



Protocol for GBV Caseworkers for Assessing Survivors' Financial Needs and Referring Clients of GBV Case Management for Cash Assistanceⁱ

For the many women, girls, men, and boys who confront the daily threat and reality of sexual and gender-based violenceⁱⁱ (GBV) in acute or protracted humanitarian settings, the need for targeted assistance is critical and often challenging to provide as survivorsⁱⁱⁱ and other vulnerable populations are forced to adopt intricate “coping strategies” against a backdrop of violence and economic insecurity.

Cash can be a key component of survivor-centered GBV case management services in humanitarian settings. This is especially critical when core GBV response services (e.g., health or legal services) are not available for free^{iv} and clients of GBV case management (i.e., survivors of GBV) with limited financial resources are prevented from accessing services they need to ensure their safety and support their recovery. When an imminent risk of violence is disclosed by a client through a GBV case management process related to economic insecurity, cash can support risk mitigation and the potential prevention of that incident of violence. To ensure the protection benefits of cash in relation to GBV, cash assistance must be integrated into and tailored through a GBV case management process alongside a range of other services. Additionally, it is vital as to ensure that cash assistance does not further expose survivors to harm.

To date, GBV case management protocols in humanitarian settings have largely focused on supporting GBV caseworkers' ability to understand clients' social and economic environment, inclusive of their intrapersonal strengths and assets. This knowledge contextualizes the disclosed situation of violence, and assesses the client's immediate safety, psychosocial, health, and legal needs, in order to provide appropriate referrals.^v While referrals to education and livelihood services are standard in case management protocols as secondary non-urgent needs and referrals, no explicit guidance currently exists for humanitarian GBV caseworkers at the global level on how to assess GBV clients' financial situation.

To better support GBV service providers in responding to the needs of women, girls, men, and boys who confront the daily threat and reality of sexual and gender-based violence, this protocol outlines the process GBV caseworkers^{vi} should follow when assessing clients' financial needs and making referrals for cash assistance within a GBV case management approach.

It is important to bear in mind that GBV case management has unique characteristics that distinguish it from other approaches to case management. The approach is called “survivor-centered.” As defined in global guidance, a survivor-centered approach aims to create a supportive environment in which each survivor's rights are respected and in which the person is treated with dignity and respect. Using a survivor-centered approach means that:

1. *GBV caseworkers validate the person's experience.* A survivor-centered approach emphasizes the importance of communicating to the client of GBV case management that the caseworkers and referral service providers believe them and that neither caseworkers nor referral service providers will judge their experience or decisions, instead trusting that the client is the expert in their situation.
2. *GBV caseworkers seek to empower the person.* A survivor-centered approach puts the individual at the center of the helping process and aims to empower the survivor. An experience of GBV may diminish a person's sense of control over their body and mind. GBV caseworkers' interactions with the client should aim to restore their client's sense of control by making sure they are the decision-maker throughout the helping process.
3. *Emphasize the person's strengths.* A survivor-centered approach recognizes that survivors have existing ways of coping and problem-solving. Understanding and building upon a client's internal and external resources (e.g., prior successes in managing the aftermath of or overcoming a stressful or traumatic event) helps shift the focus from the person's vulnerabilities to their strengths. This strength-based approach helps to build and recognize people's inherent capacities and resilience.
4. *Value the helping relationship.* A survivor-centered approach emphasizes that a caseworker's relationship with a client is a starting point for healing. This means that caseworkers and referral service providers must view every encounter as an opportunity to build connection and trust.

It is imperative that these four elements of the survivor-based approach be applied to ensure the accountability of service providers to the women, girls, men, and boys who confront the daily threat and reality of sexual and gender-based violence and to mitigate of the risks associated with the use of risky economic coping strategies.

The protocol consists of three sections:

1. **Use of cash for GBV survivor support:** Integrating cash assistance into the GBV case management process;
2. **Referral process to obtain cash assistance:** Assessing a client of GBV case management's need for cash assistance, making a referral to a cash provider, and tailoring the referral to maximize protection benefits and minimize protection risks; and
3. **Communicating the referral process with client:** Explaining a referral for cash to a client of GBV case management and obtaining consent.

For a glossary of key terms related to GBV case management, see [*Interagency GBV Case Management Guidelines, Section VII: Glossary*](#). For a glossary of key terms related to cash, see the [*Cash Learning Partnership's Glossary of Cash Transfer Programming*](#).

This protocol should be integrated within the existing globally endorsed protocols for GBV case management. It should be adapted to the humanitarian context and tailored according to the service delivery partnership between the GBV case management agency or unit and the cash-based intervention (CBI) agency or unit. Mirroring protocols specific to cash providers who partner with GBV case management services to support GBV protection outcomes should also be developed; these should reflect the range of processes and methodologies of delivering cash to clients of GBV case management. Clear and transparent processes for communication with the client of GBV case management and recipient of cash referral support should be established to ensure coordination between the two providers; feedback/complaints mechanisms should be established and clients should be informed of how to utilize the mechanisms.

1. Integrating cash assistance into the GBV case management process

Integrating the use of cash assistance should be considered by GBV caseworkers across each of the six standard steps of GBV case management. This protocol complements established global standards and therefore specifically focuses on recommendations relevant to the integration of cash. Readers less familiar with GBV casework should read this protocol alongside the all-encompassing *Interagency GBV Case Management Guidelines*.

Research from health settings suggests that women who have experienced violence seek the following from a service provider: attentive listening; sensitive, non-judgmental inquiry into their needs; validation of their disclosure; enhancement of safety for herself and her children; and support in accessing resources.^{vii} As such, it is important to understand that in GBV case management there is no “identification” step, as there is in child protection case management, even in cases of GBV that involve child survivors. GBV outreach does not “identify” survivors of GBV. Doing so can escalate the violence faced by survivors and may jeopardize the safety of case management staff. Rather, community outreach provides information on how survivors can contact caseworkers via safe spaces to access case management services.^{viii} Organizations that conduct GBV case management work on cases that have been referred to them with the client’s consent, or those which the client has directly chosen to disclose. Along with the elements of a survivor-centered approach, this ensures that it is the client who defines their experience as violent based on what and how they disclose to a caseworker. This is fundamental to understanding that GBV caseworkers do not judge survivors who engage in survival sex/selling sex nor do they categorize such reported instances as sexual exploitation unless they have been reported as such by the client.

Case management step	Process for integration
Welcome and introduction^x	This is the caseworker’s first chance to develop rapport with the client and build a foundation for a healing relationship. The caseworker should greet and comfort the client and begin to build trust and rapport. This is the time to assess the client’s immediate safety and explain the case management process, confidentiality and limits, and to obtain permission (informed consent) to engage the client in services.
Assessment^x	<p>Providing good case management services rests on conducting a solid assessment. In social work, assessment is defined as the act of gathering information or data from a client and evaluating it for the purpose of making a decision about the client’s care. In GBV case management, the goal of the assessment is to safely and carefully assess the client’s context, situation, and experience of violence so that the caseworker can determine the client’s immediate and eventually longer-term needs. The focus of the assessment is listening, and not asking.</p> <p>In the initial assessment, the caseworker should focus on 1) developing an understanding of the client’s social and economic environment and intrapersonal strengths and assets to contextualize the survivors experience of violence and 2) assessing the client’s needs (see section 2B).</p>
Case action planning^{xi}	In this step, caseworkers develop a case action plan with the client based on the needs that emerge during the assessment related to the client’s environment and

	<p>situation. Case action plans are developed collaboratively with the client by discussing how to best meet their needs. Caseworkers need to be familiar with interventions and services across sectors,^{xii} including CBIs, that are available in the client's community and should discuss positive and negative aspects of making such a referral with the client.</p> <p>If the client has no safe or confidential access to or control over cash and if cash can help mitigate the risk(s) the client has disclosed or support them in meeting their immediate needs and access to services, the caseworker may:</p> <ul style="list-style-type: none"> • Discuss and plan with the client how they would use cash to improve their situation, how they will cope after cash assistance ends, as well as identify any potential risks associated with the referral and mitigation mechanisms^{xiii} (see section 2B); • Explain the cash referral to the client (see section 3A); • Obtain the client's consent (see section 3B). • Include the referral for cash assistance as an "action" in the action plan.
<p>Implementation of the action plan^{xiv}</p>	<p>In this step, the caseworker will need to contact relevant service providers and make referrals for the client according to the case action plan once the client has given consent. A key role of the caseworker in survivor-centered case management is coordinating care for the client. This means that the caseworker acts as a liaison between the client and service providers, advocating for timely and quality care for the client (e.g., cash assistance is accountable to the client, effective in supporting the client's recovery from violence or mitigating exposure to further harm, and efficient), and working with service providers to reduce obstacles to improve the client's access to services. This requires routine communication between the caseworker and other departments or agencies that are supporting the client.</p> <p>The caseworker should coordinate with the appointed cash focal point^{xv} or the assigned focal point from the cash-based intervention agency to make the referral based on the prioritization of the client's case (see section 2).</p> <ul style="list-style-type: none"> • The caseworker can also support access to cash assistance by accompanying the GBV client to meet with the cash service provider (if the client consents) to explain and provide information about the case (as agreed with the client) so the client does not have to repeat their story. • Essential components of quality case coordination between a GBV case management service and a cash focal point responsible for CBIs include: <ul style="list-style-type: none"> • Developing and operationalizing an inter-agency or inter-department protocol and information-sharing protocol. Following the "do no harm" approach, information is only shared by the GBV caseworker with the cash focal point when it serves the survivor's best interest, with the permission of the client, and with a specific cash focal point; • Training caseworkers and cash focal points to understand the essential components and methodologies of the other's service; • Establishing clear points of contact as well as the roles and responsibilities of the caseworker and the cash focal point to facilitate effective and safe referrals; and

	<ul style="list-style-type: none"> • Coordinating tailored referrals and CBI for each GBV client based on their individual action plan.
<p>Follow up ^{xvi}</p>	<p>Case follow up allows the caseworker to assess the client’s situation as well as monitor the status of the case action plan. Through follow up, caseworkers monitor: if the survivor is getting the needed help and services in a timely manner; if the intended outcomes from services received are delivered; if there are any barriers to achieving case action goals; and whether the client has any new or different needs.</p> <p>The client’s risk of harm may increase once they have disclosed violence given strong social norms which tend to stigmatize GBV survivors, especially if confidentiality is not ensured by service providers. In instances where legal redress or security services are sought, the perpetrator may seek retribution or a family member may resort to honor-related crimes. Cash assistance may or may not result in an increase in violence against the client by their family or community members. Therefore, caseworkers should assess a client’s safety including associated with the cash referral during every visit with the client. During follow-up visits, caseworkers should ask specific questions about the survivor’s safety in their home and community and what has changed since the last meeting. Based on the outcome of the safety reassessment, caseworkers should follow up on safety referrals or, if necessary, make an updated safety plan.</p> <p>First-time cash referrals</p> <ul style="list-style-type: none"> • During case action planning, the caseworker should have already agreed with the client when and how case follow up will take place (including a specific time, date, and place that is best for the survivor). The caseworker should follow up during ongoing case management meetings using the <i>Post-distribution Monitoring Module for Cash Referrals for GBV Survivors</i>. (Note: To avoid putting clients at risk or breaching confidentiality, the GBV caseworker, rather than Monitoring, Evaluation, Accountability, and Learning (MEAL) staff, should conduct the post-distribution monitoring. If the client does not continue to attend case management meetings or receive other support [e.g., psychosocial services], discuss with the client if follow up by phone or via house visits is safe/preferred). • Coordinate with the appointed cash focal point to adjust the cash assistance as needed (e.g., the delivery mechanism,^{xvii} such as prepaid card, <i>hawala</i> or cash in envelope, or the amount, duration, or frequency of the transfer), to maximize protection benefits and minimize protection risks. <p>Referral extensions</p> <ul style="list-style-type: none"> • Cash assistance extensions may be available based on the service provider’s resources and caseload (note: the prioritization of the client’s case may have changed since the time of intake and should be continually reassessed). Where an extension is warranted but surpasses the service providers’ resources, the caseworker and the appointed cash focal point should refer the client to other service providers. • The client’s consent must be re-obtained for an extension referral.

	<ul style="list-style-type: none"> • Continue to use the <i>Post-distribution Monitoring Module for Cash Referrals for GBV Survivors</i> for monitoring referral extensions.
<p>Closure</p>	<p>While the case management process involves multiple steps, clients' lives are rarely straightforward and most often involve a complex mix of ongoing needs. Caseworkers should be prepared for a case to be open for varying lengths of time depending on the client's needs, situation and the context in which caseworkers are operating. Because of these variables, important criteria for case closure include:</p> <ul style="list-style-type: none"> • When the client's needs are met and/or support systems (pre-existing or new) are functioning. In this case, review the final action plan and explain that it is time to close the case, but reassure the client that they can always return if they encounter new issues or experience GBV again. Administer a final <i>Post-distribution Monitoring Module for Cash Referrals for GBV Survivors</i>. Share findings with the appointed cash focal point or cash referral agency and inform them of the closure of the case. • When the client wants to close the case. Sometimes clients may feel that they do not want to continue case management and/or cash referrals even if they haven't yet met all of their needs. In this case, respect the client's wishes, and close the case at their request. Administer a final <i>Post-distribution Monitoring Module for Cash Referrals for GBV Survivors</i>. Share findings with the appointed cash focal point or cash referral agency and inform them of the closure of the case. • When the survivor leaves the service area or is relocated to another place. As part of the final action plan review, whether the client discloses when or where they are relocating, and if there are case management and cash referral services available to them elsewhere, discuss case management and cash referrals. If the client consents, transfer the case. Administer a final <i>Post-distribution Monitoring Module for Cash Referrals for GBV Survivors</i>. Share findings with the appointed cash focal point or cash referral agency and inform them of the closure of the case. • When the caseworker has not been able to reach the person for a minimum of 30 days. Inform the cash focal point or cash referral agency of the closure of the case.

2. Assessing a GBV case management client's need for cash assistance and making a referral to a cash provider

GBV responders in humanitarian settings must establish clear internal or interagency protocols to delineate the roles and responsibilities of cash and GBV actors by establishing procedures for working together to ensure the availability of quality services and timely, confidential, accessible care for survivors. To date, these protocols have primarily centered around health, security/legal, and psychosocial support services. GBV case management services generally have small budgets to support clients with basic material support, such as clothes or hygiene-related items, or to cover local transportation costs to access a given service provider. Yet they usually lack the budget and technical skills or staffing ability to provide more substantial financial support for clients. While cash providers' budgets build in a certain amount of flexibility to adjust for changes in context or accommodate ad

hoc vulnerable caseloads, GBV case management services should not assume that cash providers can immediately accommodate urgent referral requests. Therefore, as an overarching framework for integrating cash assistance into a GBV response, GBV cases can be prioritized based on the nature and severity of the case and the corresponding timeframe after a client's disclosure by which GBV caseworkers and cash providers need to respond. Each priority calls for GBV caseworkers to follow a specific procedure as it entails a different cash response.

Both the prioritization and the corresponding protocols outlined here are examples informed by best practice and formative research of integrating cash assistance into GBV response services in a humanitarian setting. The prioritization of cases and protocols must be contextualized based on: an analysis of GBV case management best practice indicating in each environment the types of economic abuse or risky coping strategies and forms of sexual exploitation being reported as violent by survivors seeking care; a thorough understanding of the accessibility and availability of services for clients of GBV case management; the socioeconomic context; and the interagency parameters of CBIs in which the humanitarian response is underway or starting up. Protocols should be developed and standardized between the GBV case management service and the cash provider to ensure quality and timely access for clients of GBV case management to cash assistance and should be regularly reviewed and modified as necessary to ensure relevance to clients' needs, project cycles, and the overall context of the humanitarian response.

GBV case management service providers should lead the development of the protocol outlining the GBV case prioritization based on: a) caseload analysis and understanding of which cases are triggered, compounded, or aggravated by lack of access to financial resources; and b) their knowledge of the access barriers clients face to essential services that could be resolved through financial support provided within a specific timeframe, depending on the severity and urgency of the GBV case. Based on the range and focus of their CBIs as well as market and other economic assessments, cash providers should support caseworkers in determining transfer value ranges or ceilings, frequency and or number of transfers per priority, and the number of cases they can receive from the GBV case management service.

Compliance protocols must also be developed that include:

- Any restrictions or conditions related to the disbursement of cash that the cash provider must comply with in relation to agency and donor regulations;
- The documentation required for referring clients to cash services. These requirements must ensure the safe and ethical management of information and address the sharing and storage of confidential client data; and
- The identification of clear focal points and thresholds for approval within both the GBV case management service and the cash provider, as well as the delineation of roles and responsibilities for monitoring and evaluation and reporting requirements.

All of these elements are important as the caseworker will need to clearly explain what information will be collected and how the client's information will be used in order to secure their consent; without this consent, the GBV caseworker cannot refer the client to a cash provider.

A. GBV case prioritization for cash assistance

Priority 1 GBV Cases

- The client faces a life-threatening issue related to an incident of GBV (e.g. a verbal death threat, severe physical assault, sexual assault, rape, and sexual exploitation) and has no access to financial resources to support immediate life-saving interventions (e.g. immediate safety and security, including for client's infants and children, as relevant) and prevention from further harm **OR** the client requires time-sensitive health services (e.g. extensive post-rape care) and has no access to financial resources to access and receive immediate interventions. **Response is required within 72 hours.**

Priority 2 GBV Cases

- The client's life is not immediately at risk but time sensitive services such as medical services (e.g. surgery or pre-natal support to address pregnancy complications caused by violence), legal services (e.g. to divorce or secure alimony payments), or other services related to the client's recovery and to mitigate their further exposure to harm (as well as client's infants and children as relevant) are required, and the client needs financial resources to access and receive holistic support. **Response is required within 1 week.**

Priority 3 GBV Cases

- The client is experiencing denial of access to economic resources / assets within domestic violence (e.g. a partner or family member is in control of financial resources and is depriving the client from accessing those resources to meet their basic needs and/or is forced to exchange sex or other acts to access financial resources from partner or family member), **OR** the client is experiencing denial of rightful access to economic resources related to labor exploitation (e.g. wage theft), **OR** the client is at imminent risk of sexual exploitation (e.g. the client is threatened by a family member to engage in sexual acts in exchange for money), **OR** the client is at imminent risk of early and forced marriage, **OR** the client is selling sex to meet basic needs and is seeking alternative, safer sources of income. For these cases the client needs to secure financial support over a period of time to prevent further denial of access to financial resources and to mitigate the imminent risk of violence. **Response is required within 2 weeks.**

Priority 4 GBV Cases

- The client has received time-sensitive GBV response services but requires financial support over a period of time to sustain their safety in the interim of securing longer term livelihood options (e.g. a survivor of domestic violence who has left the abusive household and relocated but requires cash assistance until they establish their livelihood) **OR** the client is not experiencing GBV or a specific imminent threat of violence but risky coping mechanisms are increasing due to a lack of income and risks of sexual exploitation, transactional or early and forced marriage are increasingly disclosed (e.g. an indebted family three months late on rent and engaged in exploitative labor are feeling pressured to adopt further coping mechanisms) and cash assistance would mitigate the potential risk of GBV. **Response is required within 1 Month.**

B. Guiding questions to consider and/or ask the client of GBV case management to determine prioritization

The prioritization of cases to refer clients of GBV case management for cash assistance have been determined by:

1. The client's immediate safety and health/medical needs, which are always prioritized in GBV case management given that interventions in these areas are lifesaving and time-sensitive, followed by those cases where the lack of access to economic resources specifically increases a client's exposure to violence; and
2. The client's access to and control over resources, as this may not only present a barrier to a client's care and holistic recovery, but also help determine where cash can support an important need.

The use of existing comprehensive guidance on assessing clients' needs and developing a case action plan should be applied in order to consider the case in its entirety and available options holistically. For illustrative purposes, seven modules are provided to assist caseworkers in assessing clients' immediate safety: urgent lifesaving health needs; supportive health, legal, and PSS needs; coping strategies that expose them to GBV; existing safety and support system strategies; limited access to and control over resources; and limited ability to mobilize resources for their safety. Specific questions have been excerpted from existing guidelines. Complementary questions have also been included on pages 10-11 which illustrate through different scenarios how the identification and prioritization of cash assistance can be systematically applied to inform a referral. Key questions are also included to identify any risks associated with the introduction of cash transfers to inform tailored referrals for clients that minimize risks and maximize protection benefits. The client's responses should be recorded in the case file.

Each module is color-coded and linked to the prioritization decision trees on pages 12-16. If the client answers "Yes" or "No" (depending on the module) to any or several of the questions, then the module should be considered applicable in the prioritization.

Before utilizing these modules, explain to the client that these questions are being asked for their safety and repeat to the client that all they disclose is confidential within the client-caseworker relationship.

Fears for their immediate safety

Assess the immediate safety risks of the client. If the client answers **"Yes"** to any or several of the questions below, consider this module applicable in the prioritization.

- Does the closeness of the relationship between the perpetrator and the client have implications for the client's immediate safety?
- Can the perpetrator access the client easily?
- Does the perpetrator's position and level of power in relation to the client raise further safety concerns?
- Has the frequency of violence escalated within the past week, either the same form of violence or a new form of violence?
- Has the client sustained serious or life-threatening injuries from the perpetrator (e.g., beating until loss of consciousness, hitting abdomen during pregnancy, deep cuts, injury requiring hospitalization, etc.)?
- Has the perpetrator threatened to kill the client (and/or children, as relevant)?
- Does the perpetrator have access to weapons, and has the perpetrator used weapons or threatened to use weapons?
- Does the perpetrator control and/or monitor the client's activities?

Urgent lifesaving health needs

Evaluate if urgent health care is needed. If the client answers **"Yes"** to any or several of the questions below, consider this module applicable in the prioritization.

- Does the client require stabilization/treatment of an acute injury(ies) or pain for broken bones, wounds, or internal injuries?
- Does the client require immediate obstetric care?
- Does the client require clinical examination within 72 hours?
- Does the client require any medical attention during a timeframe in which humanitarian service providers do not operate (e.g., weekend, holiday, or evenings)?
- Does the client require specialized mental health care, including pharmacological management of mental health concerns as a result of attempted suicide/frequent suicidal thoughts?

Supportive health, legal, and PSS needs

Assess needs for additional health, legal, and psychosocial support services (PSS) that can help the client cope and recover. If the client answers **"Yes"** to any or several of the questions below, consider this module applicable in the prioritization.

- Does the client wish to seek legal redress for which legal and representation fees apply?
- Does the client need access to legal services related to personal status documentation for which legal fees apply?
- Does the client need specialized mental health care, including pharmacological management of mental health concerns?
- Does the client need access to legal services in relation to personal status documentation for which legal fees apply?

Coping strategies that expose them to GBV

Assess for activities that may raise the risk level of the client's circumstances. If the client answers **"Yes"** to any or several of the questions below, consider this module applicable in the prioritization.

- Does the client have a daughter or son under the age of 18 years of age who is facing an imminent threat of early or forced marriage⁸?
- Does the client have a daughter or son under 18 years of age who is exposed to risk of sexual exploitation because the family lacks other ways to meet basic needs?
- Is the client increasingly being pressured by family members to contribute to the household financial needs and engage in survival sex/selling sex to meet the family's basic needs?
- Has the client engaged in or felt obliged to engage in survival sex/selling sex⁹ (selling sexual services/exchanging sex for cash/goods/services) to meet their basic needs and is the client feeling increasingly unsafe and at risk of violence?

Listen for whether the individual is using a "risky" coping strategy given that they have limited options and if they are seeking alternative means of income. Also listen for risk(s) of GBV associated with survival sex/selling sex. To avoid any judgement as a case worker and to identify how cash can support the client effectively, it is important to listen to how the client articulates their engagement in survival sex/selling sex and how they define the incident of violence or the issue for which they are seeking support. It is critical to ensure a rights-based approach. Some individuals engaging in survival sex/selling sex may want to exit this line of work and receive livelihoods support to do so; others may want to sell sex more safely and receive support in relation to a specific incident of violence.^{9b}

Few existing safety and support systems strategies

Identify what the client has been doing since the incident to keep themselves (and their children, as relevant) safe from the perpetrator or others who might harm them. If the client answers **"No"** to any or several of the questions below, consider this module applicable in the prioritization.

- Are there specific places the client feels safe and why?
- Does the client have family members, community members, and/or a community leader on whom they can rely on for safety and protection?
- Are there family members the client has not had recent contact with but with whom they could reconnect?
- Do others know what happened? Would they be supportive and help protect the client if they knew?
- If the client has children, is the client able to provide for their basic needs without a spouse's help (if they have a spouse)?

Limited access to and control over resources

Determine the level of access and control of material, social, and information assets available to the client that can help support the client's safety plan. If the client answers **"Yes"** to any or several of the questions below, consider this module applicable in the prioritization.

- Is their partner/or a member of their family controlling their income and/or access to financial resource? Is their partner or a family member controlling how much money they spend? Is their partner or a family member controlling what they spend money on?
- Does their partner, a family member, or host family force them to turn over all or part of the income that is earned?
- Does the client earn an income but is not able to make decisions about how it is used (e.g., purchasing essential goods and services) and as a result their well-being and the well-being of their children (as relevant) is at risk?
- Is the client obliged to provide for their (and their children's as relevant) basic needs because their partner or a family member is not giving them money?

Limited ability to mobilize resources for their safety

Ascertain the ability to mobilize people and services that can offer safety options for the client's safety needs. If the client answers **"No"** to any or several of the questions below, consider this module applicable in the prioritization.

- Does the client feel like police protection is a safe option? (This will depend on a lot of factors, such as the context, the capacity of the police, who the survivor is, who the perpetrator is, and the client's past experiences with the police.)
- In an emergency, is there a hospital or health clinic the person can easily access as a temporary safe space?
- Is there a public or private place that the person can go to as a temporary safe space?

Immediate Safety Needs

Client Discloses Incident of GBV

Fears for their immediate safety

Few existing safety and support systems

Limited access to and control over resources

Limited ability to mobilize resources for their safety

Eligible for Cash Referral

PRIORITY 1: Action Phase Immediate Safety Support

Identify interventions and services that can address the client's needs. For cash assistance the assessment indicates the survivor fears for their immediate safety, has minimal or no support systems or alternative resources and no access to and control over resources to meet immediate needs. Hence, **Priority 1** referral seems appropriate.

As with each need, provide information to the survivor about the cash assistance service and ask:

- How would access to cash help you overcome immediate safety concerns and or support you (and your dependents, if applicable) to safety?
- What services would you access with the cash?
- If you had access to money, would you be able to control it?

In addition to a safety plan based on the safety assessment, a new safety plan should be discussed with the client based on receipt of cash.

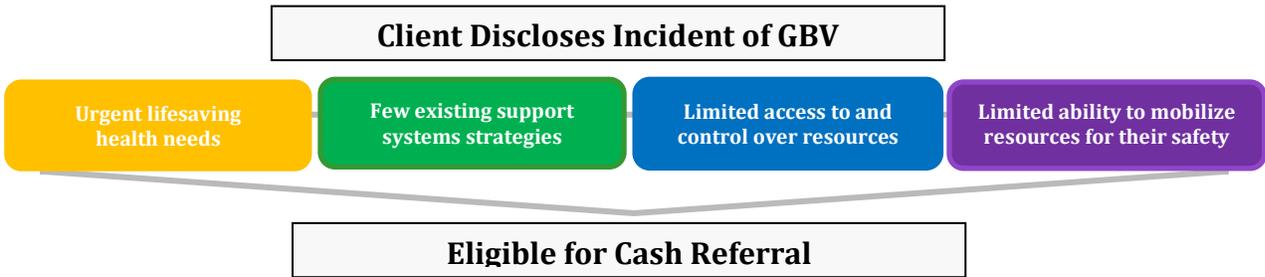
As part of the safety planning, to inform the safety plan specifically in relation to the receipt of cash, ask:

- What issues could arise at home if you receive money which would make you feel uncomfortable, unsafe, or unable to use the cash as we discussed?
- What issues could arise in the community if you receive money that would make you feel uncomfortable, unsafe, or unable to use the cash as we discussed?
- What strategies/approaches could you use to feel safer inside your house and/or to reduce the risks you mentioned?
- What could [the GBV case management provider and cash provider] do (or not do) to reduce the risks you mentioned inside your house?
- What strategies/approaches could you use to feel safer in the community to reduce the risks you mentioned?
- What could [the GBV case management provider and cash provider] do (or not do) to reduce the risks you mentioned in the community?
- On a scale of 1 to 3, where 1 is the safest and 3 is the least safe, rank these ways a cash transfer could be delivered if you are eligible: [Delivery mechanism A, delivery mechanism B, delivery mechanism C].* Why have you ranked these options in this order?*

* Adjust delivery mechanism options A, B, and C (and add more options as relevant) referencing delivery mechanism(s) deemed feasible in this context (e.g., cash in envelope, smart card, mobile money, bank transfer, e-voucher, etc.).

** Prompts: Would you feel safe leaving your home to collect and use the cash? Leaving your neighborhood? Going to the market? Walking down the street? Using public transportation?

Urgent Lifesaving Health Needs



PRIORITY 1: Action Phase Lifesaving Health Support

Identify interventions and services that can address the client's needs. For cash assistance the assessment indicates that the survivor is facing life-threatening health or safety concerns, has minimal or no available support systems or alternative resources, and has no access to and control over resources to meet immediate needs. Hence, **Priority 1** referral seems appropriate.

As with each need, provide information to the survivor about the cash assistance service and ask:

- How would access to cash help you access lifesaving health services quickly?
- What specific services and related needs (such as transport) would you be able to access with the cash?
- If you had access to money, would you be able to control it?

In addition to an action plan based on the health assessment, a safety plan should be discussed with the client based on receipt of cash. To inform the safety plan specifically in relation to the receipt of cash ask:

- What issues could arise at home if you receive money which would make you feel uncomfortable, unsafe, or unable to use the cash as we discussed?
- What issues could arise in the community if you receive money that would make you feel uncomfortable, unsafe, or unable to use the cash as we discussed?
- What strategies/approaches could you use to feel safer inside your house and/or to reduce the risks you mentioned?
- What could [the GBV case management provider and cash provider] do (or not do) to reduce the risks you mentioned inside your house?
- What strategies/approaches could you use to feel safer in the community to reduce the risks you mentioned?
- What could [the GBV case management provider and cash provider] do (or not do) to reduce the risks you mentioned in the community?
- On a scale of 1 to 3, where 1 is the safest and 3 is the least safe, rank these ways a cash transfer could be delivered if you are eligible: [Delivery mechanism A, delivery mechanism B, delivery mechanism C].* Why have you ranked these options in this order?*

Supportive Health, Legal, and PSS Support

Client Discloses Incident of GBV

Supportive health, legal
and PSS needs

Few existing support
systems strategies

Limited access to and
control over resources

Limited ability to mobilize
resources for their safety

Eligible for Cash Referral

PRIORITY 2: Action Phase Supportive health, legal and PSS Support

Identify interventions and services that can address the client's needs. For cash assistance, the assessment indicates that the client requires health, legal, and PSS services, has minimal or no available support systems or alternative resources, and no access to and control over resources to meet immediate needs. Hence, **Priority 2** referral seems appropriate.

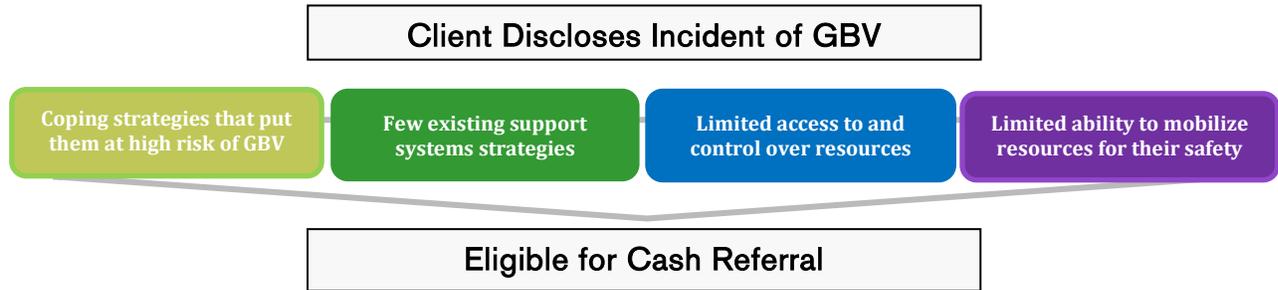
As with each need, provide information to the survivor about the cash assistance service and ask:

- How would access to cash help you access supportive health, legal and PSS services that are lacking or incomplete?
- What specific services and related needs (such as transport) would you be able to access with the cash?
- If you had access to money, would you be able to control it?

In addition to an action plan based on the health, legal, and PSS assessment, a safety plan should be discussed with the client based on receipt of cash. To inform the safety plan specifically in relation to the receipt of cash ask:

- What issues could arise at home if you receive money that would make you feel uncomfortable, unsafe, or unable to use the cash as we discussed?
- What issues could arise in the community if you receive money that would make you feel uncomfortable, unsafe, or unable to use the cash as we discussed?
- What strategies/approaches could you use to feel safer inside your house to reduce the risks you mentioned?
- What could [the GBV case management provider and cash provider] do (or not do) to reduce the risks you mentioned inside your house?
- What strategies/approaches could you use to feel safer in the community to reduce the risks you mentioned?
- What could [the GBV case management provider and cash provider] do (or not do) to reduce the risks you mentioned in the community?
- On a scale of 1 to 3, where 1 is the safest and 3 is the least safe, rank these ways a cash transfer could be delivered if you are eligible: [Delivery mechanism A, delivery mechanism B, delivery mechanism C].* Why have you ranked these options in this order?***

Support to Minimize Coping Strategies that Put them at Risk



PRIORITY 3: Action Phase Support to Minimize Coping Strategies that Put them at Risk

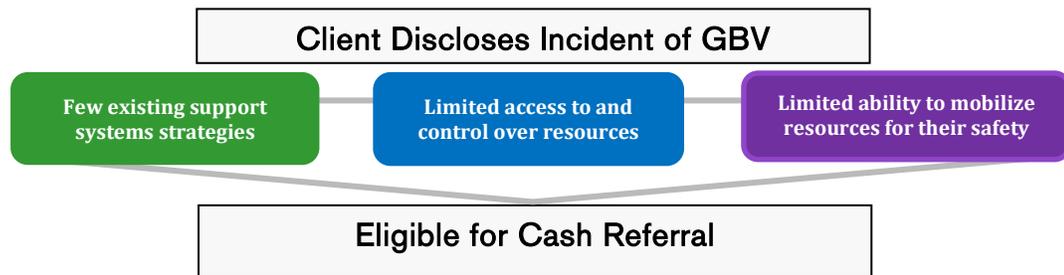
Identify interventions and services that can address the client's needs. For cash assistance the assessment indicates that the client is likely facing economic abuse and is at high risk of GBV as at this stage they have not reported an incident, have minimal or no available support systems or alternative resources, and no access to and control over resources to meet immediate needs. Hence, **Priority 3** referral seems appropriate. As with each need, provide information to the survivor about the cash assistance service and ask:

- How would access to cash help you remove safety concerns and or support you (and dependents as applicable) to safety?
- What are the specific costs for the services you need access to?
- If you had access to money, would you be able to control it?
- Do you have supportive family or friends that you can ask for help?
- Are you eligible for livelihoods assistance?
- Have you experienced violence associated with how you earn money?
Bear in mind that if the client is engaging in survival sex/selling sex the client may not necessarily be looking to stop engaging in survival sex/selling sex, but could be looking for ways to improve their safety. Utilizing a rights-based approach, provide the client with all their options and support them with their decision.
- If you had access to your own money [for a period of 6 months], how would your risks and situation change?

In addition to a safety plan based on the safety assessment, a new safety plan based on receipt of cash should be conducted. To inform the safety plan, specifically in relation to the receipt of cash, ask:

- What issues could arise at home if you receive money that would make you feel uncomfortable, unsafe, or unable to use the cash as we discussed?
- What issues could arise in the community if you receive money that would make you feel uncomfortable, unsafe, or unable to use the cash as we discussed?
- What strategies/approaches could you use to feel safer inside your house to reduce the risks you mentioned?
- What could [the GBV case management provider and cash provider] do (or not do) to reduce the risks you mentioned inside your house?
- What strategies/approaches could you use to feel safer in the community or to reduce the risks you mentioned?
- What could [the GBV case management provider and cash provider] do (or not do) to reduce the risks you mentioned in the community?
- On a scale of 1 to 3, where 1 is the safest and 3 is the least safe, rank these ways a cash transfer could be delivered if you are eligible: [Delivery mechanism A, delivery mechanism B, delivery mechanism C].* Why have you ranked these options in this order?***

Support to Sustained Protection Outcomes



PRIORITY 4: Action Phase Support to Sustain Protection Outcomes

Identify interventions and services that can address the client's needs. For cash assistance, the assessment indicates that the client is likely not facing any imminent risk of violence and has met all immediate protection needs, but has minimal or no support systems or alternative resources and no access to ensure sustained protection outcomes. Hence, **Priority 4** referral seems appropriate to support the client's resilience.

Provide information to the client about the cash assistance service and ask:

- If you had access to money, would you be able to control it?
- Do you have supportive family or friends that you can ask for help?
If you had access to your own money [for a period of 6 months], how would your risks and situation change?

In this scenario, safety planning is likely unnecessary as there are no immediate safety concerns in the assessment of needs, however, a safety plan based on receipt of cash should be conducted to ensure that no safety concerns arise from receiving cash. To inform the safety plan, specifically in relation to the receipt of cash, ask:

- What issues could arise at home if you receive money that would make you feel uncomfortable, unsafe, or unable to use the cash as we discussed?
- What issues could arise in the community if you receive money that would make you feel uncomfortable, unsafe, or unable to use the cash as we discussed?
- What strategies/approaches could you use to feel safer inside your house to reduce the risks you mentioned?
- What could [the GBV case management provider and cash provider] do (or not do) to reduce the risks you mentioned inside your house?
- What strategies/approaches could you use to feel safer in the community to reduce the risks you mentioned?
- What could [the GBV case management provider and cash provider] do (or not do) to reduce the risks you mentioned in the community?
- On a scale of 1 to 3, where 1 is the safest and 3 is the least safe, rank these ways a cash transfer could be delivered if you are eligible: [Delivery mechanism A, delivery mechanism B, delivery mechanism C].* Why have you ranked these options in this order?*

C. Checklist for GBV case workers by priority

During intake, assess if a client is experiencing a life-threatening issue related to GBV. Assess if the client is eligible for **emergency cash assistance for protection** based on the conditions of the priority. If the client is eligible, obtain consent to refer for cash assistance. (See appropriate messages in section 3.)

Priority 1

- Immediately raise the case with relevant supervisor(s) who should confirm prioritization.^{xviii}
- If the case is eligible, organize a case conference with the appointed cash focal point. This meeting should take place **within the first 24 hours**. If the case is deemed ineligible, the caseworker will continue action planning to facilitate alternative support.
- At the case conference, the GBV caseworker will explain the case without divulging sensitive information and share:
 - how cash will fit into the client's safety plan;
 - the initial recommended case priority; and
 - the potential risks for the client, including those related to a particular delivery mechanism.Jointly, they will identify risk mitigation strategies (e.g., a particular delivery mechanism) and the duration or frequency of transfers. If consensus is not reached, the case will be escalated to higher-level staff and discussed until an agreement is reached **within the next 24 hours**.
- If the client is eligible, record details of the cash assistance within the action plan (e.g., the amount of cash to be allocated to the case, the delivery mechanism, as well as the case management support such as psychosocial support). If the case is deemed ineligible, the caseworker will work with the client to facilitate alternative support.
- The appointed cash focal point prepares the agreed cash transfer to the client **within the next 24 hours**.^{xix}
- Call the client and accompany the client to meet with the appointed cash focal point. This should be done no longer than 72 hours after the client has disclosed. The cash focal point will explain to the client how to use the delivery mechanism. All documentation should be stored by the GBV caseworker in accordance with data security protocols (e.g., paper documents are locked and electronic documents are password protected/encrypted).
- The client collects the cash transfer. Depending on the delivery mechanism, the client may collect the transfer directly from the appointed cash focal point or at another access point. The caseworker will accompany the client until the cash transfer is received if requested by the client.^{xx}
- Follow up with the client to monitor if the cash transfer is helping and to ensure that it is not exacerbating or creating risks. Administer the PDM using the *PDM Tool for Clients of GBV Case Management*. (Note: The GBV caseworker, and not monitoring staff, should administer the PDM to avoid risks of harming the client and breaching confidentiality. Further, certain answers to questions might prompt additional necessary steps in the case management process. However, it is recommended that at least one PDM be administered by the supervisor of the caseworker to ensure collection of unbiased information and for quality control of case management work. Ethical considerations must be upheld when working with survivors of GBV).
- Follow up with the appointed cash focal point as needed (e.g., to adjust the delivery mechanism, amount, frequency, or duration of transfers) to ensure the client's safety and to resolve the case.

Considerations for cash assistance:

- Transfers should be unconditional,^{xxi} unrestricted,^{xxii} and be tailored in value, duration, and frequency to appropriately respond to the unique needs of the client's case; and
- The delivery mechanism should be flexible and selected based on an assessment of the associated risks and protection benefits for the client (see section 3C).

Priority 2

- Follow the checklist outlined for a priority 1 case, except respond within one week.**

Considerations for cash assistance:

- As part of the project set up, it is important for the GBV case management service and the cash provider protocols to be rooted in local infrastructures and systems to determine the actual constraints or flexibility of cash transfers. This preparedness step ensures that clients are referred to services that are accessible, timely, and, do not cause further harm. A standard transfer value (or a set range) should be set for each relevant service. Price monitoring should include monitoring protection-related services;
- The cash transfer should vary in value based on the specific needs of the client. These are typically one-time transfers to support a single, specific cost. A client may need to receive one or multiple one-time transfers depending on their needs, as well as the compliance and mechanisms established by the cash provider (e.g., the client needs a) money for transportation to meet with a lawyer and to return home, or b) financial support for post-abortion care in private clinic because care is not offered for free for unregistered refugees). Certain cash providers may be able to provide a lump sum to the client based on the total amount needed, while other cash providers might have pre-arranged contracts with service providers (in which case no cash needs to be handled by the client), and others might need to provide specific installments for specific needs.
- Cash transfers may be restricted^{xxiii} or conditional^{xxiv} in this case because the client is utilizing specific service(s) needed for healing and recovery, and these need to be of acceptable quality and specifically used towards this end.
- The delivery mechanism should be flexible and selected based on an assessment of the associated risks and protection benefits for the client (see section 3C).

Priority 3

- Follow the checklist outlined for a priority 1 case, except respond within two weeks.**
- Because this is typically unrestricted, unconditional cash, the GBV caseworker should work with the cash provider to fast-track the client into a new cycle of cash assistance as soon as possible to mitigate an imminent risk of violence. If the timing of the cash provider's next cycle of cash assistance is not available within two weeks, the GBV caseworker and cash focal point should jointly determine the appropriate value of a one-time transfer to bridge the gap before the client can enroll in a cycle.
- Depending on the case, it may not be necessary for the caseworker to accompany the client to collect the transfer.
- Because the client will be receiving cash transfers over several months, the GBV caseworker should administer several PDMs throughout the duration of cash assistance; the supervisor of the GBV caseworker should administer at least one PDM to ensure unbiased information. The GBV caseworker and cash provider should coordinate several meetings throughout the duration of the cash assistance to adjust the transfers as appropriate based on the PDM findings (e.g., delivery mechanism, amount, duration, or frequency).

Considerations for cash assistance:

- The cash provider determines the appropriate transfer value. The amount of the cash assistance will be at a minimum based on the Minimum Expenditure Basket (MEB),^{xxv} adjusted to the family size, but can be revised upwards of 20 percent in addition to the MEB to ensure mitigation of protection risks, depending on the cash providers' flexibility and mandate to focus on protection-related outcomes;
- Cash should be unconditional and unrestricted; and
- The delivery mechanism should be flexible and selected based on an assessment of the associated risks and protection benefits for the client (see section 3C).

Priority 4

- Follow the check-list outlined for a priority 1 case, except respond within one month.**
- Assess if the client is eligible for cash assistance to meet basic needs, instead of cash for protection from GBV.
- Explain to the client how to apply for cash assistance for basic needs through the organization (or partner organization's) appointed cash focal point.
- Follow up weekly with the appointed cash focal point to confirm if the client applied, is eligible, and has received support.

Considerations for cash assistance:

- Follow up with the client during case management meetings. If the client's situation deteriorates, consider modifying the referral category.

3. Explaining a referral to a client of GBV case management, obtaining consent, and tailoring the cash assistance referral to maximize protection benefits and minimize risks

In accordance with humanitarian principles and best practice, GBV caseworkers must obtain informed consent^{xxvi} from clients when making a referral for cash assistance, as with any other service. Consent should be obtained in writing and be recorded in the client's case file. The caseworker should communicate whether the cash referral is within the same agency or to a partner organization. If consent is not obtained, the caseworker cannot proceed with the cash referral. If consent is obtained and a referral is to be made, the caseworker must ask the client questions to assess risks associated with the introduction of cash assistance and to identify mechanisms to mitigate any risks.

A. Introducing the cash referral and the process for assessing eligibility

Tell Priority 1 Clients

- Based on our discussion (the assessment), I understand that because you do not have income you can't *[insert relevant case details, e.g. find a safer place to live, find safe work, or afford immediate medical attention]*. Given the urgency of the situation and the immediate danger to your life, I would like to make a referral to *[our/our partner's]* cash assistance program for you. The cash program focal point and my supervisor will have to look at your case in the next 48 hours and they may need to ask you and me some questions to help them determine if you meet the eligibility criteria.

Tell Priority 2 Clients

- Based on our discussion (the assessment), I understand that you do not have income or alternative support so you can't access *[insert relevant case details, e.g. health, safety, or legal]* support services which we agreed are priorities in your action plan. I would like to make a referral for you to *[our/our partner's]* cash program. The cash program focal point and my supervisor will have to look at your case in the next week and they may need to ask you and me some questions to help them determine if you meet the eligibility criteria.

Tell Priority 3 Clients

- Based on our discussion (the assessment) I would like to make a referral to *[our/our partner's]* cash program for you because you do not have income (or you are seeking an alternative, safer source of income) and you can't *[insert relevant case details, e.g. find a safer place to live, find safe work, or access medical attention]*. The cash program focal point and my supervisor will have to look at your case in the next 2 weeks and they may need to ask you and me some questions to help them determine if you meet the eligibility criteria.

Tell Priority 4 Clients

- Based on our discussion (the assessment), it sounds like because you do not have income you are having a difficult time coping. *[Our/our partner's]* cash program has an application process and we will need to meet with the cash team so they can ask you some questions to help them determine if you meet the eligibility criteria. They will look at your case within the next month.

B. Managing expectations and obtaining the client's consent

Tell and ask all clients

- This referral does not mean that you will automatically receive cash. I know and you know that everybody needs money right now and everybody can benefit from receiving cash. However, [*insert cash provider*] only has a limited amount of money it can give to members of the community for emergency situations, and needs to identify those who meet very specific criteria.
- Even if a referral is made, if you are no longer comfortable or identify a potential risk with the referral or receiving cash, you may contact me to withdraw at any time and other possibilities can be discussed. Are you ok with me making this referral? How would you like us to get in contact with you to inform you if you are eligible to receive cash assistance? If you have not been selected we will contact you and support you to explore other possibilities. Keeping your referral confidential is important to ensure that you and other clients in similar situations can potentially access this support.

& Early marriage is a form of forced marriage for any person under the age of 18, whereas forced marriage is the coerced marriage of any person above the age of 18.

GBV against refugees engaged in sex work includes, but is not limited to, clients and/or police officers beating and raping them, and attacks from host community sex workers. For more details about GBV risks faced by refugees engaged in sex work, see WRC's *Mean Streets* (2016) report: <http://wrc.ms/urban-gbv>.

^ "Strike a sensitive balance between assuming anyone can be engaged in sex work, while not asking refugees to disclose. [...] For those who do disclose, service providers should have on hand additional resources and referrals as well as be prepared to support them without judgment." For more guidance, see WRC's *Guidance Note on Working with Refugees Engaged in Sex Work* (2016): <http://wrc.ms/Sex-Work>.

% See WRC's *Working with Refugees Engaged in Sex Work: A Guidance Note for Humanitarians*.

i This protocol has been adapted from a protocol developed by the International Rescue Committee (IRC) used in its Women's Protection and Empowerment and Economic Recovery and Development programming in Jordan and has been influenced by Mercy Corps' *Central African Republic Criteria for Cash and Vouchers Support for Protection Cases*. This protocol has been expanded for broader use across populations of concern in humanitarian settings in collaboration with the Women's Refugee Commission (WRC) and Mercy Corps drawing on learning from WRC's learning from its *Optimizing Cash-based Interventions for Enhanced Protection from GBV project* and its resulting tools, including *Assessing and Mitigating Risks of Gender-based Violence in Cash-based Interventions Through Story*. Special thanks to: IRC staff Melanie Megevand, Anna Rita Ronzoni, and Sawsan Issa; WRC staff Tenzin Manell and Nadine El-Nabli; and Mercy Corps staff Kevin McNulty, Urike Julia Wendt, and Mohie Wahsh.

ii As outlined in the [2015 IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action](#) while humanitarian actors must analyze different gendered vulnerabilities that may put men, women, boys, and girls at heightened risk of violence and ensure care and support for all survivors, special attention should be given to females due to their documented greater vulnerabilities to GBV, the overarching discrimination they experience, and their lack of safe and equitable access to humanitarian assistance.

iii Survivor is a person who has experienced gender-based violence. The terms "victim" and "survivor" can be used interchangeably, although "victim" is generally preferred in the legal and medical sectors, and "survivor" in the psychological and social support sectors.

iv Markets systems related to protection (e.g. health and legal services) should be analyzed during market assessments. UNHCR (2015). *Guidance on Protection in CBIs*

v At the global level the recently published [Interagency Gender Based Violence Case Management Guidelines](#) and the [Gender Based Violence Information Management System](#) serve as the guiding protocols for GBV management services in humanitarian settings.

vi Or similar role (e.g. social workers, caseworkers, etc.)

vii Moreno, et. al (2014). The health-systems response to violence against women. *The Lancet*. 385, No. 9977, 1567–1579

viii GBV programs consider the safety and dignity concerns of survivors throughout the range of services provided.

Because GBV involves violent situations case management staff as well as outreach staff need to take precautions for their safety to avoid harm to themselves and/or the client. As such they do not "identify" survivors given the safety risks, but provide information and contacts of services and establish enabling safe environments/spaces for survivors to reach out to them in private and seek further assistance giving their consent.

ix See [Interagency Case Management Guidelines](#) and Case Management [Step 1: Introduction and Engagement](#)

x See [Interagency Case Management Guidelines](#) and Case Management [Step 2: Assessment](#)

xi See [Interagency Case Management Guidelines](#) and [Case Management Step 3: Case Action Planning](#)

xii See WRC's [Urban GBV Service Mapping Tool](#).

xiii See [Interagency Case Management Guidelines](#) and the sample case action plan page 180

xiv See [Interagency Case Management Guidelines](#) and Case Management Step 4: Implement the Case Action Plan

xv Or similar role (e.g., cash officer, etc.)

xvi See the [Post-distribution Monitoring \(PDM\) Module for Cash Referrals for Survivors of Gender-based Violence](#).

xvii A delivery mechanism is the "means of delivering a cash or voucher transfer (e.g., smart card, mobile money transfers, cash in envelopes, etc.)" see the [Cash Learning Partnership's Glossary of Cash Transfer Programming](#).

xviii GBV case management protocols outline high-risk and complex cases which typically require caseworkers to flag these cases with their supervisors as they typically require additional decision-making in short timeframes. Life-threatening cases are considered high-risk cases and caseworkers cannot refer a client until the circumstance has been reviewed and approved by a supervisor. High risk cases also entail higher levels of support and coordinated efforts with service providers; flagging these cases to supervisors ensure that the allocation of cases amongst caseworkers is balanced. In other situations, it may be challenging for caseworkers to emotionally detach and discern urgent needs and the fact the

client has overwhelming needs and why; such cases should be flagged to supervisors to confirm the level of urgency of the case.

^{xix} Cash and GBV actors must work together to ensure that services are assessed for competency of working with marginalized subgroups (LGBTI-friendly or disability-sensitive, etc.) and selected based on the specific needs of the client.

^{xx} Disclosing violence to anyone is a difficult step. As part of a survivor-centered approach to GBV case management and in order to support a client's access to services, including cash assistance, GBV caseworkers can offer to physically accompany the client to the referred service to increase their comfort. This can be helpful as clients often dread having to explain their case again, fear having to justify that GBV was not their fault, and are hesitant to access services alone. Because international case management standards provide that each caseworker should manage no more than 20 cases at a time, and given that not all clients request to be accompanied, doing so is feasible and does not impact efficiency.

^{xxi} Unconditional transfers "are provided to beneficiaries without the recipient having to do anything in return to receive the assistance." See the [*Cash Learning Partnership's Glossary of Cash Transfer Programming*](#).

^{xxii} Unrestricted transfers "can be used entirely as the recipient chooses, i.e., there are no direct limitations imposed by the implementing agency on how the transfer is spent.)" See the [*Cash Learning Partnership's Glossary of Cash Transfer Programming*](#).

^{xxiii} Restricted transfers "requires the beneficiary to use the assistance provided to purchase specific items or types of goods or services. Vouchers are by default restricted transfers, as there will at minimum be restrictions on where a voucher can be spent." See the [*Cash Learning Partnership's Glossary of Cash Transfer Programming*](#).

^{xxiv} Conditional transfers "require beneficiaries to undertake a specific action/activity (e.g., attend school, build a shelter, attend nutrition screenings, undertake work, etc.) to receive assistance, i.e., a condition must be fulfilled before the transfer is received. Cash for work/assets/training are all forms of conditional transfer." See the [*Cash Learning Partnership's Glossary of Cash Transfer Programming*](#).

^{xxv} Minimum Expenditure Basket (MEB) is "defined as what a household needs—on a regular or seasonal basis—and its average cost over time. The MEB can be a critical component in the design of interventions including Multipurpose Cash Grants/Assistance (MPG/MCA), with transfer amounts calculated to contribute to meeting the MEB." See the [*Cash Learning Partnership's Glossary of Cash Transfer Programming*](#).

^{xxvi} Informed consent is the voluntary agreement of an individual who has the legal capacity to give consent. To provide informed consent, the individual must have the capacity and maturity to know about and understand the services being offered and be capable of giving their consent. For younger children who are by definition too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought. Informed assent is the expressed willingness of the child to participate in services. Parents, caregivers, or other legal guardians are typically responsible for giving consent for their child to receive services until the child reaches 18 years of age. For adolescent girls who are married between 15 and 18 years of age, their marital status provides them with the legal ability to consent as an adult. Particularly in cases where the child's parents, caregivers, or other legal guardians are perpetrating violence, it is in the child's best interest to have the non-offending guardian, parent, or caregiver other persons provide consent.

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