



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

Humanitarian crises are defined by uncertainty and unsafe circumstances that put people at risk. In spite of our best intentions, any humanitarian response, including cash-based interventions (CBIs), has the potential to contribute to unintended negative consequences. While cash itself is not inherently risky, it is the imperative of cash practitioners to take steps that identify, monitor, and mitigate associated risks. Cash practitioners are obligated to monitor and adapt 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).

Post-distribution monitoring (PDM) is a standard practice in CBIs, to understand whether process and results have met project objectives and to assess cash recipients' experiences. This includes capturing data related to protection risks, including gender-based violence (GBV), so cash actors can mainstream GBV considerations and implement GBV-responsive interventions to minimize protection risks and maximize protection benefits.

The [Guidance on Protection in Cash-based Interventions](#) instructs cash practitioners to adapt CBI monitoring systems to reflect protection risks that are identified during the assessment phase. Changes in cash recipients' protection risks and benefits, specific needs, vulnerabilities, and capacities to cope will change and evolve throughout the implementation phase. Cash actors are expected to develop monitoring systems that surveil these changes and refine program design and implementation approaches accordingly to respond to cash recipients' circumstances.

This guidance accompanies the [Post-distribution Monitoring \(PDM\) Module: Adapting CBIs to Mitigate GBV Risks](#).ⁱⁱⁱ

The PDM tool should be used by cash actors in consultation with GBV actors and administered by Monitoring, Evaluation, Accountability, and Learning (MEAL) staff to:

- a. Monitor perceived GBV risks and protection benefits associated with the introduction of cash assistance, as well as the effectiveness of risk mitigation mechanisms embedded in program design; and
- b. Inform adaptations in the design and implementation of the CBI (e.g., adjustments in the delivery mechanism(s), amount, frequency, or duration of transfer(s), as well as

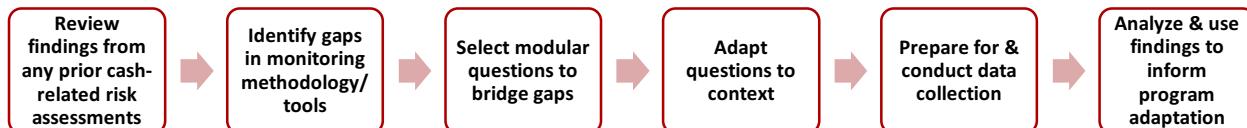
the activities and services paired with cash assistance) to ensure protection from GBV.

The PDM tool has been designed to be modular and adaptable to context. Questions and response options are intended to be customized to bridge gaps in current tools. By using the tool for *Assessing and Mitigating Risks of Gender-based Violence in Cash-based Interventions through Story: A Focus Group Discussion and Interview Guide*, practitioners can identify risks associated with the introduction of cash assistance. Once risks are identified, cash providers should collaborate with GBV specialists to prioritize measures that will minimize the protection risks associated with the CBI while maximizing the protection benefits. Practitioners should tailor the PDM by adapting the questions (i.e., survey sheet) and response options (i.e., choice sheet). It is best practice to minimize duplication and intrusive monitoring. As the tools are being prepared, compare questions with other tools in use (including tools used by partner agencies) and determine if the same information can be determined through a secondary source.

Some of the questions in the PDM are qualitative questions. Qualitative methods are an essential part of assessing the impact of CBIs on GBV vulnerability as they allow cash, MEAL, and GBV teams to understand protection issues through the cash recipients' experiences.^{iv} Questions may be asked in a questionnaire format as provided, but also adapted for use in supplemental focus group discussions.^v

Consider the medium used to facilitate outreach and monitoring sessions. Local gender norms often have an effect on how targeted cash recipients are able to access different monitoring efforts. It is important to diversify methods of community outreach as men and women are likely to have different access to information. For example, in contexts where women do not own the family phone, conducting phone-based PDMs may not be as appropriate and inclusive as conducting face-to-face monitoring.^{vi} Similarly, in other contexts conducting PDMs with women through home visits may have negative implications for their safety, especially if the monitor is male.^{vii}

Steps for cash provider in coordination with GBV and MEAL colleagues:



Cash, GBV, and MEAL teams should collaborate to analyze PDM findings; each team brings a unique skill set and a different focus to the analysis. Efforts to coordinate should be written into standard operating procedures (SOPs) to ensure that PDMs inform adaptations to mitigate GBV risks and promote the protection benefits of CBIs through program design and implementation. SOPs should also include contingency plans to mitigate safety issues that are identified through the PDM to ensure they are immediately addressed in collaboration with GBV actors.

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

- Cash and MEAL staff receive training on the basic concepts of gender, GBV, and the guiding principles for GBV prevention and response;^{viii}
- Cash and MEAL staff receive training on diversity sensitivity and the importance of respect for all persons regardless of their sex, age, ability, identity, associations,^{ix} or occupation;^x
- The data collection team reflects the profile of the PDM sample. They are able to speak the same language and represent the same diversity of groups.^{xi} Teams include women and men with the understanding that the PDM will be conducted by data collectors of the same sex as the respondent, unless respondents prefer otherwise. Efforts are made to recruit persons with disabilities and when possible LGBTI individuals^{xii};
- 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;
- GBV referral pathways (including sub-population-specific pathways that have been assessed for sensitivity) are mapped and the data collection team is trained on the referral pathways as well as in psychological first aid;
- Appropriate gatekeepers are informed of the purpose of data collection activities and the 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 is trained on the PDM 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 PDM include:

- The sample of respondents reflects the diversity of the target population (e.g., women, men, adolescent girls, adolescent boys, 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).
- Data collection is planned with the respondents and the timing is based on their availability.
- PDMs are conducted in safe, private, and dignified settings. Steps are taken to ensure privacy and confidentiality. Respondents have the option of selecting the site for the PDM. Data collectors are 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.
- Data collectors obtain informed consent from respondents before starting PDMs. Data collectors fully explain the process, methodology, and how data will be used. All requests for consent are spoken in the appropriate languages and include opt-out language.
- Data are stored in accordance with data security protocols.

ⁱ This guidance and the [Post-distribution Monitoring \(PDM\) Module: Adapting CBIs to Mitigate GBV Risks](#) have been developed by the Women's Refugee Commission, the International Rescue Committee, 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; the UNFPA/Oxfam/CARE Gender and Cash Transfer Programming: A Practical Guide for Greece (2017); and UN Women's Safety and Protection Inter-Agency Key Informant Interview 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.

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

^v The PDM tool has been coded in excel for Kobo and may require coding modifications for use in ODK, or similar software. Question and response options can be adapted for use in paper format. Asking a subset of questions in focus group discussions to complement household-level PDMs can be considered and incorporated into the program monitoring plan.

^{vi} See note iv.

^{vii} Best practice is for monitors to be of the same sex as respondents, however, in some settings where it is challenging to recruit female staff and where male monitors are conducting the PDM, it is especially important to approach monitoring methods with a gender lens.

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

^{ix} For example, nationality, refugee status, class, ethnicity, religious affiliation, political affiliations, etc.

^x For example, individuals engaged in survival sex/selling sex.

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

^{xii} PDMs with self-identified LGBTI respondents should ideally be led by LGBTI individuals.

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