Guidance Series On Addressing Sexual Violence

Using Cash and Voucher Assistance to Prevent and Respond to Sexual Violence:

A Practical Guide



Contents

Αc	cron	ıyms		3
G	oss	ary		4
1.	In	trodu	ction to cash and voucher assistance	5
2.		_	and voucher assistance as a means of preventing and responding to violence	8
	2.1	Ca	ash and voucher assistance as a means of preventing sexual violence	9
	2.2	Ca	ash and voucher assistance in sexual violence response	10
	2	.2.1	Individual assistance	10
	2	.2.2	Group and community-based assistance	13
3.	K	ey ste	eps in responses using cash and voucher assistance	۱6
	3.1	Ne	eds assessment and CVA feasibility	16
	3.2	An	alysing the risks associated with CVA2	23
	3.3	De	etermining the transfer value2	25
	3.4	Mc	onitoring, evaluation and feedback mechanisms2	25
	3.5	ICI	RC capacity to use cash and voucher assistance2	26
4.			studies of community-based approaches and assistance to groups using	27
5.	С	onclu	sion	30
6.	U	seful	resources and references	31
	6.1	Int	ernet and intranet	31
	6.2	Pu	ıblications	31

Acronyms

СВРА	community-based protection approach				
CVA	/A cash and voucher assistance				
DRC	Democratic Republic of the Congo				
EcoSec economic security					
GBV	gender-based violence				
MEB	MEB minimum expenditure basket				
MEI	MEI microeconomic initiative				
MHPSS mental health and psychosocial support					
SGBV	sexual and gender-based violence				
sv	sexual violence				
UNHCR	UNHCR United Nations High Commissioner for Refugees				
WAD working advance					
WatHab	water and habitat				

Glossary

basic needs The essential goods, utilities, services or resources that households require on a regular basis to ensure their long-term survival and minimum living standards, without resorting to negative coping mechanisms that could compromise their health. dignity or essential livelihood assets. cash and voucher The provision of cash and/or vouchers to individuals, households or assistance (CVA) communities to enable them to access the goods and services they need. minimum The total of all items and services that a household in a given expenditure basket context is likely to require for a specific period of time. An MEB is inherently multisectoral and based on the average cost of the items (MEB) composing the basket. MEB should indicate how much cash is required for a typical household to cover their needs for a fixed period. multidisciplinary Involving the engagement, inputs, coordination and collaboration of multiple departments. A multidisciplinary approach is important in enabling needs to be assessed, analysed and addressed holistically, which includes facilitating action to address multiple needs across more than one sector simultaneously. negative coping A coping strategy that may be harmful or irreversible. The word "negative" is not meant as a judgement on the person's strategy choices, but indicates the difference between these and other coping strategies that can be reversible and therefore do not have longer-term impacts that are potentially harmful.

1. Introduction to cash and voucher assistance

Cash and voucher assistance (CVA)¹ is the provision of cash and/or vouchers to individuals, households or communities, to enable them to access the goods and services they need. It can take the form of physical currency, e-cash or vouchers.

It is a means of humanitarian action and helps affected people achieve an objective; cash is not an objective or an outcome itself.

CVA has the advantage over in-kind assistance that it respects people's agency, i.e. it enables them to decide for themselves how to meet their needs.

Key terms

- Cash and voucher assistance (CVA): The provision of cash and/or vouchers to individuals, households or communities to enable them to access the goods and services they need.
- Basic needs: The essential goods, utilities, services or resources that
 households require on a regular basis to ensure their long-term survival and
 minimum living standards, without resorting to negative coping mechanisms²
 that could compromise their health, dignity or essential livelihood assets.
- Multidisciplinary: Involving the engagement, inputs, coordination and collaboration of multiple departments.

Describes a programming or decision-making process, approach or activity. A multidisciplinary approach is important in enabling needs to be assessed, analysed and addressed holistically. Such an approach makes it easier to address multiple needs across more than one sector simultaneously.

Cash is the main means by which people pay for goods and services around the world. Having cash (or vouchers) can mean the difference between life and death for people affected by armed conflict or other violence, in detention or facing other emergencies. The ICRC's experience shows that CVA is an essential tool in humanitarian action in armed conflict. However, while cash is *often* best, it is not *always* best.

The ICRC uses CVA to help people meet essential needs during a crisis, such as food, water, clothing, shelter, school fees, health care, transport, legal fees and debt repayment. Receiving cash can help people survive a crisis period without having to resort to negative coping mechanisms (including survival sex) that may put them at further risk.

The term "cash and voucher assistance" can be used interchangeably with "cash transfer programming" (CTP), "cash-based interventions" (CBI) and "cash-based assistance" (CBA). In 2018, the wider humanitarian sector took the decision to use the term "cash and voucher assistance" as being the clearest descriptor. Previously, the ICRC used "cash transfer programming", but from 2020 we will also use "cash and voucher assistance", to be in line with other humanitarian organizations. Previous ICRC documents may refer to CTP.

A "negative coping strategy" is a coping strategy that may be harmful or irreversible. The word "negative" is not meant as a judgement on the person's choices, but indicates the difference between these and other coping strategies that can be reversible and therefore do not have longer-term impacts that are potentially harmful.

For example, cash assistance to female-headed households following the disappearance of their partners or male relatives (providers/breadwinners) can help prevent exposure to sexual violence, particularly in contexts that are highly discriminatory to women and where loss of household income may cause them to resort to such negative coping mechanisms as survival sex to pay for essential goods and housing.

Long-term, CVA can rebuild, protect and strengthen livelihoods and build resilience. For instance, we can provide livelihood grants when a crisis has reduced a person's income from their normal source — or indeed deprived them of all income. Livelihood grants may allow a person to restart their usual activities, or to start something new, and to begin to generate an income for themselves and their household, enabling them to meet their essential needs long-term.

Cash (physical and digital) is **unrestricted** and can be used by the recipient for any purpose, thus offering choice.

Vouchers restrict the recipient to access specific goods or services from specific providers, and so offer less choice than cash. For example, you might provide a voucher for a specific health service, like a pharmacy because you want to make sure the person goes to a certified health facility.

Vouchers can be used when there is a real concern about quality control that could imply a risk to life or health. Otherwise, cash is preferred.

The ICRC's main experience of using CVA is through its Economic Security Unit (EcoSec). However, other units (WatHab, Protection and Health) are increasingly using this type of assistance. CVA is also being used in multidisciplinary programmes to assist people in a holistic manner.

Colombia: The ICRC is providing cash assistance to people receiving support from Protection and Health so they can meet their basic needs. People receiving support from these departments are usually victims/survivors³ of violence (including sexual violence) and migrants. The cash the ICRC provides covers their urgent needs (accommodation, health care and essential items) for two to three days. The amount granted and the period of assistance are decided case by case. The ICRC may provide larger amounts over a longer period in the case of cash-for-livelihood assistance.

South Sudan (pilot in 2020): The ICRC is providing cash and in-kind assistance for people receiving Protection and Health support, including victims/survivors of

The term "victim/survivor" is used to accommodate the various understandings of both "victim" and "survivor", in recognition that these are not mutually exclusive. The former corresponds to judicio-legal understandings of sexual violence as a crime while the latter corresponds to a rights-based approach. "Victim" is often perceived as synonymous with weakness or passivity, while the rhetoric of "survivorship" has been criticized for creating the expectation that people who have experienced sexual violence should live up to a certain understanding of

what it means to be strong or resilient. Using both terms allows people to choose the terms they prefer, which could be either, both or none, and could change with time or place.

sexual violence, weapon wounded, detainees and released detainees. We have provided cash or in-kind assistance for such things as health care, transport, meeting basic needs, education and shelter, or as a means of risk mitigation or management based on a risk assessment and/or economic vulnerability assessment.

Ukraine: Protection gives cash assistance to help economically vulnerable families of missing persons, families of detainees and released detainees meet their basic needs. The aim is to enable families to deal with the loss of a family member and start developing positive longer-term coping mechanisms.

DRC: The ICRC gives emergency cash assistance to people at risk (such as victims/survivors of sexual violence, weapon wounded, separated families and released detainees) so they do not have to resort to negative coping strategies in the immediate aftermath of a crisis.

Democratic Republic of the Congo and **Sudan**: The ICRC provides cash for livelihoods or to meet basic needs in the case of wounded persons, via referrals from Health to EcoSec.

2. Cash and voucher assistance as a means of preventing and responding to sexual violence

Recent research suggests that CVA can be an effective tool for preventing and responding to sexual violence and other sexual and gender-based violence (SGBV).⁴ Cash allows people choice and dignity and is therefore in line with the recommended "survivor-centred approach"⁵ to responding to the needs of victims/survivors in an inclusive, multidisciplinary and participatory manner.

That approach is based on protection action and on ensuring that victims/survivors have access to essential health services and any other services they may need.

Findings from external pilots that have used CVA in preventing and responding to SGBV:6

Cash assistance is an effective SGBV risk-mitigation and prevention tool, and highly appropriate for SGBV survivors, owing to its discreet nature.
By enabling recipients to meet at least some of their most urgent needs, cash contributes to a certain level of empowerment.
Hesitancy to conduct action research and implement protective pilots is rationalised as "doing no harm" when, in fact, a failure to address the economic drivers and factors of SGBV with cash assistance when it is needed can be harmful. ⁷

By comparison with a "one-size-fits all" approach, CVA may allow the victim/survivor more independence, time and choice to consider how to address their needs, which services to access and when.

Advantages of cash include the following:

we	can	give	cash	immediately	after	disclosure	of	sexual	violence,	or	later,	to
sup	port	socia	land	economic reir	ntegra	ıtion						

Ources:

- Cash Learning Partnership (CaLP), Collected Papers on Gender and Cash Transfer Programmes in Humanitarian Contexts, 2018.
- UNHCR, Cash Assistance and Gender, Key Considerations and Learning.
- Women's Refugee Commission, International Rescue Committee and Mercy Corps, Overview of Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response.

See reference list.

The ICRC aims to prevent and respond to sexual violence where it occurs in relation to IHL violations (such as in contexts of conflict and detention) as part of its wider protection mandate (see the ICRC Strategy on Sexual Violence 2018-2022 on the intranet). At the same time, the ICRC has a mandate to address broader categories of sexual and gender-based violence as part of its risk mitigation and inclusive programming approach (Institutional Strategy 2019-2022, p. 4, 16).

The ICRC uses the survivor-centred approach, which is an evidence-based approach to responding to SGBV, underpinned by the principles of safety, respect, dignity and non-discrimination and which requires coordination with multidisciplinary services (health, MHPSS, livelihood, protection and legal aid) to ensure a victim/survivor is offered a range of services to meet their needs. Please see Reacting to Disclosure: A Practical Guide.

Based upon information from a recent study completed by the Women's Refugee Commission, which surveyed 40 cash, gender and GBV experts across 20 humanitarian agencies.

	cash may enable victims/survivors to do things essential to their well-being, such as visiting a relative, engaging in a new activity or (re)starting a livelihood
	cash can prevent SGBV from occurring in the first place (or from being repeated), especially if we provide it where there is a clear risk of engagement in negative coping mechanisms (such as transactional sex, child marriage and forced marriage), e.g. when a male provider goes missing
	cash may be more discreet and dignified than in-kind assistance
	cash can be transferred discreetly using a bank card, local cooperative or mobile money
	cash can be used at different stages and in different ways
	cash may reduce the number of visits/referrals a victim/survivor has to make to different service points, by enabling them to address needs autonomously, access more convenient services or pay associated costs.
2.1	Cash and voucher assistance as a means of preventing sexual violence
	ving cash to groups of people at risk of sexual (and other forms of gender-based) lence can reduce that risk, by reducing their exposure.
of da co	r example, providing cash to cover the costs of transport for groups of people at risk sexual violence reduces exposure to violence, including sexual violence, along ngerous walking routes (such as migration routes, routes crossing gang lines in ntexts of urban violence, or routes where armed groups frequently perpetrate sexual lence).
C۷	/A can also be used:
	to help people generate a livelihood/income and avoid recourse to such negative coping mechanisms as transactional sex, risky livelihoods and unsafe accommodation
	within a prevention project designed by Field/Protection teams, in accordance with a community-based protection approach.

Cash for released detainees: preventing recourse to negative coping strategies, including transactional sex.

Traffickers often prey on prisoners who are released with no way of supporting themselves, forcing them into sex work or drug-related crime. Some ICRC delegations help released detainees reduce these risks by funding their transport home following release, usually by giving them cash.

In the **Democratic Republic of the Congo**, the ICRC makes emergency cash payments of USD 150 to individuals as part of a risk-reduction strategy that applies not only to released detainees but also to victims of sexual and other violence, wounded persons, etc.

Criteria for receipt of this support include a risk that without it, the person may:

- return to the activity that put them in prison
- engage in risky coping strategies, such as transactional sex.

ICRC teams meet and register these people while they are still in detention.

2.2 Cash and voucher assistance in sexual violence response

Key recommendation

CVA – and other forms of assistance – should never solely target victims/survivors of sexual violence, as this may put them at risk of stigma, violence or discrimination, and could breach confidentiality.

When	used	as	part	of	our	response	to	sexual	violence,	CVA	can	take	either	of	two
forms:															

individual	l accietanca

group and community-based assistance.

2.2.1 Individual assistance

CVA can be life-saving when it enables an individual to meet their essential needs.

For example, it can help a victim/survivor who has fled violence by covering such costs as shelter, transportation, food, clothing or health care. The flexibility of cash transfers may mean the response is more timely and discreet than assistance in kind, reducing exposure to negative coping mechanisms. Cash can also facilitate timely access to life-saving health care (such as clinical management of rape within 72 hours of an incident).

CVA may also enable a victim/survivor to cover the indirect costs of using free services, such as the cost of transport and childcare when they attend a psychosocial support group or health centre, or seek legal services.

In other cases, the service itself may not be free, or the person may prefer to use a different service that has a direct cost. Cash may give the victim/survivor the freedom to choose which services to use, when and where. Of course, cash can only help in this way if quality services are available.

The ICRC is testing a framework for support to individuals (including CVA responses), which is based on the "duty of care" concept; if the ICRC provides survivors/victims of violence with services or support that fall under the Health or Protection departments, we also have a responsibility to address other factors that may expose them to further risk.

This approach, which is in line with the "person/survivor-centred" approach, is sometimes referred to as "case management", with one individual (usually a psychologist or social worker) acting as a "case manager", which involves:

 being responsible for supporting the victim/survivor liaising between them and other services (usually on an ongoing basis, not just once) providing information evaluating satisfaction with the process upon case closure. 	٠	,	3	,	3	J ,			
once) providing information		being	g responsible for su	portir	ng the victim/survivo	or			
, ,			•	nd oth	ner services (usual	ly on	an ongoing	basis, ı	not just
evaluating satisfaction with the process upon case closure.		provi	ding information						
		evalu	uating satisfaction w	ith the	process upon case	e clos	ure.		

While the entry point is often through mental health or psychosocial services, case managers (formal or informal) are normally responsible for ensuring coordination with a range of other services, such as livelihood support, accommodation and providing cash to cover essential needs.

This approach minimises the re-victimisation of victims/survivors that can result from dealing with multiple service providers, e.g. having to discuss traumatic experiences on multiple occasions.

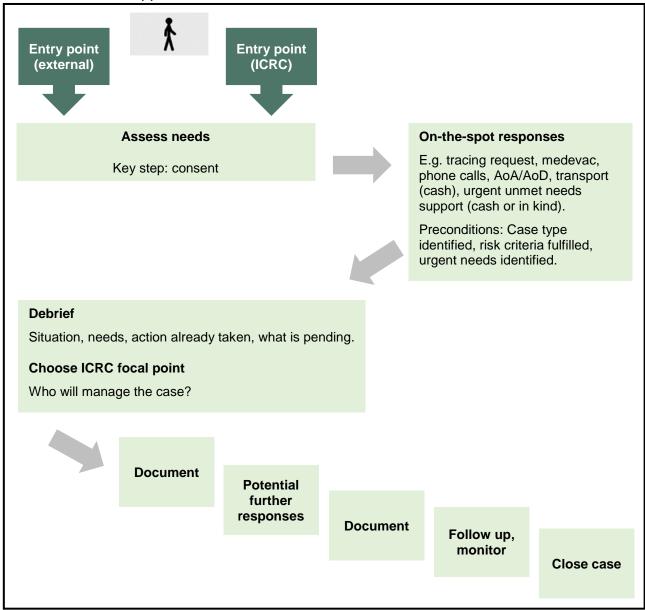
However, we must always ensure the consent, well-being and safety of the person concerned when we use the case management approach. See <u>Reacting to Disclosure:</u> A <u>Practical Guide</u> for more information.

The ICRC is piloting this framework for supporting individuals, which encompasses all protection and assistance activities involving individual victims of violence, including sexual violence, in South Sudan.

At the first meeting with the victim/survivor, the delegation identifies the action that the ICRC can take, ensuring a rapid response. This "on-the-spot" response may include providing cash for transport and health services and to cover emergency needs, etc., but may also include opening a tracing request, organising a phone call or referring the person for services.

The delegation appoints a focal point to work with the victim/survivor long-term. This person channels all further action, services and assistance from all ICRC departments to the victim/survivor.

Framework for support to individual cases



The framework for individual support is built around the ICRC's ways of working, and approaches adopted in Afghanistan, Colombia, Ukraine and, most recently, South Sudan. It has been used for a range of individual cases including families of missing persons, the wounded and victims/survivors of sexual violence.

The framework for individual support decentralises the process, allowing for a rapid response, and reduces the number of internal referrals to other ICRC departments, which can be re-traumatising for a victim/survivor. It also allows the entry point to assess the victim/survivor's needs in a holistic manner (as per Reacting to Disclosure: A Practical Guide and Establishing Referral Systems for Victims/Survivors of Sexual Violence: A Practical Guide.

2.2.2 Group and community-based assistance

CVA may be used in activities involving groups of victims/survivors and wider communities, as part of multidisciplinary responses. EcoSec frequently uses these approaches, which are aimed at increasing the economic security of households affected by conflict and other situations of violence.

A programme that involves victims/survivors may include CVA in the form of:

cash-for-livelihoods and microeconomic initiatives, where cash helps victims/ survivors and at-risk groups find safe employment, re-establish previous livelihood activities or engage in new or adapted livelihood activities that reduce their exposure to sexual violence
unconditional cash transfers that allow the victim/survivor to cover their needs over a recovery period
community-based protection activities led by Protection/MHPSS/Field teams, such as self-protective measures or avoiding negative coping mechanisms.

While the implementation of community-based programmes using CVA differs from that of in-kind programmes, the objectives of the two types of programme are very similar.

Cash transfers can replace, or be combined with, in-kind assistance including food, essential household items, agricultural inputs, etc. It is also possible to combine cash transfers with the provision of services, including support for physical and financial access to those services.

These programmes help households and communities cover their essential needs and unavoidable expenditure in a safe and sustainable manner. Cash-for-livelihoods or microeconomic initiatives may help people affected by armed conflict replace lost assets or restart a pre-existing livelihood, adapt their livelihood, or switch to a new livelihood that reduces their risk exposure.

Community-based approaches focus on more than just economic security. The community-based protection approach (CBPA) identifies action that the community can take to reduce protection risks and increase resilience. Protection/field teams can also design projects that target a wider group and use CVA, possibly in connection with community-based protection activities. For example, CVA can be used to support self-protective measures identified through the CBPA approach for individual households or the wider community.

Examples of ICRC programmes that have involved victims/survivors of sexual violence include:

microeconomic initiatives for female-headed households (Nigeria)
cash-for-livelihoods (Nigeria, Burundi and DRC)
vocational training programmes for youth (Nigeria).

Examples of CVA in group and community-based approaches

Project	Objectives	Details
ICRC Microeconomic initiatives in the DRC (formerly the "social safety net" project) Target group: victims/survivors of sexual violence and groups at risk of sexual violence.	 Social and economic reintegration. Covering basic needs. Restoring livelihoods. 	 Victims/survivors receive unconditional cash transfers after the end of mental health and psychosocial support (MHPSS). Amount: USD 500, in three instalments, over eight months. Selection based on criteria that include discharge from MHPSS services, age, gender and economic vulnerability. Cash transferred using mobile money or into a local cooperative bank.
UNHCR Cash for preventing and responding to sexual violence (Ecuador, Lebanon and Morocco)	PCAP – Protection Cash Assistance Programme Mitigate the consequences of an SGBV incident, risk or ongoing exposure. MCAP – Multi-Purpose Cash Assistance Programme Mitigate the contributing factors (limited resources, stress, inability to provide for families). ECA – Emergency Cash Assistance Support victims/survivors facing immediate danger.	 Cash used as a complementary tool alongside other services (case management and MHPSS services). Cash transferred discreetly via pre-paid bank cards.

Project	Objectives	Details
ICRC Nigeria and Burundi: cash-for-livelihoods for female-headed households, including victims/survivors of sexual violence	 Nigeria: Cash-for-livelihoods, microeconomic initiatives including vocational training. Burundi: Cash-for-livelihoods for female-headed households. 	In both countries, the ICRC provides cash in instalments, based on an agreed plan, to develop or start income-generating activities. In Nigeria, this includes provision of training.

3. Key steps in responses using cash and voucher assistance

Before using CVA in any response, we must check that it is an appropriate option.

3.1 Needs assessment and CVA feasibility

For individual cases, it may be enough to ask three simple questions:

- ? Does the victim/survivor have identified needs?
- Would the victim/survivor normally use money to meet the specific need/issue?
- Do they have safe access to the market or service they wish to access?

We can use an individual risk assessment in place of or alongside a more detailed needs assessment, particularly when the ICRC is trying to help reduce someone's risk exposure.

The risk assessment checks whether the individual is using, or is likely to use, coping mechanisms that could put them at risk.

The table below gives as an example the risk assessment used in the South Sudan framework for assistance to individual cases.

It was created by compiling a list of negative coping mechanisms that put people at risk, as observed during community-based protection activities throughout South Sudan. Each delegation will need to compile its own list of the negative coping strategies relevant to its context. These risks are later used as indicators during monitoring, to assess whether the risk has been reduced.

Is the victim/survivor currently resorting to any of the following negative coping strategies or subject to any of the following situations?	Tick if yes
Has not eaten in the last three days and/or will not be able to eat tomorrow.	
Has no income and lacks such basic items as clothes or shoes, or essential personal items such as hygiene products.	
Has nowhere to stay.	
Is in or has to go to an unsafe place to stay, can only move at night, is not able to move freely, is living in an unsuitable/overcrowded shelter.	
Is intending to sell/has sold last remaining productive asset (land, animals, etc.).	
Is sending children to work, arranging for child to marry or removing children from school.	
Is sending children/family members away.	
Has to go back to perpetrator or area where perpetrator is located.	
Has mentioned a risky or illegal activity that they intend to engage in to bring in income (e.g. transactional sex, theft, cattle raiding, begging).	
Has incurred or intends to incur debt that they have no means of paying off (debts can be cash-based or in kind).	
Is isolated or has no family support.	
Is moving/has moved to an area where they have no connections or where a different language is spoken.	
Is conducting an undignified burial or burials.	
Is self-medicating or consulting traditional healers for life-threatening conditions.	
Cannot negotiate access to household resources, or use of existing household resources places them at risk.8	

A person may answer these questions at any time during routine discussions at the point of entry. It may not be necessary to ask them directly. A person may be classified as "at risk" if they display one or more of the negative coping mechanisms listed, but the more boxes that are ticked, the more at risk the person is. Each delegation should

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Even if the person has resources in the family, they may not be able to use these to access services, as a partner or family member may be monitoring/controlling their spending. Ideally, one should perform the assessment for each individual separately, rather than for the household as a whole.

define the risk levels based on their analysis and should adapt their list to include the negative coping strategies that people are adopting in their context.

The strategies in the table above are "last resort" strategies. However, it may be necessary to include more common negative coping strategies in the risk assessment, such as selling household assets, incurring debt (even if the person can pay it off), etc., as these may reveal to the person's family or community that they have suffered sexual violence and thereby expose them to risk, including the risk of further sexual violence.

Do remember that even if a person has resources in the family, they may not be able to use these to access services, as a partner or family member may be monitoring/controlling their spending. Ideally, one should perform the assessment for each individual separately, rather than for the household as a whole.

Whether looking at individual cases or using community-based approaches and designing projects targeting a larger number of people, it is essential to carry out the key steps below before giving CVA.

Step one: needs assessment

One first needs to define objectives and desired outcomes in consultation with the target population. This is also the first step in deciding whether it is feasible to use CVA in the response.

The needs assessment will indicate:

the groups most at risk of/affected by sexual violence
the priority needs of people who are at risk of/have suffered sexual violence
whether they would prefer to receive assistance in the form of cash.

The needs assessment can take various forms, depending on whether you are assessing needs for individual cases or at community level. It is also part of the targeting and selection process, and may take the form of an economic vulnerability assessment, which will identify priority needs and tell you more about usual sources of income (or absence thereof, e.g. if the breadwinner is missing) and expenditure. These assessments are usually designed by the Economic Security Unit, who can advise at delegation level.

For group/community-based activities, the needs assessment may also use the community-based protection approach and the economic vulnerability assessment as a tool for selecting those people who are most economically vulnerable.

Step two: access to financial services

If the individual or community has asked for assistance in the form of cash or vouchers, the next step is to ensure they have access to markets and to financial services.

In examining access to financial services, the feasibility assessment looks at delivery options for cash.

For individual assistance to small numbers of people, it is often easier, quicker and more efficient to deliver cash directly rather than through an external agency or financial service provider.

For larger-scale projects, there may be several options, including banks, mobile money and local money transfer agents. Picking the best option may involve interviewing financial service providers to understand their services, including capacity, coverage, If the delegation is already using CVA on a larger scale, it may already have evaluated the options available and selected the most appropriate financial service provider(s).

Make sure that delivery mechanisms and activities do not put people at further risk and that the mechanism is appropriate to the local context. You will need to check this with the recipient, because each person's situation is different, and no delivery mechanism is inherently risky – it depends on circumstances.

Advantages and risks of various delivery mechanisms

Delivery mechanism	Advantages	Risks
Digital payments, e.g. mobile money or via a bank.	 Preferred by many people as they are discreet. Having an account with a financial service provider supports financial inclusion. 	If the person does not have a mobile phone and giving them one would mark them out as "wealthy", this could put them at further risk. Requires person to hand over their personal data to open the account. In some contexts, a female cannot legally open her own bank account without the permission of a male family member (husband/father/brother). Many people may have access to funds in name only, as the decisionmaking authority regarding the use of funds often lies with an older person or a male partner or relative, or is determined by power relations within the household.
Physical currency.	Preferred by many people as does not require formal identification or digital or financial literacy.	If the person has no safe place to store cash, they and it could both be at risk.

You will need to balance these advantages and risks. Always ask the recipient how they would like to receive their funds and use that method if possible.

Step three: access to markets and services

The third step is the market assessment, which should tell you whether people have safe access to goods and services locally, at reasonable prices, in sufficient quantity and quality, and whether a large cash injection will have a positive or negative effect on local markets and service providers.

You can find further information on cash and market feasibility assessments in the Economic Security Unit Resource Centre. Relevant resources include the EcoSec Brief on CTP Feasibility Studies, Market Assessments and Response Analysis and the ICRC CTP Standard Operating Procedures. There are also cash and market specialists available to provide remote and in-country support for CVA. In most cases, the Economic Security Unit will already have completed a cash feasibility assessment or can provide support for the execution of such an assessment. For a step-by-step guide to conducting a cash feasibility assessment, please see the Movement CVA Guidelines.

Further considerations

A gender analysis is an important step when considering whether to give cash to victims/survivors. This analysis is now a requirement for all delegations, and should be available in the latest PfR or via the target area Protection/Field teams. A forthcoming report will look at how ICRC programmes that use CVA take account of gender. Please see that document for further information on how the gender analysis is used in project design to ensure that CVA is in line with the principle of "do no harm".

A gender analysis should include the following points:9

Population demographics.

■ Gender roles:

How do the roles of women, men, girls, boys and people with gender non-conforming identities differ, in their households and in their communities?

- Have these roles changed as a result of the conflict?
- If so, how?

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If the regions where the ICRC works are socially, culturally and ethnically similar, then one delegation-level analysis would suffice. Where there are significant differences, it would be important to conduct an analysis for each region or area.

■ Decision-making structures in the community: What are the structures for making decisions in the community? Who – in terms of gender, age and social position related to factors such as disability, migration status, religion, tribe or SOGIESC10 - makes decisions related to the household and the community? Control over household income, resources and intra-household decision-making: Do different members of the household have different priorities for the use of cash? Who controls resources? Protection risks and safety: What protection risks did different genders face before the conflict? How have these changed during and since the conflict? Who is at heightened risk of SGBV? ■ Needs related to gender, age, disability and similar factors: What are the needs of the following? women, men, boys, girls and people with gender non-conforming identities people of different ages people with and without disabilities

people from other relevant diverse backgrounds

- Which needs will be/are being addressed through CVA?
 Gendered capacities:
 - In considering cash-for-livelihood activities:
 - What kinds of work are deemed appropriate for different genders in the local culture?
 - How have different genders expressed interest in different forms of work?
 - What forms of work are people of different genders interested in undertaking?
 - Handling cash (social acceptability of women handling cash).
 - Culturally appropriate work (including barriers different groups could face).

Sexual orientation, gender identity/expression and/or sex characteristics. For more information regarding the concepts of SOGIESC and the associated terminology, please see the Sexual Violence Unit's <u>Glossary on language and terminology surrounding SOGIESC</u>.

- Access to markets (safe and equitable for all groups, tensions between the people we help and local traders, etc.)
- Literacy, numeracy and comfort with technology (ability to buy things at the market and use tools to access banking system).

Ke	ey recommendations
Ge	eneral
	Consult affected people, so their preferences inform the type of assistance and means of delivery.
	When choosing the type of assistance, consider the gender and diversity analysis; ensure that the type of assistance is appropriate to the local context.
	Analyse different groups' access to funds and markets, if this was not done at the assessment stage.
	When choosing the delivery mechanism, consider the context-specific gender analysis, including the following:
	Who has control over household finances in this location?
	Who can hold a bank account, and what permissions do they need to get one?
	Are there specific risks for men, boys, women, girls or sexual and gender minorities in accessing phones, finances or programme locations?
	Find out who does not have access to delivery mechanisms, and develop strategies for reaching them.
	Ensure delivery mechanisms do not put people at further risk – this is especially relevant for marginalised groups that might face public discrimination, and includes considering sectoral and SGBV risks associated with the delivery of CVA.
Ge	ender capacity in teams
	Ensure that team composition matches affected people's preferences and that the team is appropriately diverse and gender balanced.
	Include a gender and diversity specialist (such as a diversity inclusion in operations focal point) – or at least consult such a person – in the design and implementation of the assessment.
	Include enumerators with experience and training in protection/SGBV.
	ferral pathways for persons disclosing sexual violence or other forms of nder-based violence
En	sure that the assessment team is trained on how to respond to reports of sexual

violence, other forms of gender-based violence or other protection issues received

during the course of the assessment, and ensure that basic response services are available.¹¹
 Selection and targeting
 Consult communities on safety risks for different groups.
 Identify the most at-risk individuals and groups, and check that the most vulnerable groups are targeted.
 Consider carefully whether the person(s) in charge of pre-selection is/are likely to be inclusive or not.
 If necessary, involve representatives of diverse groups/committees within the affected population in the pre-selection process.

3.2 Analysing the risks associated with CVA

We have previously mentioned the use of individual risk assessments, which can be carried out alongside or in place of a needs assessment, particularly when the ICRC is trying to reduce someone's risk exposure. However, as well looking at risk exposure in general, before giving cash you should analyse both the risks associated with CVA and the corresponding mitigation measures, and monitor these regularly.

Both the risk assessment and the needs assessment should be person-centred, and should include a section on the recipient's preferences. If they prefer cash, or cash is being considered, both assessments should also list the risks involved in their receiving cash, whether there is an alternative and the person's own risk-mitigation measures.

The table below sets out some common risks and mitigation measures for cash assistance that also apply to victims/survivors of sexual violence.

However, there is wide agreement that CVA is not inherently riskier than other options. The associated risks are context-, age-, gender- and diversity-specific, and comparable to those of any other humanitarian activity.¹²

For overall guidance on ensuring that team members know how to provide a safe response to someone disclosing that they are a victim/survivor of sexual violence, please see Reacting to Disclosure: A Practical Guide in the Sexual Violence Community of Practice.

Ensuring that it is possible to refer people to survivor-centred services (health, MHPSS, livelihood, legal aid and protection) – including those offered by agencies other than the ICRC – also mitigates the associated risks, including that of harm from stigmatisation. See Establishing Referral Systems for Victims/Survivors of Sexual Violence: A Practical Guide in the Sexual Violence: A Practical Guide in the Sexual Violence: A Practical Guide in the Sexual Violence: A Practical Guide in the Sexual Violence: A Practical Guide in the Sexual Violence: A Practical Guide in the Sexual Violence: A Practical Guide in the Sexual Violence: A Practical Guide in the Sexual Violence: A Practical Guide in the Sexual Violence: A Practical Guide in the Sexual Violence: A Practical Guide in the Sexual Violence Community of Practice.

¹¹ See: <u>Reacting to Disclosure: A Practical Guide</u> and <u>Establishing Referral Systems for Victims/Survivors of Sexual Violence: A Practical Guide</u>.

¹² For more information see CaLP, Cash & Voucher Assistance and Risk, 2018: http://www.cashlearning.org/cash-transfer-programming-and-risk.

Risk	Mitigation
(Re-) stigmatisation, including risk of repeated exposure to sexual violence.	Ensure that CVA – and any other type of assistance – does not solely target victims/survivors of sexual violence, as this will identify everyone receiving CVA as a victim/survivor and put them at risk.
	Ensure that victims/survivors receiving CVA form part of a wider group of programme participants, or prioritise people who are at risk of suffering SGBV within a wider group.
	Where the individual framework is used this is less of an issue, as there may be multiple reasons for giving individual assistance, but do maintain confidentiality, to prevent people being identified as victims/survivors of sexual violence.
	Ensure functioning referral pathways.
	Ensure that staff engaged in CVA programming know how to provide a basic survivor-sensitive response to disclosure (see Reacting to Disclosure: A Practical Guide).
Women (and other victims/survivors, including children, men and sexual and gender minorities) become vulnerable to theft or attack as a result of receiving	Carry out gender analysis and design the project appropriately (which includes choosing appropriate delivery mechanisms/transfer methods, see 3.1).
cash.	Involve at-risk groups in programme design and safety planning.
	Identify how CVA can help reduce SGBV risk, discrimination and other gender-related risks created by the situation.
	Ensure dissemination of information to at-risk groups.

For further guidance on risk assessments for CVA, please see the $\underline{\text{Movement Cash}}$ and $\underline{\text{Voucher Assistance Guidelines}}$.

3.3 Determining the transfer value

The transfer value (the amount of cash or the value of vouchers) is calculated by quantifying the needs and then calculating the cost of meeting them, at local prices. For example, you would give someone a smaller amount for transport than for starting a livelihood activity.

If we are providing cash to cover all basic needs over a crisis period (1–3 months) you can consult the Economic Security Unit at your delegation to establish the monthly amount required to cover essential expenditure for an average household in your target areas. This is the **minimum expenditure basket.**

Key term

Minimum expenditure basket (MEB): The total of all items and services that a household in a given context is likely to require for a specific period of time. An MEB consists of several types of item, and its cost is calculated from the average cost of the items that compose it. The MEB will indicate to you how much cash a typical household will need to cover their needs for a given period. The EcoSec department can advise on the cost of the MEB for the target area.

3.4 Monitoring, evaluation and feedback mechanisms

Monitoring and evaluation should take place throughout a CVA project and at the end, to assess its impact and any negative consequences.

The monitoring of outcomes will depend on the objective, and should not change simply because we are using CVA. For example, monitoring indicators used to verify that a victim/survivor of sexual violence was able to access health care remain the same whether the ICRC simply referred the person to a health service or also gave them cash to help pay for their transport to the service.

However, process monitoring will be different if we are using CVA, in that it would include such factors as:

the timeliness of access to the cash
ease of access
whether the person encountered problems with the financial service provider
whether the person encountered problems spending the cash.

Use the various ICRC tools available, such as the EcoSec monitoring framework and community-based protection approach monitoring tools, including risk-reduction strategies, etc. However, evaluation and feedback require the consent of the victims/survivors; they have the right to refuse follow-up/evaluation sessions.

3.5 ICRC capacity to use cash and voucher assistance

Before embarking on a project using CVA, delegations should look carefully at whether they have the capacity to deliver it.

You can normally manage support for individuals through the ICRC working advance (WAD) system, with the relevant department taking a WAD, giving cash directly to the affected person, and collecting their signature for proof of delivery.

However, if delegations need to use large amounts of cash (for large populations, and/or involving multiple transfers), cash transfers through financial service providers (e.g. banks) are more appropriate and more efficient. In such cases, some preparation and capacity-building may be required, both to ensure that using cash will be feasible and to procure financial services. Cash specialists in Operations and Logistics are on hand to help: see the ICRC CVA intranet page for current contacts.

4. Case studies of community-based approaches and assistance to groups using CVA

Case Study 1: Outcomes of microeconomic initiatives for victims/survivors of sexual violence in eastern and central DRC

This project aimed to promote the economic and social reintegration of female-headed households affected by/at risk of sexual violence, and to reduce their exposure to risk.

The people concerned were victims/survivors who had been discharged from ICRC-supported MHPSS services at least six months previously, but who were reporting a lack of economic and social reintegration.

The households selected were those scoring lowest in an economic vulnerability survey. They were unable to cover their basic needs, had high levels of debt and were suffering social exclusion. These people formed part of a wider group that included displaced female-headed households at risk of sexual violence and people injured as a result of the fighting.

The ICRC provided livelihood and basic business skills training, together with cash assistance in the form of what was at the time called a "social safety net" – now renamed an "MEI grant".

The ICRC made the cash transfers discreetly, using mobile money or local cooperative banks, in three instalments totalling USD 500 over an eight-month period.

The table below summarises the objectives and outcomes of the project.

Objective	Outcomes	
Improved social well- being	100% of beneficiary households reported that their personal well-being and social relationships improved as a result of the project.	
Improved food consumption	 Beneficiary households ate two meals per day following the project, compared to an average of 1.2 meals per day before. Dietary diversity increased. 	
Improved living conditions	 Ownership of essential household and non-food items by beneficiary households increased by an average of 89%. Some beneficiaries were able to build or repair their homes. 	
Debt reduction	 46% of beneficiaries reduced their debt levels by at least 80%. 50% of the remaining debts were productive – incurred for the purpose of investing in livelihood activities. 	
Asset accumulation	 100% of beneficiary households accumulated productive physical assets, such as land or animals. 100% of beneficiary households started saving money, mainly in their new local cooperative accounts. 	

This project also improved social reintegration and well-being, as survivors/victims paid for things that contributed to their general sense of well-being.

Examples included:

- supporting relationships and strengthening support networks by spending on a phone call or a visit to family or friends
- · supporting other family members
- paying the fees to join women's groups.

Case Study 2: Cash assistance for protection (SGBV in Lebanon, UNHCR)

This was a group programme for survivors/victims and "at-risk" groups, which focused on protection.

The study revealed that issuing cash for protection did indeed provide protection against SGBV and reduce the risk thereof, by reducing both stress and the use of negative coping mechanisms. Victims/survivors and at-risk groups spent the cash on meeting their basic needs, medical care and rent.

UNHCR cash assistance to the victims/survivors of SGBV enabled them to:

- move away from abuser(s) and rent accommodation for themselves and their children
- undergo surgery
- cope during the recovery of a family member
- search for another job or house, to escape abuse by their employer or landlord.

5. Conclusion

Cash cannot meet all the needs of victims/survivors of sexual violence, who may face a variety of physical, psychological, social and economic consequences arising from the incident.

However, CVA can be a useful tool in helping to prevent first-time or repeated exposure, and in responding to a person's needs following an incident. Such needs may include urgent medical care, avoiding negative coping strategies or ensuring safe, sustained longer-term recovery.

CVA can resolve the financial barriers to accessing healthcare and other vital services, promote socio-economic recovery and inclusion, and above all, puts power in the hands of the victim/survivor so that they can chart the path to their recovery.

For further information, please see the Sexual Violence Community of Practice and the CVA Community of Practice.

6. Useful resources and references

6.1 Internet and intranet

- ICRC CVA intranet page: https://intranet.ext.icrc.org/structure/op/cva/index.html
- ICRC CVA Community: https://communities.ext.icrc.org/community/cash-and-voucher-community
- Global Protection Cluster website (cash section): https://www.globalprotectioncluster.org/tools-and-guidance/essential-protection-guidance-and-tools/cash-based-interventions-and-idp-protection/

6.2 Publications

- BRC Evaluation of the Social Safety Nets Programme, 2018: https://collab.ext.icrc.org/sites/TS_ASSIST/_layouts/15/DocIdRedir.aspx?ID=TSASIST-38496930-15212
- CARE International, Women's Refugee Commission and UNHCR, Guide to Cash and Voucher Assistance and Gender-based Violence Resources, 2019: https://www.calpnetwork.org/ar/publication/guide-to-cash-and-voucher-assistance-and-gender-based-violence-resources/
- Cash Learning Partnership (CaLP), Collected Papers on Gender and Cash Transfer Programmes in Humanitarian Contexts, December 2018: https://www.calpnetwork.org/publication/collected-papers-on-gender-and-cash-transfer-programmes-in-humanitarian-contexts/
- Gender-based Violence Area of Responsibility Working Group, Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, July 2010: https://www.unicef.org/protection/files/GBV_Handbook_Long_Version.pdf
- IASC, IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015: https://interagencystandingcommittee.org/working-group/documents-public/iasc-guidelines-integrating-gender-based-violence-interventions
- ICRC EcoSec DRC, Final Evaluation of the Social and Economic Reintegration Pilot Programme, available from the ICRC ECOSEC Resource Centre:

 https://collab.ext.icrc.org/sites/TS_ASSIST/_layouts/15/DocldRedir.aspx?ID=TSASIST-17-6134
- ICRC, Cash for Livelihoods in Prevention and Response to Sexual Violence, (external and internal versions), available from the ICRC ECOSEC Resource Centre:

 https://collab.ext.icrc.org/sites/TS_ASSIST/_layouts/15/DocldRedir.aspx?ID=TSASIST-24-946
- ICRC, Cash Transfer Programming in Armed Conflict: The ICRC's Experience: https://www.icrc.org/en/publication/cash-transfer-programming-armed-conflict-icrcs-experience
- ICRC, Guidelines on Mental Health and Psychosocial Support, Ref. 4311: https://www.icrc.org/en/publication/4311-guidelines-mental-health-and-psychosocial-support

- ICRC, Sexual Violence, August 2019: https://intranet.ext.icrc.org/structure/dp/fas/dp-fas-toolbox-sv.html
- International Red Cross and Red Crescent Movement, *Market Analysis Guidance*, 2014: https://www.icrc.org/en/publication/4200-market-analysis-guidance
- International Red Cross and Red Crescent Movement, Rapid Assessment of Markets: Guidelines for an Initial Emergency Market Assessment, 2014: https://www.icrc.org/en/publication/4199-rapid-assessment-markets-guidelines-initial-emergency-market-assessment
- UNHCR, Cash Assistance and Gender, Key Considerations and Learning, August 2019: https://www.unhcr.org/uk/protection/operations/5bbf501b4/cash-assistance-gender-key-considerations-learning.html
- Women's Refugee Commission, International Rescue Committee and Mercy Corps, Overview of Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response, 2018: https://www.womensrefugeecommission.org/issues/livelihoods/research-and-resources/1549-mainstreaming-gbv-considerations-in-cbis-and-utilizing-cash-in-gbv-response
- Friedman, Joanna, Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners, CARE International, 2019: https://www.calpnetwork.org/publication/cash-voucher-assistance-and-gender-based-violence-compendium/