



Assessing and Mitigating Risks of Gender-based Violence: Guidance for Cash Providersⁱ

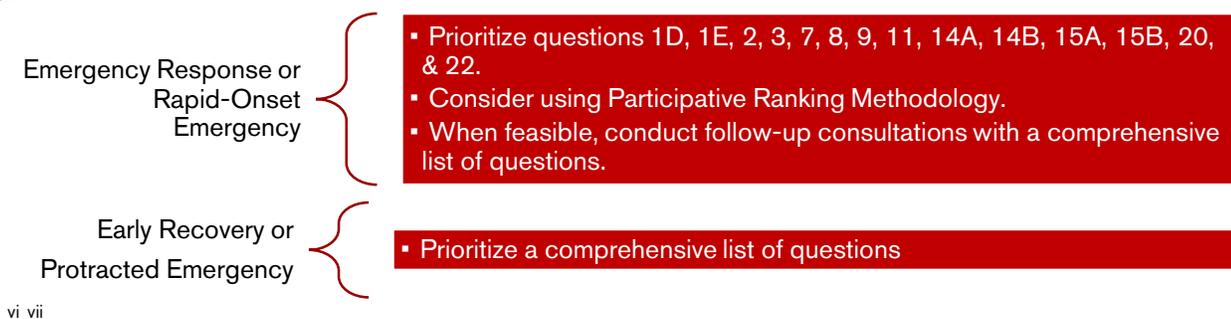
Cash itself is not inherently risky, but simply designing a CBI without assessing gender dynamics, the potential GBV risks and protection benefits associated with the introduction of cash, as well as ensuring mitigation mechanisms, can lead to negative unintended consequences. Therefore, it is imperative that cash practitioners take steps that assess and mitigate associated risks, including risks of Gender-based Violence (GBV). Cash practitioners are obligated to assess protection risks and design protective interventions to meet the specific needs and ensure the safety, dignity, and inclusion of diverse groups, including the most historically and contextually marginalized (e.g. women, persons with disabilities, and LGBTIⁱⁱ individuals). In order to do this effectively, cash practitioners need to work closely with GBV specialists.

The [*Guidance on Protection in Cash-based Interventions*](#) instructs cash practitioners to identify context-specific protection risks and benefits analysis to inform response analysis and then the integration of actionable protection measures within the design, implementation and monitoring of CBIs. This guidance on assessing and mitigating risks of GBV and the tool for [*Assessing and Mitigating Risks of Gender-based Violence in Cash-based Interventions through Story: A Focus Group Discussion and Interview Guide*](#)ⁱⁱⁱ help cash practitioners to mainstream GBV considerations within CBIs in consultation with GBV specialists, and specifically, to:

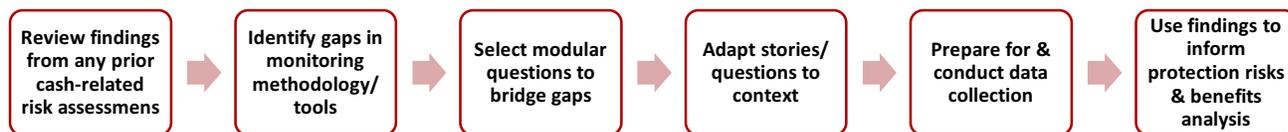
- a. Assess perceived GBV risks for CBI participants associated with the introduction of cash assistance as well as identify risk mitigation mechanisms to ensure the safe receipt and use of cash;
- b. Inform protection risk and benefits analysis^{iv}, a key component of response analysis for protective program design; and
- c. Inform protection monitoring ([*Post distribution-Monitoring \(PDM\) Module: Adapting CBIs to Mitigate GBV Risks*](#)).

This tool uses depersonalized stories and qualitative questions to facilitate focus group discussions (FGDs) and interviews about GBV without putting respondents at risk of disclosing personal experiences of violence. This tool is modular, and both the stories and questions are intended to be customized to bridge gaps in assessments, as well as adapted to context. Each story in the menu of stories is unique and intended for use with a specific sub-population based on the characteristics which define their unique vulnerability to GBV. Qualitative methods are an essential part of assessing CBIs' potential impact on GBV vulnerability as they allow Cash, Monitoring, Evaluation, Accountability and Learning (MEAL) and GBV teams to understand protection issues through the cash recipients' experience.^v

When resources and time allow, prioritize a comprehensive list of questions. A shorter module can be selected.



Steps for Cash Provider in coordination with GBV and MEAL colleagues:



Cash, GBV and MEAL teams should collaborate to analyze assessment findings; each brings different skills sets and focus to bear and joint analysis enables the design of integrated interventions. Efforts to coordinate should be written into standard operating procedures (SoPs). SoPs should also include contingency plans to address safety issues identified through the assessment to ensure they are immediately addressed in collaboration with GBV actors.

A context-specific protection risks and benefits analysis should be completed using *the Risks and Benefits Analysis Tool* or a similar tool, to inform response analysis and program design. The analysis process should examine: the relative importance (likelihood and impact) and manageability (prevention or mitigation) of different sex, age, and association-related risks; the differences and overlaps between specific needs, protection risks and economic vulnerability; and determine if each protection risk is specific to CBIs. In cases where CBIs have been identified as inappropriate for persons with specific needs or protection risks, alternative service delivery components should be developed, or referrals identified and utilized.^{viii}

Best practice standards to be upheld in preparation for the Assessment include:

- Cash and M&E staff receive training on the basic concepts of gender, GBV and the guiding principles for GBV prevention and response;^{ix}
- Cash and M&E staff receive training on diversity sensitivity and the importance of respect for all persons regardless of their sex, age, ability, identity, associations,^x or occupation;^{xi}
- The data collection team should reflect the profile of the assessment sample. They should be able to speak the same language and represent the same diversity of groups.^{xii} Teams should include women and men with the understanding that the assessment will be conducted by data collectors of the same sex as respondent, unless respondents prefer otherwise. Efforts should be made to recruit persons with disabilities and when possible LGBTI individuals^{xiii};
- Data collectors are trained on the humanitarian imperative and codes of conduct, including the prevention of sexual exploitation and abuse, child safeguarding policies, and accountability and reporting mechanisms;
- Map GBV referral pathways (including sub-population-specific pathways that have been assessed for sensitivity) and train the data collection team on the referral pathways as well as in psychological first aid;
- Notify appropriate gatekeepers on the purpose of data collection activities and explanation of the tools being used (questions on GBV may otherwise be poorly received);
- Tools are translated into local language(s) and reflect the preferred language, dialect, and cultural-sensitivities of the targeted populations. This is especially important when discussing sensitive issue such as safety and GBV; and
- Data collection team trained on the assessment tool and methodologies. Data collectors understand the rationale for the types of questions and analysis.

Best practice standards to be upheld in the facilitation of the Assessment include:

- The sample of respondents reflects the diversity of the target population (e.g. women, men, adolescent girls, adolescent boys, including persons with disabilities and their caregivers, elderly persons, self-identified LGBTI individuals and individuals who may self-identify as engaging in survival sex/selling sex).^{xiv xv}
- Data collection is planned with the respondents and the timing is based on their availability.
- Focus group discussions (FGDs) and key informant interviews (KIIs) are conducted in safe, private, and dignified settings. Steps should be made to ensure privacy and confidentiality. Respondents should have the option of selecting the site for the FGD and KII. Data collectors should be the same sex as the respondents (unless the respondent prefers otherwise). If facilitating focus groups, groups are expected to be of the same sex and within relevant age brackets.^{xvi xvii}
- Data collectors obtain informed consent from respondents before starting FGD or KII. Data collectors fully explain the process of the methodology and how data will be used. All requests for consent are spoken in the appropriate languages and include opt-out language.
- Data is stored in accordance with data security protocols.

ⁱ This guidance and the tool for [Assessing and Mitigating Risks of Gender-based Violence in Cash-based Interventions through Story: A Focus Group Discussion and Interview Guide](#) have been developed by the Women's Refugee Commission, the International Rescue Committee, and Mercy Corps. This assessment 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](#), and IRC's CHAD PRM: Qualitative research to Understand the Use of Cash Transfers for Women Refugees and IDPs in Humanitarian Settings. 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.

ⁱⁱ The LGBTI acronym is used as shorthand for “lesbian, gay, bisexual, transgender, and intersex” persons. For a Glossary of Sexual Orientation and Gender Identity-related Terms, see IASC GBV Guidelines, Annex 2, p. 319.

<http://gbvguidelines.org/> However, as others have noted, the rising dominance of such acronyms, which presumptively pool diverse identities under the same banner, poses conceptual and practical problems. For example, it contributes to the conflation of the two analytically distinct concepts of sexual orientation and gender identity. It also fails to adequately distinguish between the different realities faced by, say, transgender individuals compared to bisexual or intersex individuals. Moreover, in many countries throughout the world, individuals with diverse sexual orientations or gender identities do not themselves identify with the LGBTI monolith, or even as being “gay” or “queer.” They might identify as a number of locally specific terms. Caveats aside, many human rights advocates and humanitarian actors, including WRC, use ‘LGBTI’ as practical shorthand.

ⁱⁱⁱ This tool should be used in alignment with existing guidance and tools on cash, protection, gender, GBV and monitoring and evaluation.

^{iv} See the Guide for Protection in CBIs and the Protection Risk and Benefits Analysis tool developed by UNHCR, WRC, DRC, Oxfam, Save the Children, the Global Protection Cluster and WFP:

<https://www.womensrefugeecommission.org/issues/livelihoods/research-and-resources/1280-protection-in-cash-based-interventions>.

^v See UNFPA/Oxfam/CARE Gender and Cash Transfer Programming: A Practical Guide for Greece (2017).

^{vi} Participative Ranking Methodology is a mixed methods approach developed by Columbia University. See Participative Ranking Methodology: A Brief Guide: Version 1.1 (2010): <http://www.alnap.org/resource/8070>.

^{vii} See WRC’s Cohort Livelihoods and Risk Analysis tools for an example of using Participative Ranking Methodology: <https://www.womensrefugeecommission.org/issues/livelihoods/research-and-resources/1231-clara-tool>.

^{viii} See the [Guidance on Protection in Cash-based Interventions](#)

^{ix} If translators are needed to roll out assessment activities, then they should also receive such training.

^x For example, nationality, refugee status, class, ethnicity, religious affiliation, political affiliations, etc.

^{xi} For example, individuals engaged in survival sex/selling sex.

^{xii} For example, ethnicities, religions, nationalities, etc.

^{xiii} FGDs and interviews with self-identified LGBTI respondents should ideally be led by LGBTI individuals.

^{xiv} If resources allow separate FGDs with sub-populations to saturation are advised as the gold standard (e.g. with married and unmarried adolescent girls; with lesbian, gay, bisexual, transgender, and intersex individuals; individuals with physical, hearing, vision, intellectual or psychosocial disabilities and caregivers of persons with disabilities).

^{xv} Where safety issues are a concern for participants (e.g. LGBTI individuals or individuals engaged in survival sex/selling sex, and/or facilitators, consider holding FGDs with women, men, adolescent girls, adolescent boy, and persons with disabilities and conduct interviews with LGBTI individuals and individuals engaged in survival sex/selling sex.

^{xvi} When sampling persons with disabilities hold consultations separately from other sub-groups, and where appropriate, with caregivers of the same sex. While best practice is to mainstream persons with disabilities in community consultations with same age and sex groups, the questions within this assessment specifically target sub-groups and therefore call for separate consultations.

^{xvii} Do not ask questions to a woman or girl if her husband or a male family or community member is standing nearby as they will likely be biased to answer in a certain way, feel uncomfortable to answer, and this may heighten their exposure to GBV once data collectors leave.

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