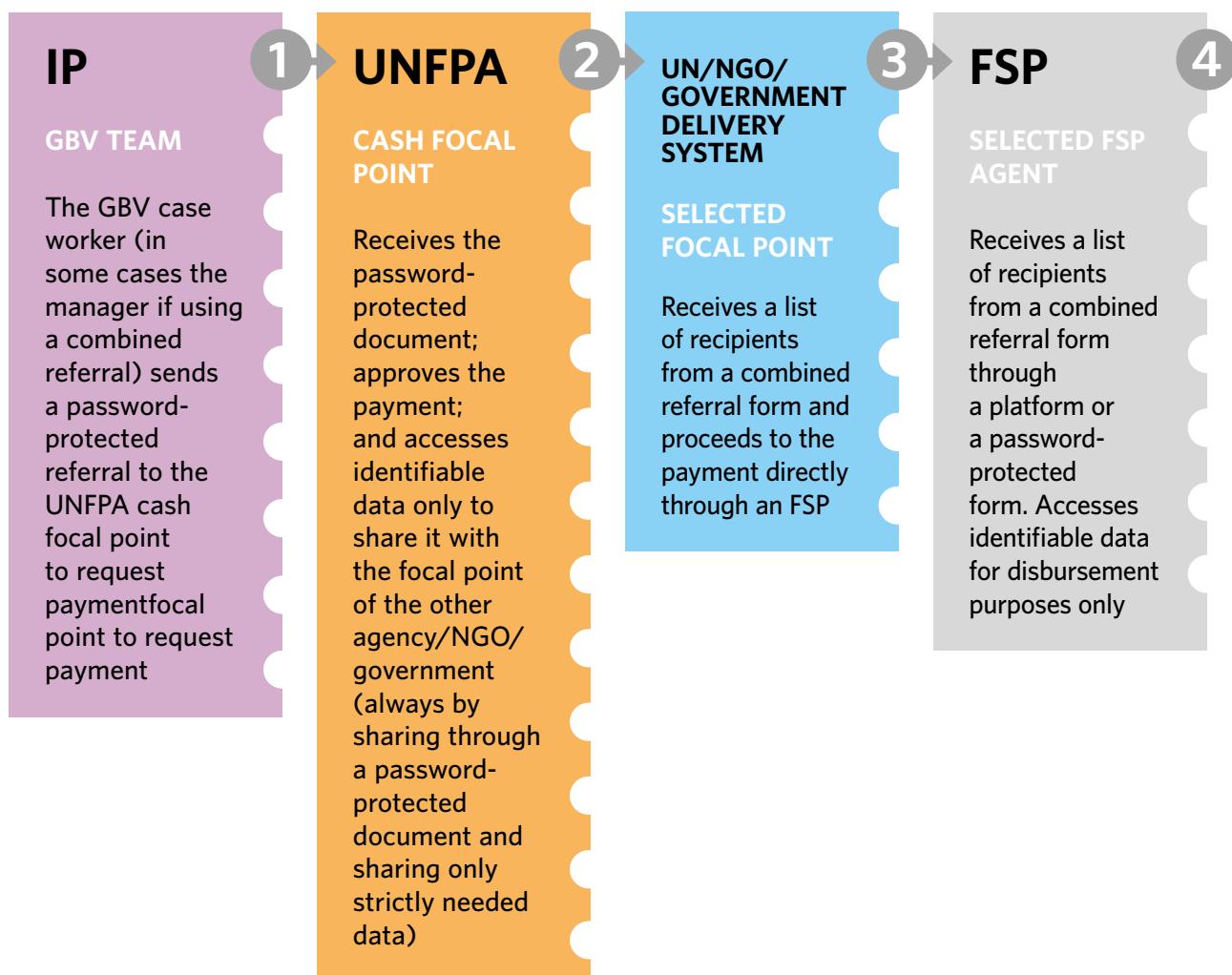


In some contexts, UNFPA provides the funds to the IP and maintains the overall supervision of the correct delivery of services, but it is the IP that acts as the responsible agent for case management and for the cash transfer, either directly (i.e. cash in hand or checks) or through an external FSP. Here, the same recommendations related to safe data sharing of identifiable information as those outlined in the previous sections are valid. The selected GBV focal point should share the encrypted referral with the FSP focal point, who should then access identifiable information only when necessary to disburse the assistance. There should be no mention of the reason for the cash assistance or of any detail that is not necessary for disbursing the assistance.



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4. UNFPA is piggybacking³⁶ on another UN agency/NGO/Government's delivery system for the cash transfers



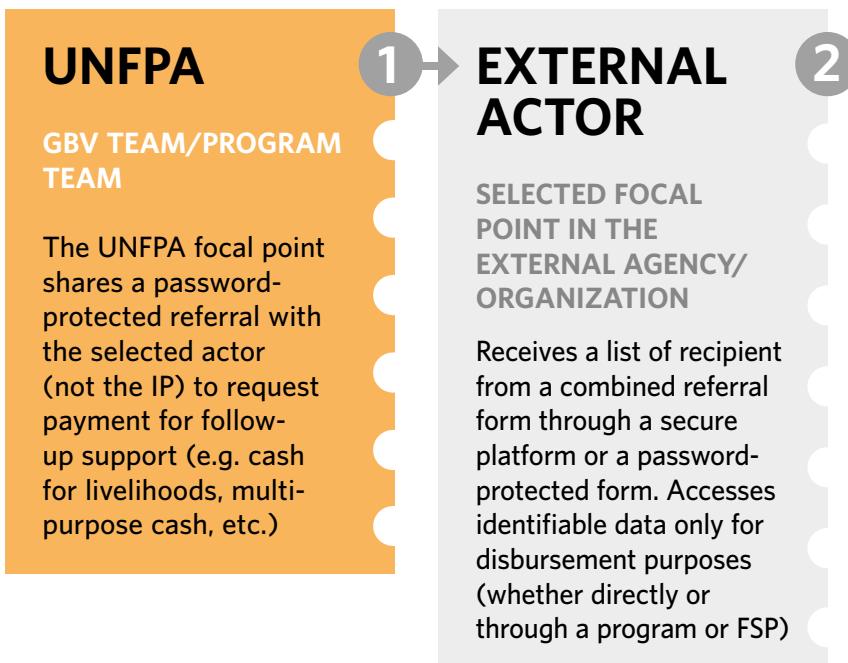
In this case, UNFPA acts as an intermediary actor between the GBV team (usually an IP) that is responsible for the case management and another UN agency, NGO, or Government that will facilitate the cash delivery through its own system and contracts (usually with the help of an FSP). In such scenarios, it is important to **never** mention in the request for quotation (RFQ) or UN to UN agreement/Memorandum of Understanding (MoU) that UNFPA's only target for cash assistance will be GBV survivors; instead, use general terms like "vulnerable women" or "women and girls at risk." By electing not to give an exact reason for payment to the FSP, it is possible to minimize further risk of stigma and identification, especially within small communities. Instead, identify a dedicated focal point in each UN organization who has received appropriate training and sensitization and who would be the only person able to access the otherwise anonymized and password-protected data shared by the GBV team. These provisions are valid for any non-GBV IP (including Government social protection schemes) that may be in charge of cash delivery.

³⁶ We define piggybacking as the use of another entity's existing mechanism in order to do something more quickly, efficiently, or effectively. In this case, UNFPA would use another agency's existing cash delivery system in order to provide assistance, rather than building a new parallel delivery system.

FIELD EXAMPLE FROM NEPAL: PIGGYBACKING ON A WFP CASH DELIVERY SETUP

Under the anticipatory action project, UNFPA plans to provide cash assistance to GBV survivors by utilizing World Food Programme's (WFP) cash delivery setup. If the project is activated by the triggers defined in the anticipatory action project framework, UNFPA will provide selected survivors' information to WFP for the cash transfers in accordance with an agreed data-sharing protocol.³⁷ This information will be added to WFP's existing list of beneficiaries, specifically vulnerable pregnant women. It is important to note that in the agreements between UNFPA and WFP there is no mention of GBV (instead referring only to "vulnerable people") and that the list is anonymized and password-protected when sharing with WFP and then when WFP shares the list with the FSP in charge of the cash transfer. Doing so helps to maintain a low and discreet profile for the intervention, in which only the focal points in each organization will receive the password to unlock and access identifiable data.

- 5. UNFPA makes external referrals to another actor (not a UNFPA IP – e.g. another UN agency, NGO, INGO, etc.) as part of the exit strategy for the provision of cash for post-case management follow-up support (e.g. multi-purpose cash, cash for livelihoods, etc.).**



³⁷ UNFPA will provide survivors' information to WFP after having received data from the health facility-based One-Stop Crisis Management Centers (OCMCs). OCMCs are designed to follow a multi-sectoral and locally coordinated approach to provide GBV survivors with a comprehensive range of services, including health care, psychosocial counseling, medico-legal services, access to safe homes, legal protection, personal security, and rehabilitation

It is important to remember that referrals can happen both during the case management and also at the end of it (for instance to ensure a more sustainable case closure).³⁸ No matter which stage the referrals take place at, however, all standards of safe information sharing must be respected both internally and externally. As such, the UNFPA focal point of the GBV or program management team will be responsible for sharing password-protected referrals with the identified focal point of the external UN agency or organization. The latter will access identifiable information in order to proceed and provide the needed services to the relevant survivors, either in the form of cash disbursement or by registering them to a livelihood support program (e.g. programs of incoming generating activities, vocational training, etc.).

FIELD EXAMPLE FROM MYANMAR: DESIGNING CASH ASSISTANCE THAT INCLUDES REFERRALS TO EXTERNAL ACTORS

A referral system that allows UNFPA to make referrals to another actor not otherwise involved in the cash implementation can be designed at the very start of a cash assistance project. For example, in Myanmar, a joint project proposal through CERF by UNFPA and UN Women was made to create a project in which UNFPA provides cash for GBV survivors and UN Women provides cash for livelihoods to vulnerable women, including GBV survivors. Cash for livelihoods can help GBV survivors rebuild their livelihoods, providing them with an income that can enhance their protection and prevent the use of risky coping mechanisms. The two UN agencies agreed on shared SOPs in order to establish roles, responsibilities, and a system that uses inter-agency coordination to make safe referrals for livelihood assistance for GBV survivors.

- In addition to the aforementioned, it is important to consider the level of risks associated with the **selection of the UNFPA or external focal points**.
- In some cases, agencies operate in small communities where links between recipients and field officers of the external actor might exist. In order to ensure as much safety and confidentiality as possible, it is recommended to select a focal point who is not closely linked to the community of implementation (i.e. by choosing the cash focal point or GBV specialist at the CO level). If UNFPA is in charge of the cash delivery and there is a well-founded risk that the cash team might be familiar with the local community, the selected delivery mechanism of the program should be either direct (GBV caseworker to the survivor) or through an external FSP that will not know the reason for the disbursement.

³⁸ In some situations, it is possible that survivors may have already received all of their cash installments and do not need or want to continue with case management. Even so, they may still need economic support in the medium term in order to meet their needs. In this scenario, GBV teams should coordinate an external referral with an actor providing livelihood support and MPC before closing the case.

Role-Based Access

Understanding who should have access to survivors' data is vital in order to protect the confidentiality of GBV survivors receiving cash assistance. The following table outlines the recommended role-based data access provisions – in other words, whether certain individuals should have access to identifiable data or aggregated figures only – for different roles involved with cash assistance in GBV case management.

| ROLE-BASED DATA ACCESS | | | |
|--|---|-----------------------------------|--|
| Role | Access to identifiable data? | Access to aggregated figures only | Additional comments |
| GBV caseworker | Yes | n/a | Should have free access to survivors' documentation for case management purposes |
| GBV supervisor or manager | Only to unique identifiers to approve assessment and payment requests | Yes, if requested | In some cases, the GBV supervisor/manager may be the focal point and have access to identifiable data in order to compile lists and share them with intermediary/FSP focal point ³⁹ |
| UNFPA cash focal point | Yes, limited to certain delivery mechanisms | Yes, if needed | Only applicable if the designated cash staff in the main office administer the payments or orders to the money transfer company ⁴⁰ |
| IP cash or finance team focal point | No | Yes, if needed | If applicable, the IP's cash/Finance focal point (cash custodian) should only check the beneficiary's ID and collect the signed receipt ⁴¹ |

39 This happens in case of combined or individual referral forms when the cash is not provided in-hand with the direct support of the GBV caseworker.

40 This is in case of combined or individual referral forms when the IP providing case management does not deal directly with the disbursements. The cash focal point would receive the data of the survivors either in the scenario when UNFPA is an intermediary or is the agency providing the cash assistance (directly or through FSPs).

41 This happens in case of payment of cash assistance in-hand (through an individual referral form), usually with the direct support of the GBV caseworker accompanying the survivor.

ROLE-BASED DATA ACCESS

| | | | |
|--|---|-----|--|
| FSP agent focal point | Yes, limited to certain delivery mechanisms | No | FSP agents should only check IDs against the given transfer information at disbursement. Designated staff at the money transfer office should receive encrypted, password-protected file transfers from the CVA/cash or Finance focal point in order to execute transfers. ⁴² |
| Other departments' focal points (e.g. finance and administration) | No | Yes | If applicable, the focal points from other departments should get access to aggregated figures only if necessary to conduct an external audit, program reporting, or for other relevant programmatic purposes. |

CONSENT, DATA CODING SYSTEMS, AND SAFEKEEPING OF DOCUMENTATION

In addition to identifying safe and efficient referral mechanisms, remember to:

Obtain the consent to share data

WHO

The GBV caseworker



WHAT

The GBV caseworker should explain the referral and the cash delivery system to the survivor, taking special care to explain any data sharing that may occur with other individuals outside of the GBV team. The GBV caseworker should also obtain in writing the survivor's informed consent for the disclosure of personal information for the purpose of delivering cash assistance.



HOW

Prepare the consent form that outlines the actors (e.g. FSP, Finance staff, UNFPA staff, other UN agency staff, etc.) that might have access to the survivor's personal information based on the delivery options selected or for the particular case if multiple options are available.



⁴² This occurs in cases in which the FSP is disbursing the cash assistance. In such cases, the FSP agent can receive the survivors' identifiable data directly from the IP's GBV team, UNFPA (if acting as an intermediary entity), or another entity (e.g. NGO, another UN agency, etc.) depending on the mechanisms chosen in the context.

Set up a data coding system

WHO

The GBV caseworker



WHAT

To establish a coding system, the GBV caseworker should assign a unique code to each survivor in order to mask personal identities as per the case management procedure. As aforementioned in the previous section on referrals, the level and detail of survivors' information that is shared must be determined on a contextual basis and should always be limited to the least number of people necessary for the purposes of authorizing and providing cash assistance. As such, the sharing of survivors' data should always be conducted on a need-to-know basis.



HOW

Develop a system of codes to assign unique identifiers to each survivor, using numbers, letters from their last name, or other codes (such as caseworkers' initials). The GBV caseworker should be the individual who first assigns the identifier and enters the information into the computer and should be the only one to know the GBV survivor's complete data.



The GBV caseworker or supervisor should always use password-protected sharing mechanisms when making individual or combined referrals. In addition, the identifiable data (e.g. name, surname, telephone number, etc.) of the survivors must only be visible to the selected focal points, while the rest of the team should only track the referral and payment through the use of the unique code. In this way, the coding system helps to ensure confidentiality and data protection.

Practice safekeeping of documentation

WHO

The GBV caseworker and all personnel involved in the process



WHAT

The GBV caseworker should store all documentation related to the case (including informed consent, case plan, copies of referrals form, and payment receipt when applicable) in accordance with the [Interagency Gender-Based Violence Case Management Guidelines](#) (GBVIMS SC 2017) and the data security protocol and agreements that are in place in the country. The Finance team should not store the ID copy. Instead, it should store only the receipt of payment in the case of cash-in-hand disbursement, or the receipt from the FSP in the case of external payment. In the case of combined referrals, the list should show only the unique code and should be password protected, making it so that only the GBV and cash focal point (e.g. from CVA, Administration, Finance Unit) and the FSP agent have access to names and contact details solely for disbursement purposes.



HOW

Follow the usual case management procedures plus the provisions outlined in the Interagency Gender-Based Violence Case Management Guidelines (GBVIMS SC 2017) and the data security protocol and those outlined in the Data Protection Agreement (see sub-section C below for more details) that has been signed by the involved actors.



b) CHOOSE A DELIVERY MECHANISM THAT HELPS ENSURE DATA PROTECTION

WHO

UNFPA and relevant stakeholders (e.g. IP, FSP, etc.)



WHAT

Use delivery systems that already have a data protection system in place; alternatively, prioritize the use of systems that are already used by the population and/or by other UN agencies for different purposes in order to avoid stigmatization of UNFPA recipients. In addition, signing data sharing agreements with agencies that are implementing cash for protection assistance in the same geographic areas is recommended in order to ensure a smooth and safe collaboration and referral process.⁴³



HOW

Use the information gathered through the assessments of the capacities of the FSPs, IPs, and CWG. It is paramount to consider and select only the mechanisms that respect data confidentiality and mitigate the risk of identification and stigma.



⁴³ For more information on types of delivery mechanisms, see [section 2.2.3 Identify the implementation model, assistance modality, and delivery mechanisms](#).

c) ESTABLISH A DATA PROTECTION AGREEMENT⁴⁴

WHO

All agencies and relevant stakeholders working with GBV survivors and/or women and girls at risk, and FSPs.



WHAT

A Data Protection Agreement must be developed and endorsed by the relevant stakeholders. It should list the common ground rules for confidentiality and data protection, roles and responsibilities, and role-based access provisions⁴⁵ of all of the actors involved.



HOW

Adapt the [Data Protection Agreement template \(Tool 4\)](#) to the context and its specific needs. While the ground rules and principles will not vary significantly across different contexts, it is still recommended to specify:



- all of the actors involved (e.g. GBV, CVA, FSPs, etc.) in the cash assistance and GBV programming and how they would need to share survivors' identifiable data (see [section 2.2.5. Data sharing and confidentiality](#) for examples of data sharing scenarios);
- who is the appointed focal point for each organization to have access to data;
- how data will be protected, stored and managed;
- provisions for any cases of breach of confidentiality and provisions for risk mitigation.

The document should be signed and included in applicable contracts/agreements with IPs, FSPs, and UN agencies that are implementing and/or referring to cash assistance.

Tool 4: [Data Protection Agreement template and example](#). For additional information, see the [Gender-Based Violence Information Sharing Protocol Template & Guidance](#) published by GBVIMS.



44 For specific bilateral agreements, COs may also utilize existing MoU or agreements. It is paramount that the same data protection principles are included and that all provisions align with those included in the Data Protection Agreement.

45 As is explained further in the [section on Role-Based Access](#), role-based data access provisions may include considerations such as: who are the focal points identified in each organization and service provider, who is sending and receiving identifiable data and how the latter is used, stored, and managed. Provisions also include recommendations on selected access by other departments and personnel following the need-to-know principle.

2.2.6. Establish the monitoring framework

WHO



Monitoring should only be conducted by trained GBV staff, not by regular enumerators or the MEAL team for accountability and ethical reasons.

WHAT



In general, monitoring refers to the regular and systematic process of data collection and analysis of a project or program, activities, and context⁴⁶ in order to create better outcomes for GBV survivors and women and girls at risk of GBV.

In particular, **Post-Distribution Monitoring (PDM)** interviews should aim to collect feedback that can improve the implementation of cash assistance in the case management program and track its risks and benefits. It is paramount that the monitoring process:

- identify possible gaps and result in safer and more efficient cash assistance for all GBV survivors and women and girls at risk of GBV
- helps identify trends that are specific to certain groups of vulnerable people (e.g. according to gender identity, age, literacy level, etc.)
- supports data triangulation with data collected from complaint and feedback mechanisms (CFMs)
- provides material (such as anonymized impactful stories or quotes) for communications to donors and fundraising agents and which could help facilitate the scale-up of programs
- can be used as evidence and key information to inform partners and other actors involved in cash assistance within GBV case management, other CVA programming, or protection programming overall

HOW



The monitoring framework may include different tools, such as:

- Baseline FGDs in the planning phase of the project⁴⁷
- PDM surveys and in-depth interviews
- CFM monitoring
- Output monitoring (e.g. reconciliation reports from the partner or service providers delivering the cash assistance)

46 For additional details, please see CALP Network and USAID's [Monitoring 4 CTP: Monitoring Guidance for CTP in Emergencies](#) (CALP Network and USAID 2017).

47 Remember that the selected participants to initial FGDs are not exclusively GBV survivors but include relevant women and girls belonging to the communities, such as attendees of WGSS.

It is especially recommended to:

- Always consult with the caseworker in order to identify the “right moment” to carry out the PDM.
- Be realistic rather than over-ambitious with the sample size for the PDM. This will depend on the total program caseload and may depend on the capacity of caseworkers and the readiness of survivors.
- Do not impose PDM during the healing period or at all if the survivor is not willing. Don’t hesitate to explain the required flexibility to donors and other entities.
- Set PDM samples in advance based on the expected caseload on a quarterly basis.
- The GBV caseworker conducting the monitoring survey with a GBV survivor should not be the same caseworker who was responsible for that specific survivor’s case. Instead, another caseworker should conduct the monitoring survey in order to ensure more neutrality and space for complaints and feedback.
- Conduct the PDM survey about 2 or 3 weeks after the cash transfer takes place to ensure that the GBV survivors can still accurately recall receiving the assistance and how they used it.
- PDMs should be light and brief in order to avoid re-traumatization.
- Do not ask questions that are not strictly necessary for the PDM. The GBV or mental health and psychosocial support (MHPSS) specialist can advise on the PDM questions.
- React immediately if an issue with the cash assistance is reported. Safety concerns raised through the monitoring process must always be immediately addressed.
- Triangulate PDM data with data collected from CFMs.

ADAPT OR SET UP A COMPLAINT AND FEEDBACK MECHANISM (CFM)

Complaint and feedback mechanisms (CFMs) are formal mechanisms that provide ways for service recipients to give feedback to organizations and agencies working in their communities, and which keep agencies accountable to the communities in which they work. CFMs are essential in any humanitarian program, including GBV and CVA programming. Regular CFMs are usually in place whenever there are active programs. They should be adapted as necessary to account for the use of cash assistance. For more guidance on the design, implementation, adaptation, and evaluation of a women-centered CFM for CVA see the [Toolkit for GBV Risk Mitigation in Cash and Voucher Assistance \(UNFPA and GBV AoR 2022\)](#) tool on “Women Centered Complaint and Feedback Mechanisms (CFM) in CVA.”

2.2.7. Develop an exit Strategy

WHO



The GBV and CVA teams engaging with other CVA actors and protection, livelihoods, and social protection actors

WHAT



Exit strategy options should be determined before the implementation of the cash assistance has actually begun in order to ensure a smooth transition that does not negatively impact the survivors served, ensures duty of care for staff, and does no harm.

HOW

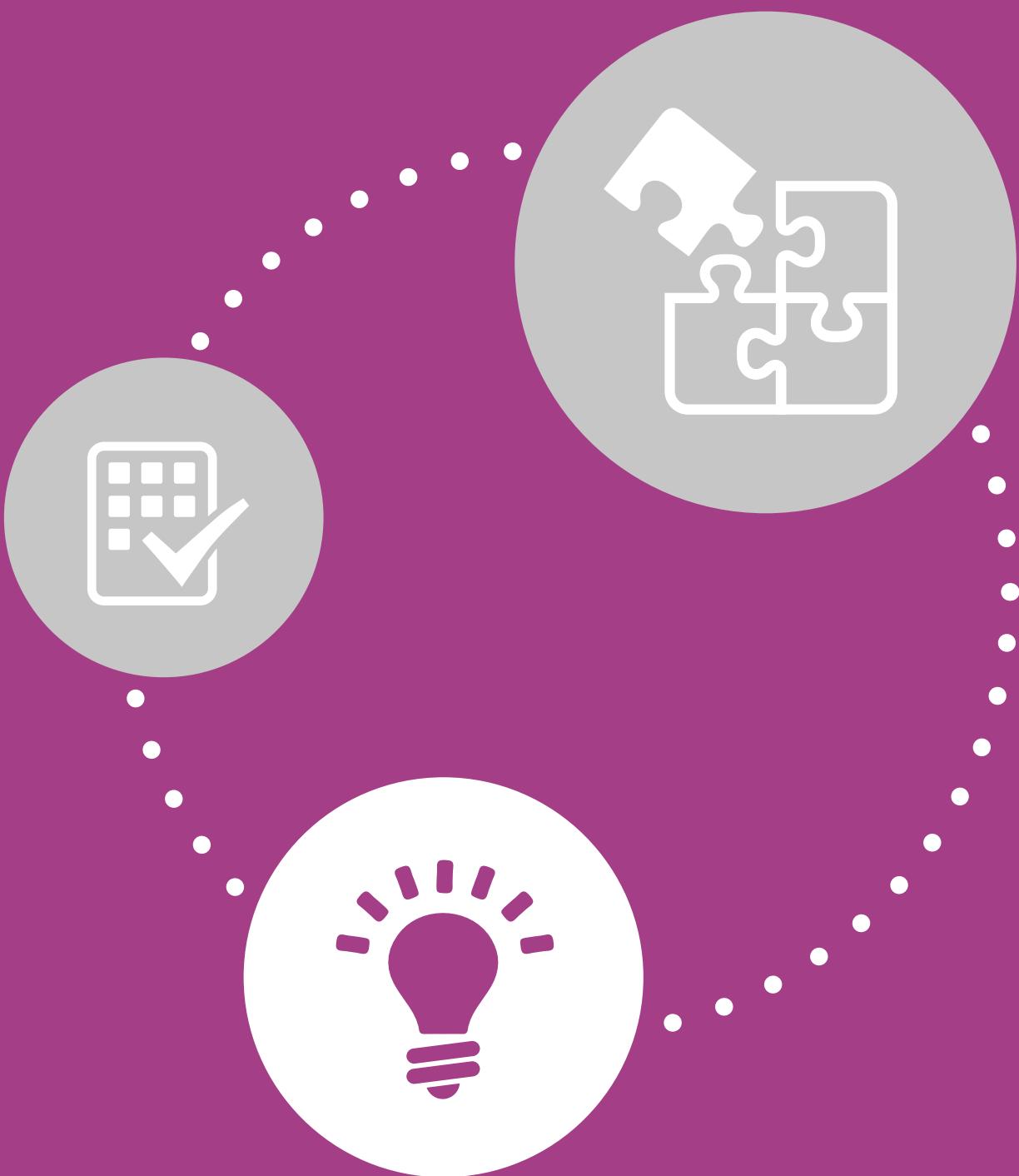


Map the possible referral options to other forms of income and financial support that could be relevant and appropriate for GBV survivors (e.g. longer-term housing, local support groups, internal savings and lending schemes, livelihoods opportunities, training, small business opportunities, inclusion in national social protection systems or longer term CVA programs, etc.). Engage with CVA actors and protection, livelihoods, and social protection actors to complete the mapping. Once relevant options have been identified, COs and IPs should engage with the identified agencies/programs to determine how to streamline the process for referrals of GBV survivors in a way that ensures confidentiality and inclusiveness. Teams should also identify in advance which types of information and documentation will be required for the referral.⁴⁸



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48 For example: What are the eligibility criteria for those programs? What kind of status and which documents are necessary to join the scheme? (e.g. if a survivor is now separated from her husband, does she have a new ID or an independent UNHCR Case?)

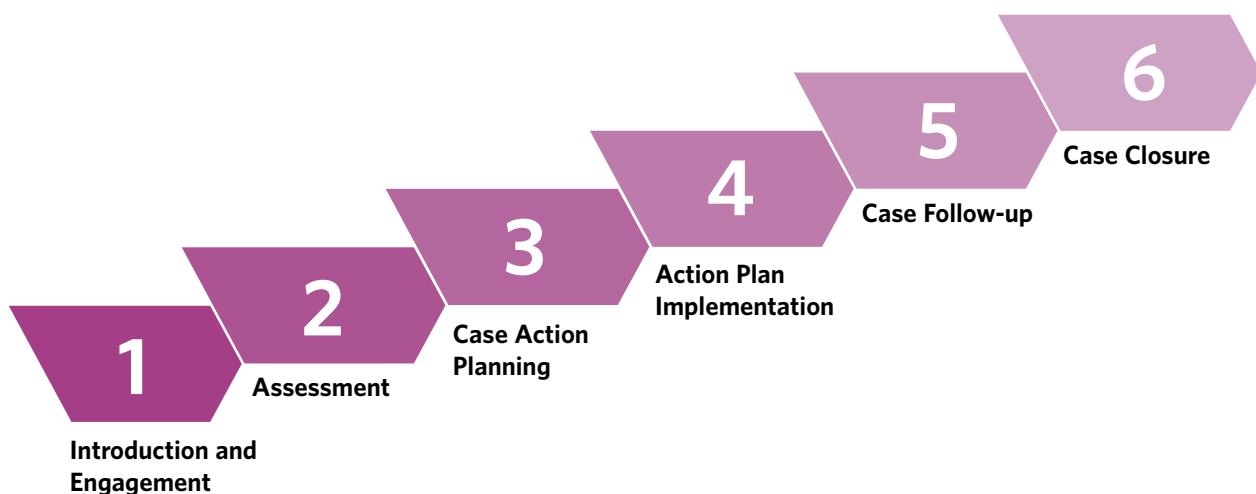


GBV CASE MANAGEMENT STEPS AND CASH ASSISTANCE: TIPS FOR THE INTEGRATION OF CASH IN GBV CASE MANAGEMENT



This section is structured to mirror the steps of GBV case management in order to provide specific suggestions on the integration of cash assistance within the different stages of regular GBV case management.⁴⁹ Note that the process is not always linear and that some steps and tasks are ongoing or will need to be revisited periodically.

VISUALIZATION OF THE GBV CASE MANAGEMENT STEPS



⁴⁹ For more information on the GBV case management steps and useful tools, please see the [Interagency Gender-Based Violence Case Management Guidelines](#) (GBVIMS SC 2017) and the IASC [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#).

STEP 1: INTRODUCTION AND ENGAGEMENT

This is the first stage of the GBV case management process in which survivors access GBV case management services. At this stage, the GBV caseworker and the survivor should meet and start to build a relationship that can effectively facilitate the survivor's healing and recovery, such as by making referrals for necessary assistance.

How to integrate cash:

At this stage, there is no explicit mention of cash assistance; even so, it is good practice to verify the availability of any documentation that would be needed if cash assistance were to be pursued as a case management tool (e.g. ID, UNHCR registration number, etc). In some contexts, the lack of ID or the non-recognition of some forms of identification (such as the UNHCR registration number in some countries) could hamper a survivor's access to cash depending on the program's chosen delivery mechanisms (see [section 2.2.3](#) for information on possible delivery mechanisms). With this, the GBV caseworkers should determine the presence of barriers or gaps to accessing services and carefully consider any possible ways to overcome them.

STEP 2: ASSESSMENT

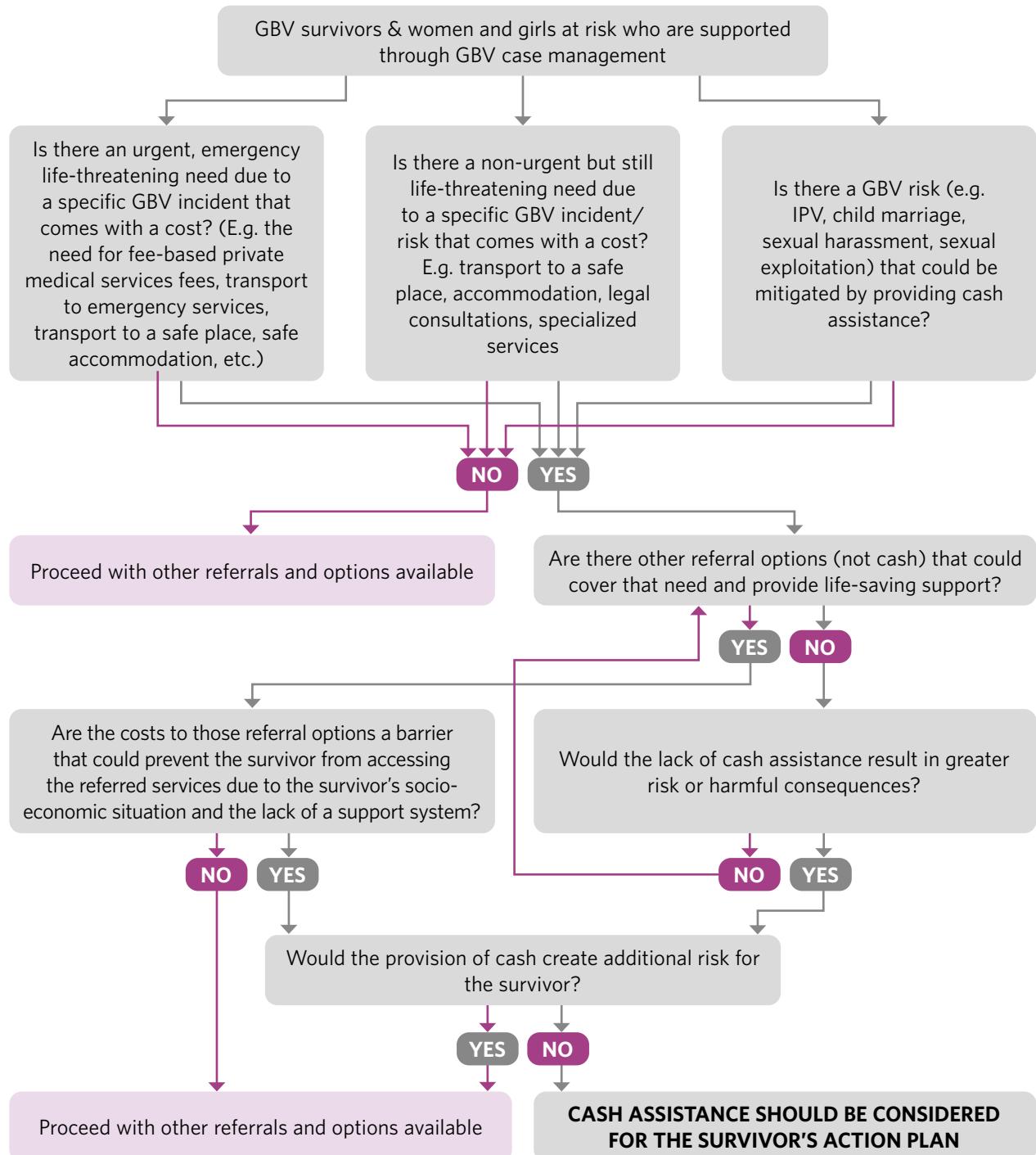
At this stage, the GBV caseworker provides immediate emotional assistance, assesses the situation, and identifies the survivor's GBV-related needs and risks in detail. This step will lay the foundation on which the GBV case management process and subsequent actions will be built. Please be aware that survivors' situations may change and evolve over time due to different factors. As such, conduct further reassessment whenever necessary.

How to integrate cash:

Questions related to socio-economic indicators and access and control over resources⁵⁰ should be part of regular assessment consultations with survivors and at-risk women and girls in GBV case management whenever there is the option to provide cash assistance (either directly or through service providers). The GBV caseworker will identify the services that come with a cost and are needed in each case and will consider cash assistance after evaluating the options available and risks involved. At this stage, GBV caseworkers can begin to explore cash as a GBV case management tool, using the Response Framework as a guide. The chart below was developed to support GBV caseworkers in logically determining clear links between cash assistance and survivors' GBV risks and needs. Please be aware that program design and case-by-case situations might slightly differ depending on the context and consult the Response Framework for more details on how to adapt.

⁵⁰ For further detail and a list of example questions, see pages 10-11 of the Protocol for GBV Caseworkers for Assessing Survivors' Financial Needs and Referring Clients of GBV Case Management for Cash Assistance within [Resources for Mainstreaming Gender-Based Violence \(GBV\) Considerations in Cash and Voucher Assistance \(CVA\) and Utilizing CVA in GBV Prevention and Response](#) (Women's Refugee Commission, Mercy Corps, and International Rescue Committee 2018). GBV caseworkers should assess the survivors' socio-economic vulnerability and use the matrix and parameters set by the GBV team as guidance for selection for cash assistance.

DECISION TREE



CONDUCT A CASH RISK ASSESSMENT AND ANALYSIS FOR EACH SURVIVOR

Cash assistance should not create further risks for survivors. As such, the GBV caseworker should conduct an assessment and analysis of the associated risks and strategies for cash implementation with each survivor, taking special care to discuss the actual delivery of cash. This is to understand:

- If the cash would create more risk for the recipient given the particularities of their own individual situation⁵¹
- If the cash would address the identified needs but could also create new risks and difficult situations that are not favorable to the survivor's recovery⁵²
- The dynamics with the perpetrators and the access they have to the survivor. This is in order to understand the potential risk of future harm by the perpetrator and/or friends and relatives of the perpetrator. Map the power dynamics and control over resources⁵³ within the household;
- If the survivor would feel safe receiving and keeping the cash
- If the survivor fully understands the risks connected to the available delivery mechanisms and if the intervention represents an additional potential trigger or exposes them to further risk
- If the survivor will be safe when accessing the intended services or making purchases with the cash that is given

STEP 3: CASE ACTION PLANNING

At this stage, GBV caseworkers start formulating the response to the identified GBV-related needs and risks identified during the assessment stage. This includes developing a comprehensive case plan with the survivors and obtaining their consent in order to proceed with the assistance and possible referrals.

⁵¹ For example, assess the mobility and autonomy of the survivor, including whether she can safely withdraw and keep the money with her or if doing so would actually be a potential trigger for IPV or would make her a target (e.g. by a landlord, community, etc.) for violent attacks.

⁵² For example, GBV case management that includes relocation and short-term cash transfers could translate into a loss of social networks and a dependency on cash assistance. As a result, the end of a survivor's cash assistance might push them to resort to risky coping mechanisms or force them to return to their home or community of origin where the GBV incident occurred.

⁵³ When the survivor has limited access to and control over resources and is staying with the person in control of the resources, additional considerations must be made related to the survivor's ability to control their own cash assistance without further risk of violence. Ask the survivor if there is anything that UNFPA or the IP could do when providing cash assistance to mitigate the issue of lack of control.

How to integrate cash:

After having gathered all relevant information, the GBV caseworker and the survivor should have determined whether cash is a necessary and appropriate tool for case management. The GBV caseworker should:

- **Remember that cash assistance should only be used when cash can directly contribute to addressing and mitigating the identified GBV risks/needs** (see [section 2.2.1. Identify when cash is an appropriate response](#) for more details). **The connection between the assessed GBV risk/need and the desired outcome of the cash intervention must be consequential and direct.** For example, the caseworker should consider cash if survivors need to access health services that are not free or easy to reach, in which case cash assistance could cover the cost and ensure that the survivors receive necessary life-saving treatments.
- Develop a case action plan which includes cash assistance as an “action” for the survivor according to their identified needs.⁵⁴
- Develop a **Cash Safety Plan** for all cases in which survivors will receive cash assistance. The Cash Safety Plan should account for the safety considerations raised in the previous section (based on the cash Risk Assessment and Analysis) and should be integrated into any existing Safety Plan (such as a suicide prevention plan, if applicable).
- Ensure that the survivor is aware of well-functioning CFMs⁵⁵ that are in place to address issues with cash delivery, related to both the delivery mechanism itself and the FSP managing it.
- Establish the urgency, timeline, and delivery mechanisms appropriate for the case. The caseworker should use the Response Framework elaborated in the design phase as guidance and combine it with the case-by-case approach.⁵⁶ The case management process will highlight the particularities in each case and help determine the kind of cash assistance, response timeline (i.e. how fast the survivor needs to receive assistance), delivery mechanism, and assistance duration that are most appropriate.

⁵⁴ As a result of the intake of the survivor into their services, the GBV caseworker should be able to reply to specific questions, such as: What does the transfer aim to cover? Does it cover single access to services, direct or indirect costs of services, transportation, or support of their safety plan/recovery? Will the transfer amount be sufficient for what it intends to cover? Are the items or/and services that it intends to cover available?

⁵⁵ Teams should particularly ensure if the following types of CFMs are already present and well-functioning: CFMs related to PSEA, local CFMs, and also CFMs that the FSP or non-GBV IP have put in place that are relative to issues that may arise during the cash assistance (e.g. survivors having issues using an ATM, difficulties accessing a mobile phone account, etc.).

⁵⁶ For more information on establishing urgency and choosing delivery modalities, see [sections 2.2.2](#) and [2.2.3](#), as well as [Tool 3: Response Framework example](#).

FIELD EXAMPLE FROM JORDAN: DESIGNING SAFE CASH ASSISTANCE THAT DOES NOT PUT SURVIVORS AT FURTHER RISK

In Jordan, cash assistance was identified as a relevant modality for some survivors facing IPV who did not plan to escape the perpetrator and leave their homes. The GBV team determined that providing cash in these specific cases while also identifying and adopting specific safety measures (delineated in the survivors' Cash Safety Plans) for the affected women could contribute to mitigating IPV without putting the survivor at further risk. The amount was calculated and disbursed in a way that accounted for the delicate domestic dynamics and did not cause further harm. According to a study conducted by UNFPA and Johns Hopkins University that assessed the impact of the cash intervention, the majority of beneficiaries in this category did not inform their partner about the cash and found ways to hide it safely. This example demonstrates that cash can be safely adopted in multiple scenarios, always with respect to the survivor-centered approach and principle of self-determination.

STEP 4: ACTION PLAN IMPLEMENTATION

At this stage, the survivor is provided with the identified services (both internally and externally) as well as with direct emotional support. The GBV caseworker is the person in charge of coordinating and advocating for the provision of services, as well as for personally providing emotional support to the survivor.

How to integrate cash:

- The GBV caseworker, the GBV case manager/caseworker supervisor, CVA focal points, and FSP focal points should jointly engage in the case action plan implementation.
- GBV caseworkers should follow the cash implementation procedures established by their organization according to the delivery mechanisms selected by the program. In general, in the case of:
 - a) An individual referral to cash assistance:** once survivors' consent has been obtained, caseworkers should obtain their supervisor's approval, and fill out the individual referral form. If cash-in-hand is the selected modality, the caseworkers will proceed as per internal cash disbursement guidelines through the cash custodian; otherwise they will send the form for external referral to initiate payment through an IP or FSP, as determined by their SOPs.
 - b) Combined referrals to cash assistance:** once survivors' consent has been obtained, caseworkers should obtain their supervisors' final approval and communicate the necessary data to them. In many cases, the GBV supervisor or manager will be responsible for aggregating the list of names and sharing it with the dedicated CVA or FSP focal point.⁵⁷

57 Combined referrals are more common in cases of multi-month recurrent disbursements. See [footnote 33](#) for more information.

- When proceeding with the referral, the GBV caseworker should use the approved and endorsed referral form and work with a unique identifier (if possible) that ensures that no identifiable information (such as information like name, age, or description that can make the survivors identifiable, especially in small communities) is shared unless strictly necessary.⁵⁸
 - Once the referral process has been completed, the GBV caseworker should provide the survivor with detailed information on when and where the cash transfers can be collected.⁵⁹ In the case of recurrent cash, the GBV caseworker will inform the survivors in advance of the transfer upload.
 - In addition to providing information on how to collect the cash transfers, consider also the good practice of providing financial orientation to the recipients (for example, in Colombia UNFPA GBV caseworkers provide financial orientation to survivors as a way to help them better understand the value of their transfers and think about how they could prioritize their expenditures).

- Remember to always follow the provisions for respect of data confidentiality and safe data sharing. Only the GBV caseworker should have access to the full case description, assessment details, and sensitive and identifiable information.⁶⁰

STEP 5: CASE FOLLOW-UP

During each visit and follow-up, the GBV caseworker should assess the survivor's safety and needs. This is paramount to monitor the successful delivery of services and the progress made toward recovery and healing. If new needs and risks are identified during any visits or follow-ups, the GBV caseworker should proceed with a re-assessment of the survivor's situation and case plan.

How to integrate cash:

The GBV caseworkers should update the Cash Safety Plan as needed,⁶¹ review the case action plan, document the outcome of the referral, and make other referrals if necessary.⁶² In addition, a PDM⁶³ should be administered (for further guidance on the monitoring framework, [section 2.2.6](#).).

58 Refer to the SOPs, the Data Protection Agreement, and the Information Sharing Protocol signed for the program. See section 2.2.5. Data sharing and confidentiality for additional explanation.

59 Information about the collection of cash transfers – such as information on delivery mechanisms, places of withdrawal, and possible barriers and risks – should have already been discussed during the establishment of the survivor's action plan.

⁶⁰ See section 2.2.5. Data sharing and confidentiality for additional information on data protection.

61 The GBV caseworker should ask questions to assess if the Cash Safety Plan provisions and agreed upon mitigation measures worked or if they need to be reviewed and modified.

62 For example, survivors could be referred to additional cash assistance or referred to be included in longer-term cash assistance programs and livelihoods programs as necessary.

⁶³ For additional external guidance and examples of PDM questions, see the Women's Refugee Commission, Mercy Corps, and International Rescue Committee's [Guidance for GBV Case Management Services on Monitoring Cash Referrals for Survivors of GBV](#) (2018) and the International Rescue Committee's [GBV Case Management Outcome Monitoring Toolkit](#) (2018).

FIELD EXAMPLE FROM EGYPT: DIRECT COMMUNICATION BETWEEN FSPS AND THE GBV CASEWORKER

In Egypt, UNFPA and UNHCR work together under the "Comprehensive Safety and Recovery Project Addressing GBV: 2022-2024" and aim to provide cash assistance to GBV survivors over-the-counter (OTC) through Egypt Post, an FSP working in the context. In order to communicate more efficiently with caseworkers, UNHCR uses an existing SMS system to send notifications to GBV caseworkers. This is to communicate the assistance disbursement cycle with each caseworker assigned to an approved case in order to ensure proper counseling and follow-up as part of the case management process. As such, each caseworker ensures that their GBV case management clients are informed in a timely manner of their approval for assistance, the amount to be received, and the collection period, and also able to provide some counseling on budgeting and financial planning as required.

STEP 6: CASE CLOSURE

This is the last step of GBV case management. Once the survivor has received all the necessary services and assistance, they will no longer be enrolled in GBV case management services and their case will be formally closed⁶⁴. A case could be re-opened for the same survivor if new GBV incidents, needs, and/or risks arise and require the assistance of the GBV team.

How to integrate cash:

Once the case is about to be closed, caseworkers should:

- Administer the final cash PDM along with the client satisfaction survey (unless the survivor cannot be reached).
- Record the progress achieved, including the contribution made by the cash assistance toward goals established in the action plan.
- Share the anonymized data of the PDM with the CVA and monitoring and evaluation team for aggregated analysis.
- Share anonymized qualitative findings with the cash and/or Finance focal point if relevant feedback on the delivery mechanism and disbursement has been made.
- Record the type of exit strategy that was agreed upon in the case action planning stage.⁶⁵

64 Per the [Interagency Gender-Based Violence Case Management Guidelines](#) (GBVIMS SC 2017), a case can be closed 1) upon agreement with the survivor, recognizing that the survivor's needs have been met and/or that their pre-existing or new support systems are functioning; 2) when the survivor wants to close the case (as it is always important to respect the wishes of survivors); 3) when the survivor leaves or is relocated in another area; or 4) when the survivor has been unreachable for at least 30 days.

65 See [section 2.2.7. Develop an exit strategy](#) for more information.





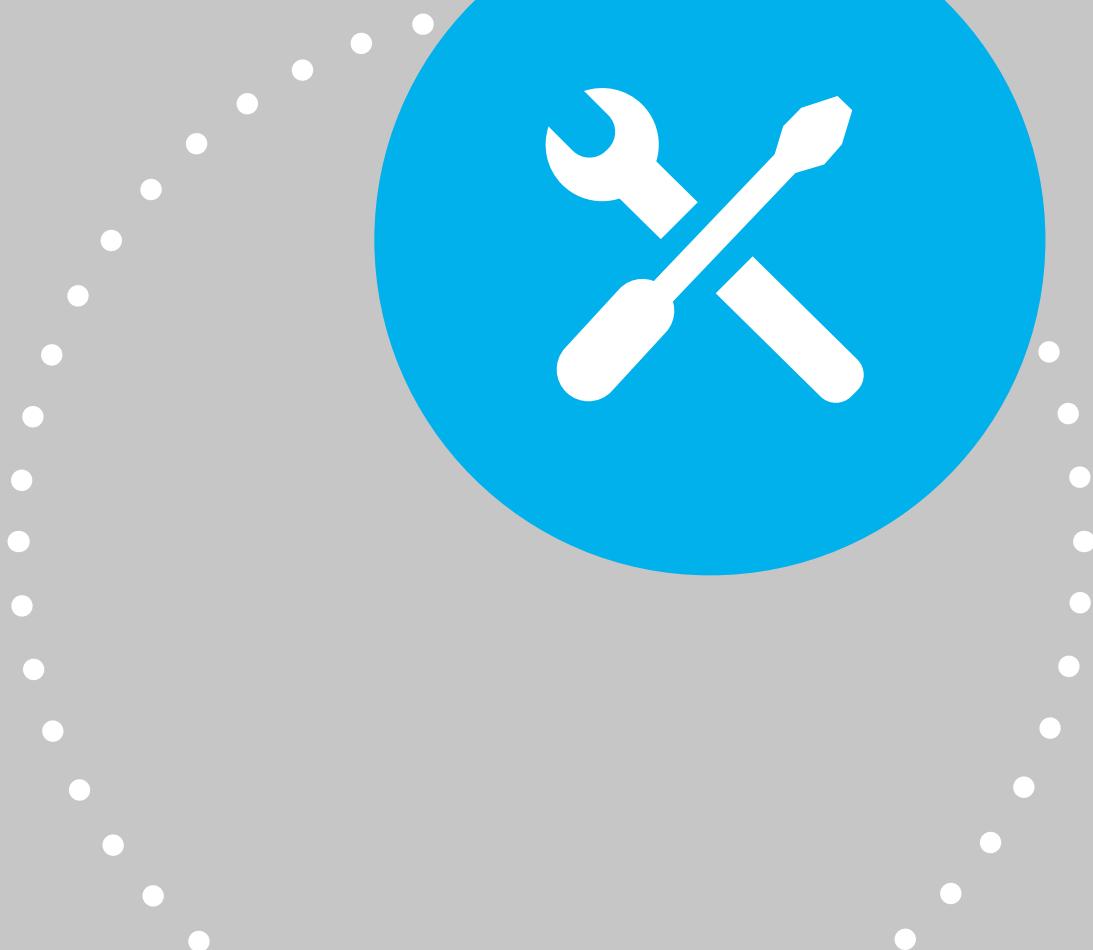
CONCLUSION

4

Cash assistance can help to reduce GBV risks and promote the safety and dignity of women and girls at risk of GBV in humanitarian contexts. It can also contribute to survivors' healing process by giving them the opportunity to make choices and exercise autonomy over a critical aspect of their lives with the potential to have significant positive psychosocial impacts. Its characteristics and observed outcomes prove that a careful integration of cash assistance within GBV case management significantly contributes to holistic and effective support for survivors' recovery. However, clear provisions and steps must be undertaken and respected by COs and IPs for its safe and correct setup.

This Guidance aimed to provide tools and practical tips based on current UNFPA experience integrating cash within GBV case management at the global level. In doing so, it presented solid evidence and guidelines to consolidate, align and scale up the use of cash within GBV programming globally, within the agency, and externally. As such, this Guidance functions as a support and enhancement to the existing literature on the topic. New evidence and tools, such as case studies and learning briefs, will be added in the future as a result of the growing implementation of cash assistance in GBV case management.





TOOLS

TOOL 1: CHECKLIST TO ASSESS THE PRESENCE OF THE PRE-CONDITIONS FOR THE IMPLEMENTATION OF CASH ASSISTANCE

There are a number of preliminary considerations that are key to understanding whether cash assistance is a feasible response option and if the CO is set up for success in integrating it within GBV case management.

In particular, the following elements should be in place:

1. An active, effective, and well-structured GBV case management program that includes a supervision system:

- ✓ Is GBV case management already functioning in the area?
- ✓ Does the existing GBV case management process align and comply with the [Interagency Gender-Based Violence Case Management Guidelines](#)?
- ✓ Do you have a GBV specialist supporting the capacity assessment and continuous technical support and training of the staff members?
- ✓ Are the GBV caseworkers fully trained and supported by a GBV supervisor/manager?

2. Local government and community acceptance:⁶⁶

- ✓ Do local authorities accept the use of cash and/or vouchers as an assistance modality by humanitarian actors?
- ✓ Are other organizations working in the area using cash assistance in their humanitarian programs? Have any of them encountered any issues with the local authorities?
- ✓ Are religious leaders and community representatives aware of humanitarian cash assistance and open to it?

⁶⁶ This information is usually made available at the CWG level.

- ✓ Is cash assistance accepted by the relevant communities? Has any actor done cash assistance and encountered any issues in relation to community acceptance?
- ✓ Are any other actors already implementing cash assistance for protection or for GBV survivors?

3. Senior management support and commitment for CVA in the country:

- ✓ Is the senior management of your organization in the country open to the piloting and scale-up of CVA projects, and in particular open to integrating cash within GBV case management? Do they encourage it and provide their support?

4. Availability of funds or the ability to secure them:

- ✓ Can the CO identify opportunities locally/nationally/regionally for funding the integration of cash assistance in GBV case management? If not, can they get support from the organization at the global level to do so?
- ✓ Is there an open call for proposals that your CO is willing to participate in?
- ✓ Are there any funding proposals/programs already providing GBV programming that could be expanded to integrate cash assistance?

5. Presence of necessary human resources (both GBV and CVA), including an active role from Finance and/or Administrative units, and/or the possibility to obtain additional CVA support at the regional and headquarters (HQ) level;

- ✓ Is there a solid and trained GBV team in the country?
- ✓ Is the number of GBV caseworkers enough to efficiently manage the workload?
- ✓ Is there a CVA focal point or someone who could take on that responsibility?

6. Existing sufficient capacity of implementing partners and cash delivery systems:⁶⁷

- ✓ Is the CWG active and coordinating CVA activities in the area?
- ✓ If there is an active CWG, does it map the activities of different actors doing CVA, the delivery mechanisms they use, and the coverage of FSPs in the country?

⁶⁷ Conduct a capacity assessment of FSPs to better understand the coverage of FSPs in the country and the delivery mechanisms that they use.

- ✓ Are other organizations already working with CVA programs and distributions through FSPs? If yes, are they experiencing any particular challenges?

7. Functionality of services⁶⁸ and availability of relevant items in the market system:

- ✓ Are the services to which you aim to give access to through cash assistance available and accessible? (e.g. GBV, legal, medical services, transportation, phone networks, childcare, etc.)
- ✓ Are the items or other needs that must be covered for the GBV survivor available and accessible in the market system? (e.g. accommodation, food, hygiene items, etc.)



68 Conduct or update the mapping of GBV services and the Market Assessment for more information on the functionality and availability of services and necessary items.

TOOL 2: RISK MATRIX FOR CASH IN GBV CASE MANAGEMENT

COs and IPs will engage in a participatory and collaborative process to elaborate their Risk Matrix as part of the Response Design illustrated in the Guidance. A blank printable template of the Tool can be found in Tool 2. In addition, a completed example of the Risk Matrix can be viewed. [Click here for the Tool 2 editable template and example Risk Matrix.](#)

TOOL 3: RESPONSE FRAMEWORK

COs and IPs will engage in a participatory and collaborative process to elaborate their Response Framework as part of the design of the response illustrated in the Guidance. Tool 3 includes a completed example of a Response Framework as well as a blank template. [Click here for the Tool 3 editable template and example Response Framework.](#)

TOOL 4: DATA PROTECTION AGREEMENT

COs and IPs should elaborate their Data Protection Agreement as part of the Response Design process outlined in the Guidance Note. Tool 4 includes a template of an example of a Data Protection Agreement. [Click here for the editable Tool 4 Data Protection Agreement template.](#)

TOOL 5: SOPS GUIDANCE SHEET - WHAT TO INCLUDE IN THE STANDARD OPERATING PROCEDURES (SOPS)

As a concluding step of the design of the response, the CO and IPs should work together to develop Standard Operating Procedures (SOPs) that reflect the agreed-upon understanding of the cash in GBV case management programming and clearly describe the following points:

- Program objectives and background analysis (i.e. the results of the Situation and Feasibility Assessments and also of the Response Analysis);
- Target area and Response Framework (i.e. geographical focus, GBV scenarios, and most relevant GBV related needs and risks as determined by the final Response Framework);
- Implementation and transfer modality, and delivery mechanisms selected (i.e. the types of cash assistance and delivery mechanisms that are available and most appropriate, and related details for each mechanism);
- Transfer value, frequency, and duration (i.e. disbursement timing and mechanisms);
- Monitoring framework (i.e. PDM timeline and resources);
- The Data Protection Agreement⁶⁹ (i.e. detailed role-based data access provisions, risk mitigation measures, and actions in case of breach of confidentiality);
- Adapted CFMs;
- Exit strategy.

All of the above should be outlined clearly in a SOPs document in order to establish the intervention's key details. The SOPs should be endorsed and validated by all parties involved and should build upon the Situation and Feasibility Assessments and Response Analysis conducted in preparation for the intervention. The SOPs should be elaborated at the end of the design phase and guide the work of all teams.

⁶⁹ In addition, COs should facilitate the adoption of an Information Sharing Protocol at the country level that lists principles, objectives, roles, and responsibilities and that is to be signed by implementing actors. The Protocol is an essential tool that helps agencies and IPs mitigate risks and address challenges related to GBV data management by setting clear guidelines for any sharing of GBV-related information, and, more importantly, protecting survivors and their information. In parallel, COs should endorse procedures (referral pathway) and forms in collaboration with existing clusters and/or working groups to allow for smooth, safe, and efficient data sharing both internally and externally with all relevant actors, including FSPs.

SOPs TABLE OF CONTENTS (example template)

1. Situation analysis

- 1.1 Context and needs
- 1.2 Cash feasibility
 - Government acceptance,
 - Use by other actors,
 - Capacity of partners and service providers,
 - GBV Market and services assessment
- 1.3. Risk analysis

2. Design of the response

- 2.1 Objectives
- 2.2 Targeting and Response Framework
- 2.3 Cash assistance design
 - Implementation model (through which type of partner/service provider)
 - Transfer modality (cash, unconditional)
 - Cash Delivery Mechanisms (through which mechanism does the cash get to the beneficiary)
- 2.4 Data Protection
- 2.5 Complaints and Feedback Mechanism (including for the cash assistance process)
- 2.6 Exit Strategy
- 2.7. Roles and Responsibilities

3. Implementation

- 3.1 Integration of Cash assistance in the Case Management Process

4. Monitoring

- 4.1 Objectives
- 4.2 Output, Process, Outcome Monitoring
- 4.3 Monitoring Tools
- 4.4 Roles and Responsibilities

As well as anything else relevant and related to the project.



**Delivering a world where every
pregnancy is wanted, every
childbirth is safe and every young
person's potential is fulfilled**