



## **Guidance for GBV Case Management Services on Monitoring Cash Referrals for Survivors of Gender-based Violence**

Cash can be a key component of survivor-centered gender-based violence (GBV) case management services in humanitarian settings when a) core GBV response services (e.g., health or legal services) have associated costs and are not available for free, and b) survivors of GBV (clients) have limited financial resources preventing them from accessing services they need to ensure their safety and support their recovery. To ensure that cash referrals are appropriately tailored to meet clients' protection needs in a timely manner, and that the introduction of cash assistance minimizes further exposure to harm, cash assistance must be monitored and adapted for the client through a GBV case management process.

This guidance on monitoring accompanies the [\*Protocol for GBV Caseworkers for Assessing Survivors' Financial Needs and Referring GBV Case Management Clients for Cash Assistance\*](#) and the [\*Post-distribution Monitoring \(PDM\) Module for Cash Referrals for Survivors of GBV\*](#).<sup>ii iii</sup>

The PDM tool should be used during the follow up and case closure steps of the GBV case management process, and administered by GBV case management staff,<sup>iv</sup> in order to:

- a. Monitor the protection risks and benefits associated with the introduction of cash assistance for GBV survivors, as well as the effectiveness of risk mitigation mechanisms;
- b. Inform adaptations of cash referrals (e.g., design, implementation, and coordination with cash assistance providers) to address barriers to achieving case action goals and to maximize protection outcomes; and
- c. Determine if the client's support system is functioning effectively and the cash has indeed fulfilled the purpose identified and recorded in the case action plan.

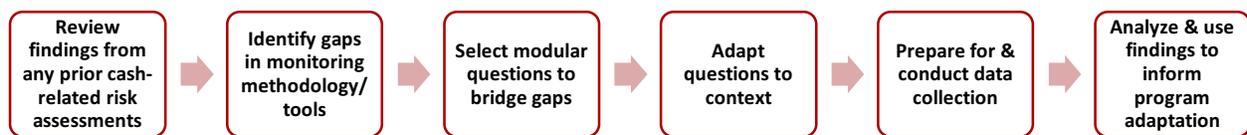
To minimize the client's exposure to risk and any breach of confidentiality, as well as to avoid duplication of efforts, the GBV case management service and cash provider should collaborate to identify priority measures relative to each service. This will ensure that the standards for GBV case management and monitoring and evaluation of a cash-based intervention (CBI) are met, and that GBV case management service and cash providers are supported in tailoring and adjusting their protocols to promote high-quality services and client feedback.

It is not unusual for a client to face increased risks once they have disclosed violence, given strong social norms, such as culture of silence, that tend to stigmatize GBV survivors. All

service providers must be committed to and take measures towards ensuring confidentiality regarding the client's case and support received, or they risk intensifying the problem. Cash assistance may or may not result in an increase in violence against the client by their family or community members, but there is the potential for risk because of the nature of threats and violence associated with GBV cases. Therefore, caseworkers should assess a client's risks and safety concerns associated with the cash referral during every visit with the client.

The PDM is designed to be modular and adaptable to context. The questions (survey sheet) and response options (choice sheet) are intended to be customized to bridge gaps in current tools. To avoid duplication, questions should be compared with tools already in use (including those being used by partner agencies).

**Steps for GBV caseworkers in coordination with cash and monitoring, evaluation, accountability, and learning (MEAL) colleagues:**



Sections 1, 2, 3 and 6 of the PDM relevant to case management and cash receipt should be administered by the caseworker every time they follow up with the client. Sections 1, 4, 5, and 6 related to case closure/end of cash receipt should be administered by the supervisor of the caseworker to ensure holistic and impartial monitoring of the service provided; these sections should be administered at least once during the duration of the cash referral.

Analysis of PDM findings should be jointly and regularly undertaken by GBV, cash, and MEAL staff (using de-identified findings) to ensure quality cash referral pathways for GBV survivors. Safety concerns raised through the PDM must be immediately addressed.

GBV caseworkers should adhere to best practices as outlined in the Inter-Agency Standing Committee (IASC) guidelines for GBV case management.<sup>v</sup> Specific best practice standards to be upheld by the caseworker supporting clients whose cases include cash referrals include:

- Participation in a training on the fundamentals of cash assistance;
- Participation in a training on sensitivity and respect for persons on non-conforming sexual orientations, bodily diversity, disability, and individuals engaged in “risky” activities, such as sex work;
- Obtaining verbal consent from the client when scheduling the monitoring meeting and again at the start of the questionnaire — consent statements must fully explain the data collection and use process; and include language on opting out;
- Administering the monitoring questionnaire in an individual interview format, rather than in a group format that denies clients’ right to confidentiality;

- Conducting the questionnaire in a private, confidential setting either chosen by or agreed to by the survivor, and which the survivor can safely and confidentially access (e.g., the case management room or, for clients who feel this option is unsafe, the office of a peer service provider or health clinic.) Bear in mind the latter options might be particularly useful for clients who self-identify as LGBTI and wish to keep their status confidential); and
- Collection of data using a client ID number. Data should be stored in accordance with data security protocols (paper documents are locked and electronic documents are password protected/encrypted) and only shared with relevant staff on a “need to know” basis.

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<sup>i</sup> This guidance and the [PDM Module for Cash Referrals for Survivors of GBV](#) have been developed by the Women’s Refugee Commission (WRC), the International Rescue Committee (IRC), and Mercy Corps. The PDM tool has been informed by WRC’s [Cohort Livelihoods and Risk Analysis Guidance and Tools](#), WRC’s [Urban Gender-based Violence Risk Assessment Guidance: Identifying Risk Factors for Urban Refugees](#), IRC’s CHAD PRM: Qualitative Research to Understand the Use of Cash Transfers for Women Refugees and IDPs in Humanitarian Settings, Mercy Corps’ Post-distribution Monitoring Tool for CBI Response in Greece; and UN Women’s Safety and Protection Inter-Agency KII Assessment Form. Special thanks to: WRC staff Tenzin Manell, Nadine El-Nabli, and Anna Myers; IRC staff Melanie Megevand, Anna Rita Ronzoni, and Sawsan Issa; and Mercy Corps staff Kevin McNulty, Mohie Wahsh, and Rebecca Vo.

<sup>ii</sup> This tool should be used in alignment with existing guidance and tools on cash, protection, gender, GBV, and monitoring and evaluation.

<sup>iii</sup> The PDM tool has been coded in excel for KOBO and may require coding modifications for use in Open Data Kit (ODK), or similar software. Questions and response options can be adapted for use in paper format.

<sup>iv</sup> To maximize principles of confidentiality for the survivor, the caseworker should administer the PDM. This ensures that only the service providers who need to know about the survivor’s circumstances are engaging with the survivor directly about case-related issues. It also provides an opportunity for the caseworker to monitor evolving safety concerns. Due to the particular vulnerability of the client, any safety concerns raised through the PDM must be immediately addressed; this response could be delayed if post-distribution monitoring is led by someone other than the caseworker.

<sup>v</sup> See the [InterAgency Gender-based Violence Case Management Guidelines](#).

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