

## Report Summary

### Introduction

Traditionally, refugees and internally displaced persons have received aid in the form of in-kind assistance. Today, approximately 10 percent of humanitarian assistance globally is delivered via cash transfer programming (CTP)<sup>1</sup> and cash is increasingly being scaled across the humanitarian system. Yet the use of cash within the protection sector trails behind the use of cash in all other sectors.<sup>2,3</sup> Refugee and internally displaced women and girls face risks of and incidents of gender-based violence (GBV) before, during, and after crises and GBV is a pressing concern and the responsibility of all humanitarian actors. It is essential to better understand how cash transfers can help prevent, mitigate, and respond to GBV. Building evidence on the use of CTP to achieve GBV protection outcomes is central to the work of the Global Protection Cluster Task Team on Cash for Protection, co-chaired by the Women's Refugee Commission and the International Rescue Committee. New jointly-undertaken research outlines existing evidence on CTP and the prevention and mitigation of and response to GBV in humanitarian settings, and recommends priority areas for future research.

### Background

CTP—where cash or vouchers are provided directly to beneficiaries (recipients of aid) for their use and prioritization of goods and services—is relatively new in humanitarian contexts. However, its use has grown significantly over the past few years. CTP is recognized as an important component of humanitarian response that, in the right contexts, can make use of scarce resources efficiently and effectively, stimulate local economies, strengthen the dignity and choice of crisis-affected populations, and address multiple needs.<sup>4</sup> While cash and voucher transfers have been studied in development contexts and in meeting nutritional and shelter needs in humanitarian crises, there is less evidence on the ability of CTP to meet other needs in humanitarian contexts. In the protection sector specifically, little conclusive evidence is available on the ability of CTP to address GBV.

GBV is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females. It includes sexual violence, encompassing rape, sexual assault, genital mutilation, sexual torture, exploitation, intimate partner violence, early and forced marriage, and any physical or mental violence that targets individuals based on their gender. GBV violations are human rights violations that not only traumatize survivors, but can undermine societal resilience and can negatively impact the recovery of households and communities.

The report, *Humanitarian Cash Transfer Programming and Gender-Based Violence Outcomes: Evidence and Future Research Priorities*, outlines existing evidence on CTP and the prevention and mitigation of and response to GBV in humanitarian settings, and recommends priority areas for future research. The report reviewed 28 studies; most covered CTP in sub-Saharan Africa and the Middle East, or covered multiple interventions that spanned more than one region. It maps, for the first time, cash modalities—types of cash assistance—against specific goals related to GBV prevention, mitigation, and response. These goals include an increase in women's decision-making power in the household; a reduction in intimate partner violence (IPV); the prevention of early and forced marriage; and access to services for survivors, such as sexual and reproductive health services and mental health services.

### Findings

Findings show that multi-purpose cash grants (MPGs)—unrestricted cash grants that beneficiaries can use to meet their basic needs—have mixed results on the prevention and mitigation of and response to GBV. In some cases, the result was positive, while in others it was neutral. The deciding factor for the positive outcome was pairing MPGs with cash plus programming—complementary activities, such as gender discussion groups and psychosocial support delivered as part of programming to support refugees at risk of GBV and survivors.

<sup>1</sup> Since the report *Humanitarian Cash Transfer Programming and Gender-Based Violence Outcomes: Evidence and Future Research Priorities* was written, the preferred terminology for CTP has been updated to "cash and voucher assistance (CVA)." For this brief, however, the term CTP is retained to reflect usage in the original report.

<sup>2</sup> See *The State of the World's Cash Report*, <http://www.cashlearning.org/downloads/calp-sowc-report-web.pdf>.

<sup>3</sup> For more information on CTP and the Protection Sector, see <http://www.cashlearning.org/sector-specific-cash-transfer-programming/protection-1>.

<sup>4</sup> For more information on CTP, see <http://www.cashlearning.org/> and <http://www.power-of-financial-aid.org/>.

The majority of evidence in the report relates to the impact of CTP on risk of or exposure to GBV; less evidence has been collected on the impact of CTP on access to survivor services and coping strategies.

The most common type of CTP was MPGs. Other interventions were cash plus, mixed-modality, conditional cash and vouchers, cash for work, and unconditional vouchers.<sup>5</sup> Most interventions were not initially designed to meet GBV outcomes, although 45 percent ultimately did analyze GBV or gender dynamics.

In terms of outcomes, evidence on household decision-making was the most common (52%), followed by reduced IPV (23%), asset ownership and control of resources (9%), and early and forced marriage (6%). Engagement in sex work, access to GBV response and recovery services, and exposure to sexual harassment, exploitation, and abuse were represented in only one or two studies, demonstrating the dearth of evidence on CTP in addressing these outcomes. Overall, 71 percent of the interventions had positive results, 25 percent were neutral, and 4 percent were negative.

In addition, the studies revealed positive and negative spillover effects, that is, unintended consequences of interventions. Positive effects included improved psychosocial well-being, such as reduced anxiety and increased morale; increased ability to participate in social activities and community practices; improved community relations; and access to education. Negative effects included the double burden that befell women who were targeted by CTP and experienced an increase in their already taxing workload because of changes in gender roles; deterioration in community relations due to jealousy from non-beneficiaries and allegations of corruption in the selection process; and reports of unsettled marital dynamics resulting in divorce, second marriages, or abandonment.

Ultimately, better design and integration of CTP and GBV programming can catalyze the impact of CTP to support increased access to services, protection from GBV, and resilience for those at risk and for survivors. CTP alone cannot overcome gender-based norms and systems, such as the inability to inherit or own property or community-wide perception of violence and family planning, or address a paucity of existing support services. Complementary programming is essential for CTP to have a more profound impact on GBV outcomes, although there is little evidence on the best combinations for modalities of CTP, services, and activities. Overall, it is important to understand gender relations in different contexts when designing an intervention.

## Recommendations

CTP is broadly recognized as an important component of humanitarian response. As such, it is crucial to better understand how and when to use CTP in humanitarian emergencies to achieve optimal outcomes. However, little conclusive evidence is available on the ability of CTP to address protection and, specifically, GBV outcomes. The following recommendations are proposed to address this gap.

1. There is a greater need to integrate efforts and establish partnerships between cash and GBV service providers and experts; positive GBV impacts are often the result of an intervention designed with adequate gender and protection considerations and programming components.
2. To strengthen the evidence base for CTP on GBV outcomes, evaluations should examine CTP interventions in a way that draws a clearer connection between the type of intervention and the outcome.
3. Further research is needed in five key areas that were identified as gaps in the literature on CTP in humanitarian contexts: (1) CTP and GBV outcomes for excluded, marginalized populations, such as survivors with disabilities and LGBTI individuals; (2) comparing different CTP modalities and their impact on GBV outcomes; (3) combinations of CTP and complementary services to achieve GBV outcomes; (4) the use of conditionality in achieving GBV outcomes and (5) longer-term impacts of CTP interventions on GBV outcomes. Such research will help donors, policymakers, and practitioners working on CTP, protection, and gender with evidence-based guidance.

*Humanitarian Cash Transfer Programming and Gender-Based Violence Outcomes: Evidence and Future Research Priorities* is available at <https://wrc.ms/2RtmnAL>.

*A Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence* is available at [https://wrc.ms/Cash\\_toolkit](https://wrc.ms/Cash_toolkit).

<sup>5</sup> For definitions of these terms, see <http://www.cashlearning.org/downloads/calp-glossary-dec18.pdf>.