

HUMANITARIAN CASH TRANSFER PROGRAMMING AND GENDER-BASED VIOLENCE OUTCOMES: EVIDENCE AND FUTURE RESEARCH PRIORITIES

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1. INTRODUCTION

The use of cash transfer programming (CTP) in humanitarian contexts has grown significantly over the past few years (CaLP, 2018).² 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 sectoral outcomes at once (Arnold et al., 2011; Creti and Jaspars, 2006; Gaidner et al., 2011; Venton et al., 2015). While cash and voucher transfers have been studied in development contexts and in meeting nutritional and shelter needs in humanitarian crises, evidence on the ability of CTP to meet other sectoral objectives and cross-cutting humanitarian issues is less robust. In the protection³ sector specifically, little conclusive evidence is available on the ability of CTP to address sub-sectoral outcomes⁴ in general, and gender-based violence (GBV) in particular.

¹ This research was undertaken by Allyson Cross, Ekaterina Shaleva, Ana Sanchez-Canales, and Rashad Nimr, all recent graduates from the London School of Economics and Political Science (LSE), with guidance from the Women's Refugee Commission (WRC) and the International Rescue Committee (IRC). Special thanks to Stefan Bambacher at Cash Learning Partnership (CaLP), Cassandra Puls at WRC and Alexandra Blackwell, Sheree Bennett, and Sana Khan at IRC for their key contributions.

² Cash Transfer Programming (CTP) refers to all programs where cash (or vouchers for goods and services) are directly provided to beneficiaries. In the context of humanitarian assistance, the term is used to refer to the provision of cash or vouchers given to individuals, household or community recipients; not to governments or other state actors. CTP covers all modalities of cash-based assistance, including vouchers. This excludes remittances and microfinance in humanitarian interventions (although microfinance and money transfer institutions may be used for the actual delivery of cash). The term can be used interchangeably with Cash-based Interventions, Cash-based Assistance, and Cash and Voucher Programming.

³ Protection comprises all activities that ensure the full respect for the rights of all individuals, without discrimination and in accordance with international human rights, relevant bodies of law, and humanitarian law. Protection is central to and must be mainstreamed in all humanitarian actions. Direct protection actions are the legal and primary responsibility of the state; however, humanitarian organizations may play a role in ensuring these obligations are met when the state is unable (Kemp, 2016).

⁴ Sub-sectors include Gender-based violence, Child protection, Mine Action, and Housing, Land and Property.

Theory and practice make similar underlying arguments for the use of CTP in emergency contexts. Theories such as the entitlement approach⁵ view some emergencies as a sociopolitical phenomenon that income support can help to address (de Waal, 2006; Sen, 1999). Practitioners and stakeholders in humanitarian response agree that cash can be effective in meeting people's needs, as it can increase access to basic goods and services and integrates humanitarian response within the local economy (Gairdner et al., 2011). However, CTP's limitations, such as its inability to promote long-term behavior change, also are recognized as tempering its potential benefits.

In 2016, major donors and humanitarian agencies signed the Grand Bargain,⁶ which included commitments to increase CTP in humanitarian aid in an attempt to improve the effectiveness and efficiency of humanitarian action (IASC, 2015). The Cash Learning Partnership (CaLP)'s Global Framework for Action⁷ consolidates cash commitments and recommendations made in the Grand Bargain as well as the Agenda for Cash,⁸ ECHO's 10 Principles,⁹ The Report of the High Level Panel on Humanitarian Cash Transfers,¹⁰ and the IASC Strategic Note on Cash Transfers in Humanitarian Contexts¹¹ within six global objectives. This report seeks to contribute specifically to global objective six: strengthen the evidence base and invest in innovation.

More robust evidence is needed on when and how CTP can deliver desired outcomes, especially for critical areas with less formal research, such as in crosscutting issues like protection and GBV. Literature reviews on CTP and protection highlight the need to understand better how the size, frequency, and duration of CTP can influence GBV protection outcomes in humanitarian settings (Hagen-Zanker et al., 2017; Berg and Seferis, 2016). Building evidence on the utilization of CTP to achieve GBV protection outcomes is central to the work of the Global Protection Cluster (GPC) Task Team on Cash for Protection, as well as a priority for its member organizations, including those involved in this study: Women's Refugee Commission (WRC), the International Rescue Committee (IRC), and the CaLP. This report seeks to outline what evidence exists on CTP and the prevention and mitigation of GBV in humanitarian settings and recommend priority areas for future research.

1.1 Unpacking GBV

GBV has multiple definitions in academic, humanitarian, development, and human rights practices (Read-Hamilton, 2014). In this report, GBV is defined as "an umbrella term for a harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty" (IASC Guidelines, 2015, p.5). GBV is inclusive of: sexual violence, encompassing rape, sexual assault, genital mutilation, sexual torture, exploitation, or intimate partner violence (IPV)¹²; early and forced marriage; and any physical or mental violence that targets individuals based on their gender. In humanitarian practice, GBV is primarily associated with violence against women (VAW) rather than with a holistic embodiment of gendered violence (Dolan, 2015). GBV has also been used to indicate similar violence against the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community as well as against men and boys. Sivakumaran (2007) argues that sexual violence against men is used as a gendered attack in order to feminize, homosexualize, and reduce reproductive capacity.

⁵ The entitlement theory indicates that some disasters occur when individuals cannot establish ownership over productive resources (endowments) and when the exchange conditions are such that individuals cannot use their resources to survive. This is argued to be a sociopolitical problem, for example, a famine occurring when there is plenty of food available, but the endowments of individuals and the exchange conditions are such that they cannot exchange their resources for food or must sell food produced to higher-price markets, thereby contributing the shortage. In this way, the famine is driven by an inability to command power over and mobilize resources to make up for local shortages.

⁶ See <http://www.agendaforhumanity.org/initiatives/3861>.

⁷ See <http://www.cashlearning.org/downloads/calp-framework-web.pdf>.

⁸ See <http://www.cashlearning.org/downloads/100daysofcash-agendaforcash---final.pdf>.

⁹ See <http://www.cashlearning.org/downloads/conceptpapercommontoplineprinciplesen.pdf>.

¹⁰ See <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9828.pdf>.

¹¹ See https://interagencystandingcommittee.org/system/files/strategic_note_cash_transfers_in_humanitarian_contexts_june_2016.pdf.

¹² IPV is a catch-all term as defined by the WHO. See http://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf?sequence=1.

As Lewis (2009) emphasizes, understandings of GBV should inevitably include violence against real, perceived, or imputed sexuality, sexual orientation, and gender identity. While this report utilizes an inclusive definition of GBV, it inevitably focuses on women and girls as this population faces disproportionate risks in humanitarian emergencies (DFID, 2013).

1.2 GBV in Emergencies

Little research has been conducted or consolidated to highlight best practices in GBV emergency programming (Bhuvanendra and Holmes, 2014). While the use of sexual violence in conflict zones has been well documented, other forms of GBV, such as intimate partner violence (IPV), early and forced marriage, and sex work, are also exacerbated in conflict and emergency settings (Hossain et al., 2014; GBV AoR, 2018). Types of interventions include advocacy, group training, livelihood programming, psychosocial support, batterer interventions, home visitations, community mobilization, and cash and voucher transfers (Arango et al., 2014); however, the ability of CTP to address the various forms of GBV has not been well researched. Ultimately, all programming must be survivor-centered, ensuring respect, safety, and work to shift culture, change laws, and train health workers who may be unprepared to address these concerns. Furthermore, engaging men and boys in addressing root causes of gender inequity—as well as considering the intersectionality of gender and other factors (such as age or disability) to understand the multiple and compounding sources of violence and discrimination—are essential.

1.3 GBV and Cash Transfer Programming

Evidence on the impact of CTP on gender relations is limited, inconclusive, and largely context- and household-specific (Harvey and Pavanello, 2018). GBV violations not only traumatize survivors, but also undermine societal resilience and can negatively impact the recovery of households and communities (IASC, 2015). Mainstreaming GBV considerations in CTP and complementing case management services with cash assistance where appropriate can help optimize CTP as a tool to enhance protection in humanitarian crises (WRC, 2018).

The next section presents the research objectives and questions. The third section discusses the methodology, while the fourth section presents the evidence maps. The fifth section provides a descriptive overview of the evidence considered. The sixth section analyzes CTP in the literature, its impact on GBV outcomes, and themes such as spillovers and limitations. The seventh section delineates key gaps and recommendations for priority areas of research. Section eight offers concluding considerations.

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2. RESEARCH OBJECTIVES AND QUESTIONS

This report provides an overview and analysis of evidence on the impact of CTP on preventing and mitigating GBV and suggests gaps that should be prioritized for future research. The evidence draws primarily on available literature, such as programme evaluations and reviews, meta analyses, case studies, and practitioner or external-consult produced reports. This report aims to:

- provide an evidence map that displays the CTP intervention modality, GBV outcome, direction of impact, and quality of study for the available evidence¹³;
- review the included literature, analyze the evidence of CTP in addressing GBV outcomes, and aggregate key findings¹⁴; and
- identify evidence gaps and suggest areas of future research.

To fulfil these objectives, this report will address the following questions:

1. How have various CTP modalities been targeted towards or otherwise impacted GBV outcomes?
2. Is there evidence of gender targeting affecting the impact of CTP on GBV outcomes?
3. Is there evidence of positive or negative spillovers resulting from CTP for GBV outcomes?
4. What are the major limitations of CTP in addressing GBV outcomes and what considerations should be made or additional programming implemented alongside CTP?
5. What are the main evidence gaps and what further research is required to determine the applicability of CTP in addressing GBV outcomes and inform best practice?

¹³ Impact refers to an effect or influence that can be directly or indirectly associated with an intervention being considered.

¹⁴ Outcome refers to the consequence or change, intentional or coincidental, resulting from the intervention.

3. METHODOLOGY

3.1 Search Protocol

3.1.1 Interventions and Outcomes

The interventions examined for this project include modalities of CTP as determined by the CaLP for a separate report following the same methodology and structure (see Table 1).¹⁵ The focus is on household-level interventions; grants to organizations providing support services are excluded.

The GBV outcomes examined (see Table 1), defined in consultation with members of the Global Protection Cluster Task Team on Cash for Protection, including WRC, IRC, and CaLP, were identified based on general GBV outcomes.

Table 1.

Interventions	Outcomes
<ol style="list-style-type: none"> 1. Multipurpose Grants (MPG) 2. Unconditional Voucher (UV): Commodity 3. Unconditional Voucher (UV): Value 4. Conditional Cash Transfer (CCT) 5. Conditional Voucher Transfer (CV) 6. Cash for Work (CfW) 7. Voucher for Work (VfW) 8. Cash for Assets (CfA) 9. Voucher for Assets (VfA) 10. Shock Responsive Social Protection 11. Mixed Modality 12. Cash Plus 13. Cash for Training (CfT) 14. Voucher for Training (VfT) 	<p>Reduction in Risk or Exposure to Gender-based Violence</p> <ol style="list-style-type: none"> 1. Improved distribution of household decision-making power 2. Reduction in intimate partner violence 3. Reduction of risk or exposure to sexual harassment, exploitation, or abuse 4. Reduction or prevention of forced and early marriage 5. Increased asset ownership or control over resources <p>Access to Services</p> <ol style="list-style-type: none"> 6. Gender-based violence survivor access to response and recovery services 7. Access to reproductive health services 8. Access to psychological/mental health services <p>Risky Coping Strategies</p> <ol style="list-style-type: none"> 9. Sex work

For a full description and definitions of interventions and outcomes, see Appendix 1.

¹⁵ See the [CaLP Glossary](#) for definitions of interventions and other CTP-related terminology.

3.1.2 Inclusion and Exclusion Criteria

Inclusion was based on evidence of an impact a CTP intervention had (as listed above) on one of the pre-defined GBV outcomes (also listed above). The review excluded best practice documents, toolkits, and general guidelines, but included meta-analyses and literature reviews. Delivery mechanism and targeting were not considered for exclusion. Finally, only documents produced after 2005 and available in English were analyzed.

3.1.3 Data Retrieval and Review

A comprehensive set of academic databases was used to identify peer-reviewed literature.¹⁶ Following this, the CaLP and ALNAP libraries were searched for relevant publications. The search terms were defined based on the interventions and outcomes.

Studies were evaluated for research quality in addition to direction of impact within an intervention-outcome pairing. The indicators used to determine research quality were adapted from [DFID guidelines](#) (see Figure 1).

Figure 1.

Quality Indicator	Criteria
Conceptual framing	Do the authors address existing research and how the current study fits into this context?
Transparency	Is there a clear explanation of the research design and methodology? Does the author state how, when, and from where/whom the data is collected? Does the author provide and justify framework for their analysis?
Redundancy	Is there triangulation of data? From how many different types of sources does the author collect data?
Validity	Is the study internally valid? Externally valid? When looking at the analysis, is there room for confounding variable or reverse causality bias? Is the measurement valid? Or does the indicator not represent a good measurement of the outcome?
Reliability	Are the indicators being measured correctly? Is there an incentive to misreport data from either the respondent or surveyor side? If so, does the author address this concern?
Cogency	Is there a clear logical thread that runs through the study from conceptual framework to data and analysis to conclusion? Do the authors discuss the caveats of the study?
Classification	The studies were classified into high, medium, and low quality as per the following: <ul style="list-style-type: none"> • High: Studies meet 4–6 of the above categories, or otherwise the equivalent (i.e. partially meet the equivalent across all fields, but not to the fullest extent across 2–3) • Medium: Studies meet 3–4 of the above categories, or otherwise the equivalent • Low: Studies meet fewer than 3 of the above categories

¹⁶ Such as JSTOR (<https://www.jstor.org>)

3.2 Limitations and Challenges

Factors such as the infrequency of humanitarian organizations establishing a baseline and short humanitarian programme cycles make it extremely difficult to measure the causal impact of programs in emergency settings. The recent scale up of CTP as a transfer modality in humanitarian interventions means that both mainstreaming GBV in CTP and integrating CTP in GBV interventions are still in a nascent stage.¹⁷ There is often a lack of clear distinction of the impact of a CTP intervention on a pre-defined GBV outcome. In many studies included in this report, GBV outcomes were identified anecdotally in focus group discussions (FGDs) with crisis-affected communities, rather than as a deliberate outcome that was explicitly targeted and measured. Most studies that focused on gender outcomes provided an ex-post review of how CTP impacted GBV, rather than purposefully integrating GBV outcomes and programming into the intervention design and implementation.

Furthermore, the fact that many GBV outcomes carry cultural stigma and are sensitive to discuss (e.g., sexual abuse and IPV) can lead to underreporting. An understanding of what is considered GBV in different cultural contexts also impacts reporting behavior; for example, emotional abuse or unequal control over or access to resources may not be viewed as GBV without sensitization programming. Finally, if beneficiaries believe certain practices may be considered in a negative light (e.g., early and forced marriage) and may affect their beneficiary status, they may be less likely to report it.

The overlapping nature of many humanitarian disasters makes it difficult to disentangle how CTP responds in specific types of emergencies. For example, internal displacement and refugee status may both be present in a conflict-based protracted crisis that is experiencing famine.

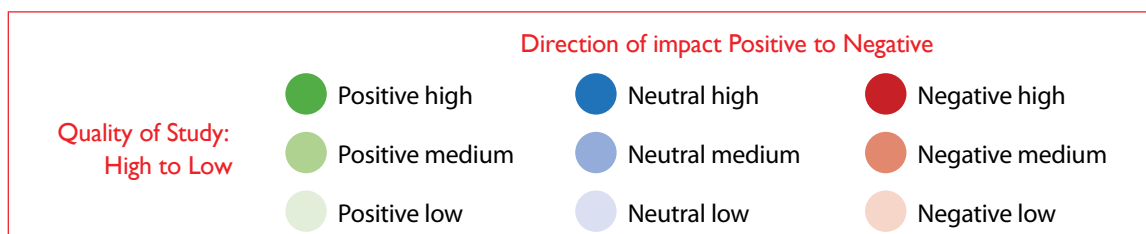
Finally, another limitation of this review is the exclusion of non-English language documents.



Cash grants are distributed by the International Rescue Committee (IRC) at the Directorate for Refugees and Repatriation in the capital of Afghanistan's Nangarhar Province, Jalalabad
Photo: Andrew Quilty/IRC

¹⁷ The majority of literature focus on determining best practices and were excluded from this study.

4. EVIDENCE MAP



5. DESCRIPTIVE OVERVIEW

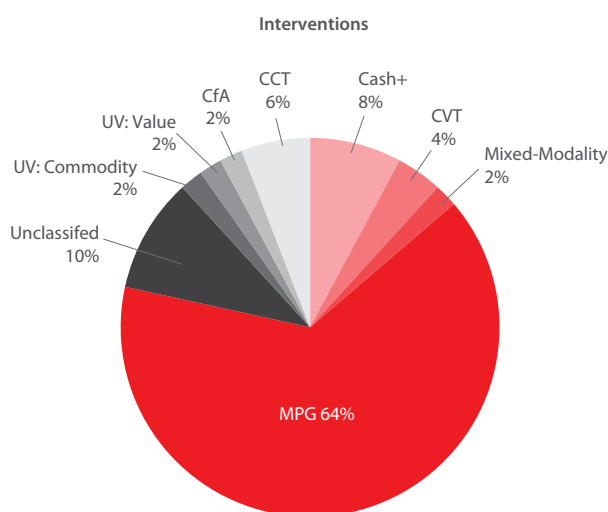
This review identified 28 studies that met the inclusion criteria, from which 52 intervention-outcome pairs were identified. The sections below delineate the characteristics of included studies, such as the spread of modalities, outcomes, direction of impact, use of conditionality, research methodology, and quality.

The majority of evidence in the report relates to the impact of CTP on risk or exposure to GBV; less evidence has been collected on the impact of CTP on access to survivor services and coping strategies. While policy, implementation, and toolkit documents on CTP and GBV exist, this report is focused on better understanding the body of evidence on the impact of CTP in achieving GBV outcomes.¹⁸

Forty three percent of studies were concentrated in Sub-Saharan Africa, while 25% were focused in the Middle East, relating primarily to the Syria response. Eighteen percent of studies were reviews of multiple interventions that spanned more than one region. One to two studies were undertaken for interventions in South/Central Asia, South America and Europe. No studies undertaken in South East Asia met the inclusion criteria.

5.1 Modalities¹⁹

The most common intervention modality was multipurpose cash grants (MPGs), comprising 64% of the recorded interventions. The heavy representation of MPGs in the sample is not surprising, given their increasing popularity due to their flexibility in meeting multiple outcomes across sectors. Reporting on GBV outcomes for MPGs was often picked up in FGDs, key informant interviews (KIIs), and surveys, rather than as an intentional objective of the intervention and monitoring plan. Cash plus made up 8% of the intervention-outcome pairings, although this comprises four outcomes recorded from one intervention.²⁰ Mixed-modality, conditional cash and vouchers, cash for work, and unconditional vouchers (value and commodity) made up 2–6% of interventions each. Ten percent of studies were not explicit about the type of modality used and reviewed multiple CTP interventions. In these cases, the intervention is labeled as unclassified. While the majority of interventions were not designed to meet GBV outcomes, 45% of the studies focused on analyzing GBV or gender dynamics ex-post.



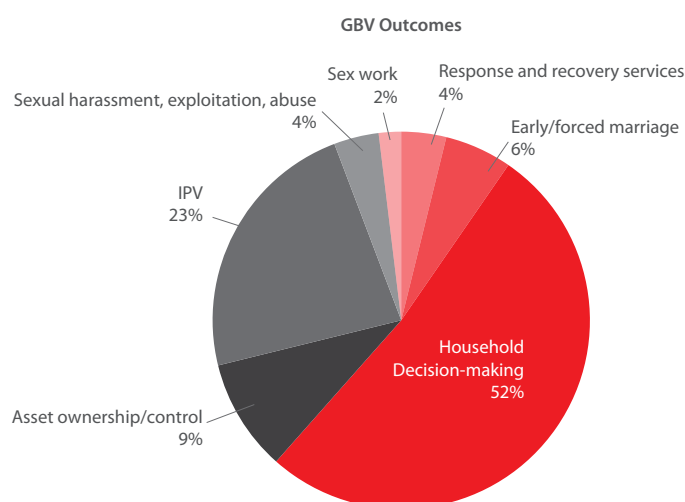
¹⁸ See [Walking the Talk: Cash Transfers and Gender Dynamics](#) and [Multipurpose Cash and Sectoral Outcomes](#).

¹⁹ See Appendix I for definitions of modalities.

²⁰ See [Integrating Cash Transfers into Gender-based Violence Programs in Jordan: Benefits, Risks, and Challenges](#).

While this report can make observational analyses about the direction of impact across modalities and outcomes, it does not allow for direct or robust comparison of the merits of any intervention modality over another—especially given the heavy weighting of MPGs. Only two of the included studies undertook a direct comparison of modalities, focusing on the differential impact of multipurpose cash versus vouchers.

5.2 Outcomes



Of the eight outcomes considered in this report, evidence was identified and included for seven. No evidence was found for access to reproductive health services. Evidence on household decision-making was the most common (52%), which may be due to the prominence of household decision-making as a measurement of empowerment, as a proxy for the mitigation of IPV, and/or as an indicator for GBV mainstreaming or gender-related outcomes.

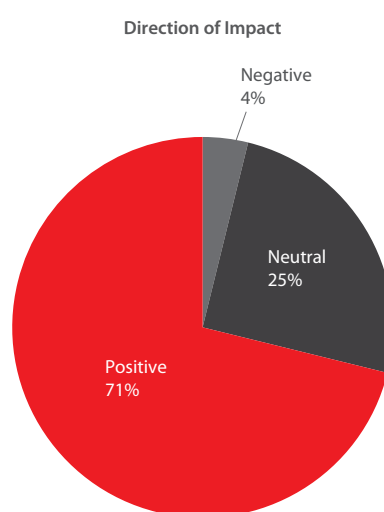
Furthermore, household decision-making tends to be less sensitive to discuss, as compared to engagement in sex work, experiences of early and forced marriage, sexual harassment, and sexual violence. Reduced intimate partner violence was the second most common outcome (23%), and often related to reduced stress over finances, resulting in fewer instances of verbal and physical altercations.²¹ Asset ownership and control of resources was represented in five studies (9%) and mostly related to new productive asset ownership by women as a product of CTP. Four studies (6%) reported on early and forced marriage, and highlighted that CTP could only deter the practice in crisis rather than address a systemic problem or change underlying attitudes/beliefs that normalize it. Engagement in sex work, access to 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.

²¹ In general, there is crossover between improved household dynamics and IPV; however, for the purpose of this study IPV was only recorded as an outcome when studies stated that there was less mental or physical abuse and fewer altercations among partners.

5.3 Direction of Impact

Overall, 71% of the interventions had positive results, while 25% were neutral and 4% were negative.²² The prevalence of positive outcomes is promising; however, 17 of 37 interventions with positive impact were concentrated in intra-household decision-making. While this is reflective of the concentration on intra-household decision-making as an outcome, it also indicates a weaker evidence base for the positive impact of CTP on other GBV outcomes.

Most interventions with positive impact on decision-making targeted women as beneficiaries. Neutral impact is concentrated in three outcomes: household decision-making, IPV, and early and forced marriage. This is not surprising due to the complex and systemic nature of these issues. Interventions with negative impact were found in IPV (one study) and exposure to sexual abuse, exploitation, and harassment (one study). In the former, this had to do with increased competition for control over resources, while the latter related to women's vulnerability to exploitation and abuse by gatekeepers.



5.4 Conditionality²³

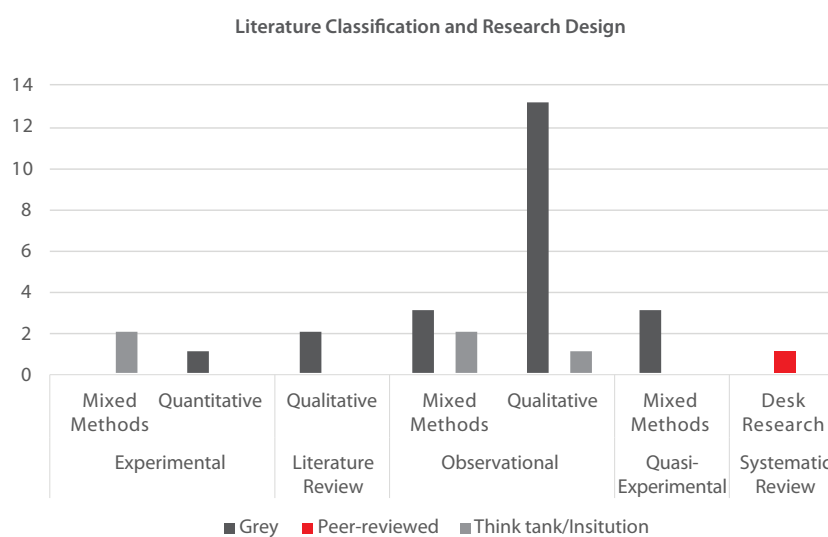
Evidence on conditional programming is limited, especially as it pertains directly to comparing conditional and unconditional CTP. While most programming was unconditional, conditionality was referenced in some systematic or literature reviews, but was not clearly delineated to be included as a separate intervention. Only three studies explicitly discussed conditional programming (Pertek, 2016; Peishi, 2018; Hidrobo et al., 2014). The limited set of evidence prevents conclusions about the merits of conditionality on GBV outcomes; however, section 6.2 attempts to outline GBV considerations within conditional programming, based on available evidence.

²² Neutral refers to no impact derived rather than inconclusive or mixed evidence.

²³ "Conditionality" refers to activities or obligations that must be fulfilled in order to receive assistance (e.g., minimum child attendance in school or engaging in work). It does not refer to targeting criteria.

5.5 Methodology

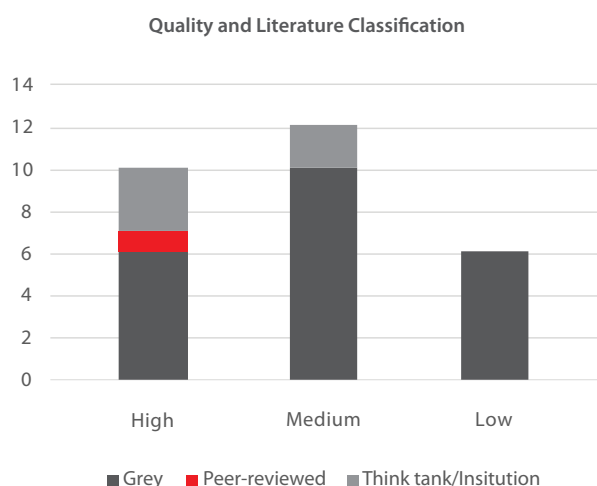
Most included studies come from grey literature, consisting of internal and contracted programme reviews and evaluations. Only one study, a systematic review of CTP in humanitarian interventions, appears in a peer-reviewed journal.²⁴ This indicates a paucity of academic research on the interaction of CTP and GBV in humanitarian settings. Given the nature of humanitarian response, this is not surprising—there often are few resources to construct baseline measurements, while FGDs and KIIs prove to be convenient and informative methods for the quick collection of feedback and data. Further, IASC guidelines (2015) warn against collecting prevalence or incidence data on GBV in emergencies due to security concerns for survivors and a lack of available or accessible recovery and response services. These considerations indicate it may be difficult or inadvisable to conduct methodologically rigorous and robust analyses on GBV outcomes; however, this study more heavily weights quality on triangulation of data, clarity of methodology, and clear discussion of study limitations than on quantitative data or experimental/quasi-experimental design.



5.6 Quality

Studies are spread relatively equally between high, medium, and low quality. These determinations are based on the study design and methodology, and not on the inclusion of GBV in programme design. While quality somewhat reflects organizational time and budget constraints that may limit the sources, duration, and frequency of data collection, the heavy representation of protracted conflict and internally displaced persons (IDPs)/refugee crises may offer an opportunity for more rigorous research and evaluation. Those studies indicated as high and medium quality collected data from multiple sources, were clear about the limitations, and often attempted to provide comparison to or feedback from a host or non-beneficiary group. The studies classified as low quality, while still providing valuable feedback from crisis-affected communities as well as insight and design considerations for CTP, are less rigorous in design.

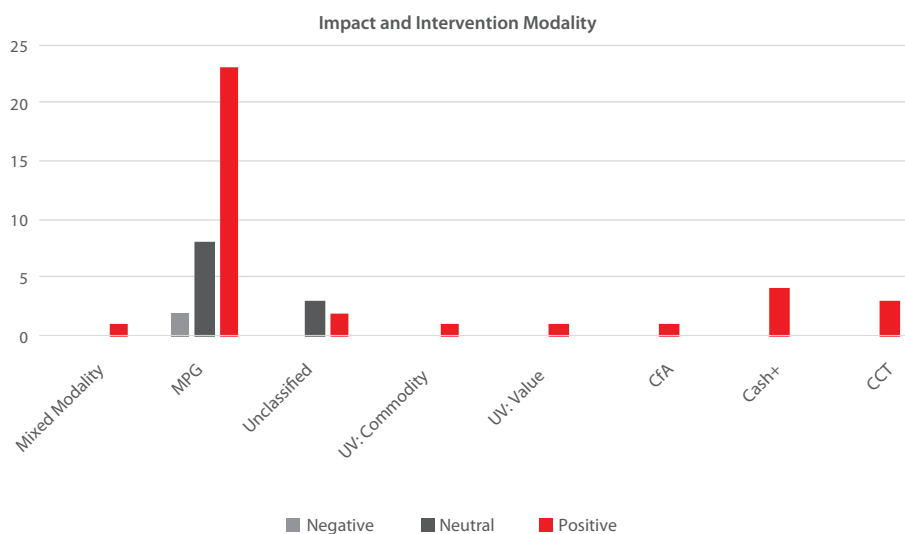
²⁴ See [Cash Based Approaches in Humanitarian Emergencies: A Systematic Review](#).



6. ANALYSIS

6.1 Impact and Cash Modality of Intervention

Understanding how cash modalities²⁵ impact GBV outcomes differently—and how modalities may impact men and women differently—is important for evidence-based programming in the humanitarian sector. For example, women and men may face different challenges in registering as a beneficiary or in collecting or using cash, leading to differential impacts of the same intervention.



While MPGs had a high incidence of positive impact, this was concentrated in achieving more

²⁵ "Cash modality" refers to the different types of cash or voucher transfer, e.g., conditional (cash for work, etc.), unconditional, restricted, unrestricted, multipurpose, etc. A single transfer can generally be categorized in terms of several of these variables, e.g., a conditional, unrestricted transfer (CaLP, 2018).

equitable household decision-making. Commonly, MPGs that targeted women led to women having a greater say in how CTP income was spent; though in some cases this led to their partners feeling emasculated, thus increasing threat or exposure to violence or fighting. MPGs were also commonly associated with reduced tensions in the household around spending, which was therein associated with reduced emotional and physical IPV. Furthermore, MPGs often had a neutral impact, indicating that results are still mixed on the use of MPGs in achieving GBV outcomes. This is not surprising, as MPGs are intended to meet a variety of outcomes and do not always integrate sector-specific or crosscutting issues into programme design. The one study that reported a positive impact associated the favorable impact with cash plus programming, focusing on the integration of cash into targeted GBV programming to achieve several GBV outcomes (Yoshikawa, 2015).

"The one study that reported a positive impact associated the favorable impact with cash plus programming, focusing on the integration of cash into targeted GBV programming to achieve several GBV outcomes."

This IRC programme in Jordan was designed to build women's resilience to GBV by meeting basic needs and facilitating access to targeted protection services. An MPG was integrated through a GBV case management referral system and accompanied by counselling, psychosocial support, and gender discussion groups. Integrating CTP within case management, where appropriate, helped prevent imminent threats and provided access to health and safety services. Women also reported that the psychosocial activities strengthened their confidence and skills in decision-making and negotiation. Anecdotal evidence from beneficiaries also suggested that male attendance at gender discussion groups helped decrease violence and enable dialogue on how to spend household income.

A cash for assets (CfA) programme that included livelihoods trainings, GBV awareness trainings, and the establishment of community asset management committees found the additional programming to be integral to improving women's empowerment (Peishi, 2018). The positive impacts associated with the cash plus and CfA interventions suggest that a priority area for research should be on how to best pair CTP and psychosocial support/referral services across different contexts.

Three studies compared cash to vouchers. Aker (2013) experimentally compared cash and vouchers in the Democratic Republic of Congo. While the intervention and study were not designed to integrate GBV outcomes, evidence suggested the transfer modality did not affect intra-household decision-making. Around 94% of both cash and voucher recipients, who were primarily female, reported being responsible for spending the transfer and having made decisions about expenditures jointly with their partner. However, there was no baseline data, and thus it was unclear if the interventions changed household decision-making. Another experimental study indicated that a CCT and CVT intervention in Ecuador led to a reduction in light to moderate physical and sexual violence at similar rates, but that vouchers did not impact controlling behaviors (Hidrobo et al., 2014). However, this was found to be consistent with food transfer outcomes, indicating that increased resources may impact income-related, stress-induced GBV, rather than an impact attributed to any form of CTP.

As GBV mainstreaming in CTP and the integration of CTP into GBV programming are institutionalized, there is opportunity for more robust evaluations of CTP and GBV outcomes. This could help improve the field's understanding of which programme design considerations and GBV services pairings have the largest impact on leveraging various forms of CTP to meet GBV outcomes.

6.2 Conditionality

Conditionality was not prevalent in the body of evidence reviewed. One study in Afghanistan (Samuel Hall, 2015) referenced a cash for shelter programme that transferred cash to women for safer shelter, thus enabling some to escape cycles of violence and lead more independent lives.²⁶ While women were able to achieve better acute security, female-headed households remained the most vulnerable IDPs. Another study found that a CfW programme did not make considerations for beneficiaries who fell ill or were injured on the job and did not consider how to tailor programming for pregnant or lactating women. Furthermore, some evidence suggested work requirements led women to have a double burden, rising as early as 3 a.m. to complete home duties prior to their CfW obligations (Berg et al., 2013). Conversely, a CfA programme in which men and women were paid for work on community assets (e.g., wells) reduced workload and hardship for some women by reducing the time it took to perform daily duties (Peishi, 2018). The ability of conditionalities to strengthen CTP's desired outcomes and/or transformative impact on gender relations is complex and appears context-specific. More evidence on how conditionalities affect women and men differently is important for design considerations.

6.3 Gender-based Targeting

A common rationale for gender-based targeting in the literature is that women are more likely to spend transfers for the good of the household, while men are more likely to spend on temptation goods like alcohol, tobacco, or other women than on their partners/household members. However, this is largely based on assumptions, rather than on consultations with communities regarding who in the household should be targeted. This assumption has been refuted in some research with little evidence supporting systematic anti-social male spending (Slater and Mphale, 2008). Some literature argues that gender targeting normalizes this type of behavior where it does exist (Wasilkowska, 2012).

Targeting women is also often pursued because female-headed households tend to be more vulnerable than other households. However, in some contexts, targeting women without their participation in targeting approaches can exacerbate vulnerabilities. For example, in Somalia, where women were targeted as beneficiaries, women reported feeling scared or worried to travel to get physical cash from distribution points as they felt it would put them at risk (Brady, 2011; Wasilkowska 2012; Hedlund et al., 2013). Furthermore, targeting women is sometimes undertaken with the aim of increasing their empowerment, decision-making power, and to tackle deeply-rooted causes of GBV grounded in unequal power relations among genders. However, in some contexts, this can be seen as undermining men's power, which may place women at greater risk of violence (WRC, 2018). When engaging in gender-based targeting, it is important to address how cash may increase pre-existing vulnerabilities.

Moreover, gender-based targeting may reinforce traditional gender norms. For example, when additional income is viewed as income that one gender typically manages rather than facilitating participation in decisions on expenditures they did not traditionally manage, targeting may not serve to shift power relations (Brady, 2011). If targeting reinforces the role of women, but not men, as primary caregivers, it may temper the transformative opportunity in terms of empowerment and decision-making power (Berg and Seferis, 2015). For example, while women in Somalia attributed their improved decision-making power to having been

²⁶ In this study, the cash for shelter programme is listed as a conditional programme (p.14), but it is unclear what the condition was. Additionally, the author defines restricted or labeled transfers as a conditionality (p.53).

targeted, the authors argued this reinforced gendered roles, as the transfers were perceived as designated for feminine spending (Hedlund et al., 2013). A study in Malawi indicated that the effectiveness of targeting women depended on whether a community was patrilineal or matrilineal. For example, in matrilineal communities, targeting women may not be advisable as this could lead to men—who perceive children as belonging to their partner’s family—not investing time, finances, or effort in rearing their children when they are not tasked with the responsibility to provide (De Barra and Molloy, 2018).

There is no evidence that categorically supports or rejects gender-based targeting; rather, most studies conclude that consultation with both men and women and a deep consideration of the specific context is essential to determine what types of targeting should be employed.

"Eighty percent of the evidence indicates that CTP's impact on IPV is positive... [yet cash] will not fix the root causes of violent behavior—without being paired with other programme components and implemented for longer durations."

6.4 Outcome Analysis

6.4.1 Improved Distribution of Household Decision-making Power

Seventy-one percent of interventions that had an outcome classified as household decision-making power had a positive impact on the equal distribution of decision-making power. Studies in Greece (Pavanello, 2018), Somalia (WRC, 2018), and Jordan (Abu Hamed et al., 2017; Pertek, 2016; Yoshikawa, 2015) reported beneficiaries felt improved joint decision-making and/or increased bargaining power in their households following CTP. Two studies on Syrian refugees in Jordan reported that gender conventions were turned upside down among beneficiaries (Abu Hamad et al., 2017; Pertek, 2016). Female beneficiaries felt more independent, self-reliant and able to express their needs. Yet they also felt a double burden as their workload within the household increased on top of their already heavy unpaid care work (Pertek, 2016). Men reported feeling depressed and emasculated (Abu Hamad et al., 2017). In some cases, FGDs indicated that, rather than improving joint decision-making, CTP resulted in some men exerting sole control of the transfer to regain their socially-ascribed role as provider in the household (Ibid). Gendered impacts and changes in decision-making can complicate household relationships and, unless adequately considered, can further constrain women’s protection.

Three studies in sub-Saharan Africa demonstrated that when women received transfers they felt more respected by their partners and their families saw them as more capable of making financial decisions. In Northern Uganda, female CTP recipients reported greater joint decision-making and perceptions of being more highly respected. In Somalia, 50% of women said their husband’s opinion of them changed positively as they recognized their ability to manage money. Sixty percent felt CTP improved their partner and family relationships and that these changes were lasting (Hedlund et al., 2013). However, these impacts are context specific: Wasilkowska (2012) found that IDPs in Mogadishu were twice as likely to report positive changes in their perception of women’s management of money than in rural areas. The author hypothesized this was due to more female heads of households in the urban IDP camps, where gender relations were more atypical—changes in gender dynamics and perceptions of women’s ability to manage money were more easily changed.

Overall, it is important to understand how gender relations work in different contexts when designing an intervention. For example, one study in Lesotho highlights the importance of understanding how the transfer is viewed by the recipients and how that may or may not impact gendered norms or household decision-making (Slater and Mphale, 2008). When the household viewed transfers as a gift rather than as wage income, it was put into a whole wage system²⁷ managed by the female household head regardless of who received the transfer. This suggests that how income is viewed is an important factor alongside targeting in how CTP impacts household dynamics.

"Three studies in sub-Saharan Africa demonstrated that when women received transfers they felt more respected by their partners and their families saw them as more capable of making financial decisions."

6.4.2 Reduction in Intimate Partner Violence

Eighty percent of the evidence indicates that CTP's impact on IPV is positive. The most common finding was that a reduction in income-related tension, frustration, and fighting led to a reduction in IPV. Across the studies, IPV tended to increase when there were not enough resources to meet basic needs, when there was unemployment, and when heads of households felt powerless to provide for their families.

In Uganda (Angeles, 2012), Jordan (Pertek, 2016; Yoshikawa, 2015), Somalia (Wasilkowska, 2012), and Lesotho (Slater and Mphale, 2008), researchers found a reduction in IPV as well as improved overall harmony in the home, highlighting the overlap between household dynamics and IPV. For Palestinians in Gaza and Syrian refugees in Jordan, intra-household violence was attributed to men feeling emasculated by being unable to provide for their families (Abu Hamad et al., 2017; Abu Hamad and Pavanello, 2012). In both cases, CTP helped alleviate tensions in the home. In Afghanistan, 46% of IDPs interviewed said they had experienced violence and that CTP had reduced the frequency of violence experienced (Samuel Hall, 2015). Twenty-eight percent of those who had experienced IPV reported physical beatings; while 41% cited verbal abuse. Feedback from FGDs indicated that, when resources were low, food shortages were viewed as the wife's mismanagement of resources rather than simply as resource scarcity. Drug addiction was a common problem that exacerbated unemployment, food shortages, and violence (Ibid). The perception that women were to blame for food shortages, combined with factors such as addiction, highlights the potentially temporary nature of CTP's impact on reducing IPV. Long-term change may require other support programming. Likewise, evidence from conditional vouchers in Ecuador indicated that while there was a decrease in physical and sexual violence associated with voucher receipt, there was no impact on controlling behavior (Hidrobo et al., 2014). This further highlights the speculation that the impact of CTP on IPV is temporary—and will not fix the root causes of violent behavior—without being paired with other programme components and implemented for longer durations.

²⁷ A whole wage system refers to a system of pooling a household's income into one central pot, regardless of earner or amount, whereby funds are not the sole property of the earner or an individual family member, but rather are distributed in an equitable way or in a way assumed to serve the interests of the family.

A programme in Jordan, through which women exposed to IPV were referred to cash assistance (WRC, 2018b), and a cash for shelter programme in Afghanistan, in which cash assistance was intended to secure safer housing (Samuel Hall, 2015), helped women to seek alternative accommodation and safely remove themselves from violent homes. In Malawi, women sought recourse with village chiefs when their husbands used transfers for reasons other than household benefit. While the recipient status was re-designated to the wife, men still controlled funds. Using this grievance system reportedly put women at greater risk of violence (Devereaux et al., 2006). In Uganda, community views on GBV, the state of the referral system, and the prevalence of police bribery to register cases prevented many from utilizing available resources (Sengupta, 2014). Promising areas of research include: how to offer different support and pathways for individuals to remove themselves from violent situations; how best to handle anti-social spending and violence; and how this is or may be linked to CTP and other types of support.

One intervention resulted in increased violence. Improved harvests in Uganda due to the investment of CTP funds led to increased IPV as there was a struggle over the control of additional income. Women reported their partners wanted to spend funds on alcohol and other women, which the woman indicated was both physically and psychologically abusive. Men reported gender relations had worsened because the new roles women were taking on were not in line with their expectations of a "good woman" (Sengupta, 2014). This study, while unique in the evidence reviewed, reinforces the notion that additional income alone cannot solve IPV and that more research is required on how to mitigate exposure to GBV alongside and through CTP.

"While it seems that CTP can help delay or prevent early and forced marriage in acute cases where it is seen to alleviate family desperation, it does not change the underlying beliefs that facilitate the practice, highlighting the importance of integrating CTP and GBV programming to address structural factors facilitating the practice."

6.4.3 Reduction of Risk or Exposure to Sexual Harassment, Exploitation, or Abuse

Among Syrians in Jordan, women faced a high risk of harassment on their way to distribution centers (Pertek, 2016). Conversely, there was reported evidence of grants being used for girls' transportation to school, thus helping them avoid harassment they often faced (Ibid). Another study on Syrian refugees in Jordan indicated that some beneficiaries were able to use their assistance to move away from predatory landlords and avoid aid agencies where they reported staff requested inappropriate relationships in exchange for support, including sexual relationships and marriage (Yoshikawa, 2015). In Somalia, there were reports of rape by militias, exchange of aid for sex, and burglary and looting that was reported to increase during distribution times. Women reported being asked for sexual favors to be added to aid lists, but the extent of this issue was unknown (Hedlund et al., 2013). Another study in Somalia, though not reporting on the impact of CTP on exposure to sexual harassment, exploitation, and violence, recommended allowing the nomination of a collection surrogate (Wasilkowska, 2012). These cases show that design considerations around distribution, storage, and staff-beneficiary interaction can impact the harassment and exploitation beneficiaries face. Ensuring monitoring, referrals, and safe complaint mechanisms are essential so that if exploitation and harassment occur, changes can be made to ensure the protection of beneficiaries.

6.4.4 Reduction or Prevention of Early and Forced Marriage

Four studies reported on CTP and the reduction or prevention of early and forced marriage. Of these studies, 50% were positive and 50% neutral. Among Syrian refugees in Jordan, early marriage was discussed as a coping strategy by families struggling to meet their basic needs as well as a way to secure futures for their daughters; in some cases girls believed this was in their families' and their own best interest (Abu Hamed et al., 2017). Overall, the report's results were inconclusive as to the impact of CTP—the lack of baseline data made it difficult to determine if CTP altered the incidence of early and forced marriage. However, other reports in this context found that school-conditional cash transfers helped to prevent early marriage (Pertek, 2016) as well as limited, anecdotal evidence that CTP helped to temporarily delay early marriage (Yoshikawa, 2015). Conditionality should be better researched in its potential role for preventing forced and early marriage.

In a study of CTP in Somalia, 16% of respondents reported MPGs were in part used for girls' tuition and income-generating investments, reducing the frequency of early marriage in targeted communities (WRC, 2018c). In Jordan, programme staff reported that CTP helped families to move away from landlords who tried to coerce tenants who couldn't pay rent into betrothing their daughters to the landlord or his family members (Yoshikawa, 2015); however this was unsubstantiated.

While it seems that CTP can help delay or prevent early and forced marriage in acute cases where it is seen to alleviate family desperation, it does not change the underlying beliefs that facilitate the practice, highlighting the importance of integrating CTP and GBV programming to address structural factors facilitating the practice.

6.4.5 Increased Asset Ownership or Control Over Resources

While CTP and livelihoods training has been researched in development contexts, the evidence in the humanitarian space is weaker. Five reports discussed asset ownership or control over resources. Of these, four indicated positive results following CTP. A study in Gaza found that an MPG allowed women—specifically divorcees and widows—to break free from family members controlling their resources (Abu Hamad and Pavanello, 2012). In Somalia, MPGs allowed households, and women in particular, to invest in long-term productive assets (Wasilkowska, 2012). In Uganda, gender-targeted CTP supported women to buy more livestock and/or open a small business (Angeles, 2012; Sengupta, 2014). The intervention was associated with an increase in household income diversity (Angeles, 2012) and was helpful for widows who suffered from patriarchal inheritance laws that prevented them from retaining ownership of their husband's land (Sengupta, 2014). In these interventions, beneficiaries also had access to resources such as livelihoods training and village savings and loans associations (VSLAs). In Kenya and Zimbabwe, a CfA programme paired with livelihoods training and awareness activities also led to women having more income and financial independence (Peishi, 2018).

In Gaza and Somalia, the evidence on how CTP impacted women was largely anecdotal, while in Uganda the focus on supporting women to have access and control over resources was prominent and better monitored. This could be because the Uganda interventions were more livelihoods-focused, but it does indicate that integrating livelihoods programming may help optimize CTP in achieving this outcome. An additional gap in the literature are the longer-term effects of these programs on increasing asset ownership and resource control. The studies reviewed here are four to six years old; returning to look at medium- to long-term effects could be an informative area of research.

6.4.6 GBV Survivor Access to Response and Recovery Services

Only two studies reported on access to response and recovery services. Among Syrian refugees in Jordan, Pertek (2016) found that restrictions on the movement of women limited their access to services, although it did not discuss the role of CTP in facilitating access. Another report indicated that 50% of clients who had been referred to CTP through women's center activities, who had participated in gender discussion groups, and who had accessed case management services used cash to access public and private health services, including mental health and shelter (WRC, 2018b). The availability, prevalence, and accessibility of GBV services is a limiting factor. In Niger, a case study on mainstreaming GBV in CTP for improved food security outcomes indicated a lack of partnerships among cash providers and GBV service providers, thereby impeding access to prevention and survivor services (WRC, 2018a).

The lack of evidence may indicate that CTPs are adhering to guiding principles for working with survivors of GBV by respecting client confidentiality and accessing information strictly on a need-to-know basis. It may equally suggest that the integration of CTP into GBV case management services is still nascent and requires greater collaboration and monitoring of both GBV case management interventions and CTP. While some work has been done, more research should be conducted to understand the impact that CTP can have on accessing services and on how referral systems in CTP programs can impact access to services.²⁸

6.4.7 Sex Work

In many settings, refugees have neither the right to work nor access to decent work, and as such may be coerced or choose sex work as a way to meet their basic needs. In such contexts, focus on mitigation of risk associated with sex work as well as working towards changing labor laws is important (Rosenburg, 2016). Only one study suggested an impact of CTP on the prevalence of sex work. This was in a review of CTP and gender dynamics that found unverified, anecdotal evidence from Kenya that indicated CTP led to a decrease in sex work (Brady, 2011). In a review of sectoral outcomes in multipurpose cash programming, Harvey and Pavanello (2018) state that for an MPG to have a meaningful impact on reducing sex work, it needs to be coupled with behavioral change and educational activities, such as sexual and reproductive health courses and livelihoods activities. These kinds of complementary activities were not found in the evidence. Research should seek to better understand how CTP, alongside access to other support, services, and training, impacts reliance on sex work as a coping strategy and improves the safety of those choosing to engage in sex work.

6.5 Spillovers²⁹

6.5.1 Positive Spillover Effects

The most common positive spillover effect across the literature was psychosocial wellbeing. For example, an MPG in Gaza helped reduce anxiety, while increasing security and morale. This feeling was strongest among widows and divorcees who felt they would not survive without the transfer (Abu Hamad and Pavanello, 2012). In Somalia, women were able to spend more time caring for their children, which improved their psychosocial wellbeing. Other evidence on Syrian refugees indicated that CTP helped empower women when they were able to provide for their families (Campbell, 2014), quelled fears of having to return to Syria, increased feelings of confidence and respect (Yoshikawa, 2015), and bolstered confidence to report GBV and enroll girls in school (WRC, 2018b).

²⁸ See [Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response](#)

²⁹ The term "spillover" is used to describe the positive or negative unintended consequences of a particular intervention.

A second positive spillover effect was the increased ability to participate in social activities and community practices. In Lesotho, CTP allowed women to engage in their traditional mourning period, which mandates a period of no work, slaughtering a goat, and buying a new dress (Slater and Mphale, 2008). Evidence from Kenya, Zimbabwe, and Indonesia indicated CTP enabled women to participate more fully and even to take on leadership roles in the community (Peishi, 2018; Brady, 2011). In Somalia and Malawi, CTP increased the respect beneficiaries were given by the community and improved overall community relations (Hedlund et al., 2013; Devereaux et al., 2006). Other studies in Malawi and Somalia found that CTP improved social and community participation for both men and women, but in ways that were consistent with gendered norms (Wasilkowska, 2012). In Jordan, Yoshikawa (2015) found that CTP improved social cohesion among Syrians and Jordanians, primarily by enabling refugees to repay debts to shopkeepers and friends, and to reciprocate favors. The report also argues that greater social cohesion increased the protection of women and girls because of improved community relations.

In Gaza, the national cash transfer programs includes a waiver for higher education. This practice, which allowed women in beneficiary families to continue their studies, was less common among men, and was generally seen as a positive coping strategy (Abu Hamad and Pavanello, 2012).

6.5.2 Negative Spillover Effects

One negative spillover effect was the double burden that befell women who were targeted by CTP or were expected to work more because of changes in gender roles. In Uganda, women became economically engaged but reported their workload increased (Berg et al., 2013). Syrian women in Jordan indicated that they had more responsibilities as gender roles had changed (Abu Hamed et al., 2017; Pertek, 2016).

In Gaza and Malawi, evidence indicates that MPGs had negative effects on community relations due to jealousy from non-beneficiaries and allegations of corruption in the selection process (Abu Hamad and Pavanello, 2012; Devereaux et al., 2006). In Kenya, where food aid was traditionally shared, cash aid was not, thereby upsetting traditional coping mechanisms (Brady, 2011).

Three cases indicated CTP can disturb marital dynamics. In Jordan, unsubstantiated anecdotal evidence pointed to increased divorces in the Syrian community because of targeting single, divorced, or widowed women. Men and women indicated that this targeting provided justifications for women who wanted to initiate divorce as well as for men who wanted to divorce their wife and remarry. However, actual divorce rates were unconfirmed (Yoshikawa, 2015). In Somalia, a small percentage (4%) of women said they witnessed CTP funds being used to arrange second marriages, but that their community was generally against this (Wasilkowska, 2012). A study in Malawi examined an intervention in which women receiving cash or assets faced increased risk of abandonment as they threatened traditional norms of masculinity (De Barra and Maloy, 2018).

6.6 Limitations

CTP is useful when five basic enabling conditions are met: local availability of commodities for basic needs and recovery; existing and functioning markets; beneficiaries' preference for cash and vouchers; security; and an adequate financial infrastructure (Gairdner et al., 2011). However, in addressing GBV, 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 (Angeles, 2012), or address a paucity of existing support services (Harvey and Pavanello, 2018; Berg and Sefaris, 2015).

Several studies found that GBV outcomes were not integrated into CTP design, but rather were secondary or coincidental (Samuel Hall, 2015). Two studies found that limited understanding of what constitutes GBV by beneficiaries and programme staff tempers the ability of CTP to meaningfully integrate GBV programming into CTP (Angeles, 2012; WRC 2018a).

Studies found that traditional gender roles are not challenged or transformed and men are not adequately sensitized to GBV issues or targeting rationale (De Barra and Molloy, 2018; Pertek, 2016; Brady, 2011). Berg et al. (2013) concluded that positive gender impacts often resulted from an adequate intervention design with gender and protection considerations.

Hedlund et al. (2013) found that, in Somalia, the lack of coordination between CTP and protection programs was problematic, especially given reports of frequent rape by militias, incidents of exploitation in exchange for aid, and burglary. On a wider scale, the lack of explicit protection and GBV coordination was noticeable. Overall, there is a greater need to integrate efforts and establish partnerships between CTP and GBV experts and service providers. Greater need for psychosocial support services was also highlighted. In both the Syrian and Afghan contexts, limited networks due to displacement were cited as factors inhibiting resilience (Abu Hamad et al., 2017; Samuel Hall, 2015).

"In addressing GBV, 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."

Gender-specific issues not addressed by CTP extended to the lack of prioritization of menstrual products as a household expenditure; Pertek (2016) recommended providing access to such products as part of programming. A further gap that was neither addressed by CTP nor considered in design was polygamy. Focusing on sub-Saharan Africa, Brady (2011), Berg et al. (2013) and Devereaux et al (2006) found transfers were not always shared across wives and often only one wife was allowed to register. In Somalia, Wasilkowska (2012) also found that this increased conflict in polygamous households. Another study in Malawi, however, found that polygamous households were viewed as one unit, and thus targeting multiple wives was seen as unfairly beneficial to their husbands who were already viewed as better off (De Barra and Molloy, 2018). Where polygamy is a culturally accepted practice, it should inform CTP. Research should seek to further understand how these dynamics differ from monogamous households.

Diversion was also cited as a limitation, and came up in two programs in Somalia. Wasilkowska (2012) and Angeles (2012) found paying a percentage of the transfer to gatekeepers was common practice. Incorporating safe and accessible complaint mechanisms that allow beneficiaries to report such behavior without threatening their protection should be standard.

6.7 Complementary Programming

When implementing CTP, evidence shows that complementary programming is essential for better GBV outcomes. However, there is little evidence on the best combinations for modalities of CTP, services, and activities. CTP can be paired with sectoral programming in a way that is more effective and reaches more individuals, such as behavior change communication at registration points as well as case management and referral systems integrated into distribution and monitoring (Harvey and Pavanello, 2018; WRC, 2018; Peterman et al., 2017). Brady (2011) found that, while there is a prevalence of gender commitments across programs, few of these commitments are enacted, signaling a need for greater focus on the implementation of gender considerations. Angeles (2012) highlighted that when adequate protection partnerships are not available, formed, or incorporated through referral systems with CTP, GBV impact will be limited.

In Uganda, Angeles (2012) found that most GBV outcomes were impacted through CTP paired with GBV programming and trainings rather than CTP alone. However, the study did note the limitation in this context where GBV trainings had low participation (30%). Sengupta (2014) found that in Uganda, programmatic aspects were limited in impact as men refused to engage in what they thought were women's activities. To maximize programmatic impact, it is vital to engage men and for them to understand the value of the activities. In Lebanon, Campbell (2014) found that financial management training for female heads of household helped increase their self-reliance and capacity to maximize resources, both variables that may help reduce negative coping strategies and exposure to GBV.

The integration of CTP into GBV programming in Jordan demonstrated the importance of case management, counselling, and gender discussion groups as a foundational element of the overall program. The research specifically found that gender discussion groups alongside CTP helped decrease violence and that case management helped reduce imminent threats of violence (Yoshikawa, 2015). Also in Jordan, Abu Hamad et al. (2017) pointed out that beneficiaries recommended increased psychological support and more safe spaces for socialization, where they can discuss their stresses and grieve.

Complementary programming must also include awareness of what encompasses GBV for beneficiaries and programme staff. In both Afghanistan and Niger, Hall (2015) and the WRC (2018a) indicated a lack of understanding of GBV as a serious impediment to the success of CTP and other services in addressing it. Hall (2015) found that 91% of women surveyed about GBV agreed that a husband was justified in beating his wife; this number dropped to 50% after awareness trainings.³⁰ In Lesotho, Slater and Mphale (2008) also found that sensitization training that accompanied CTP allowed men and women to understand household entitlements and budget more equitably.

³⁰ It should be noted that the sampled respondents were not the same group of people.

7. EVIDENCE GAPS AND RECOMMENDATIONS FOR RESEARCH

Preventing and responding to GBV is the responsibility of all actors in all humanitarian response options. This report has sought to lay out the current body of evidence on CTP and GBV outcomes in humanitarian emergencies. Better quality CTP—enabled by a stronger integration of cash and GBV programming—is foundational to building the evidence on cash for GBV outcomes. Having clear GBV objectives at the outset, safely testing CTP across GBV outcomes, and undertaking systematic monitoring and evaluation will advance the field. Doing so will broaden the evidence base across different regions. The gaps that have emerged from this analysis have informed the recommendations for future areas of research detailed below.

7.1 Gap 1: CTP and GBV Outcomes for Excluded, Marginalized Populations

There needs to be more evidence generated on the use of cash for GBV outcomes for diverse crisis-affected populations and subpopulations. The majority of existing evidence focuses on CTP and GBV outcomes for women and girls and does not apply an intersectional approach. Among the research on women and girls, there are few findings for persons with disabilities, LGBTI individuals, who face heightened risk of GBV and for whom cash can be a key element of prevention and response, are wholly unrepresented. In order to better understand and leverage cash for GBV outcomes, future research must be inclusive. An intersectional approach is imperative to effectively build evidence on CTP and GBV outcomes reflecting age, gender, and diversity.

7.2 Gap 2: Cash Modalities and GBV Outcomes

While undertaking robust comparative research on cash modalities and GBV outcomes in humanitarian settings is likely infeasible due to ethics considerations around research in humanitarian settings as well as time and budget constraints, stronger evidence on the potential of various cash modalities to address GBV would be useful. Most evidence reviewed was on MPGs, and this evidence was mixed. Different modalities may affect men and women differently, such as safety concerns around carrying cash or, if the modality changes, how the cash is viewed by and distributed among the household. While some evidence showed that the modality of transfer did not impact IPV, it may affect other types of GBV. Better understanding the implications of various modalities can help inform more appropriate programme design to achieve GBV outcomes.

7.3 Gap 3: CTP and Complementary Services for GBV Outcomes

What emerged clearly from the evidence is the need to pair CTP with access to GBV survivor and support services. Case management, referral systems, gender discussion groups, livelihoods support, and financial literacy training can be strong complements to CTP interventions. Better understanding the combinations of support and services that best complement CTP to address GBV outcomes is an important next step in improving the use of cash in humanitarian emergencies.

7.4 Gap 4: Conditionality and GBV Outcomes

There was little evidence on conditionality and GBV outcomes. Better understanding how conditionality affects men and women is essential if conditionalities are to be employed. Cash for work, for example, has implications for the double burden it may put on female beneficiaries, while school attendance as a condition may help to delay early marriage or keep young boys from being sent to work. A more robust understanding of how conditionality can address or exacerbate GBV in different contexts will strengthen justifications for and against its use and appropriateness in different contexts.

7.5 Gap 5: Long-term CTP Impact on GBV Outcomes

The majority of evidence reviewed looked at immediate, acute, or short-term impacts of cash transfer programming. No studies looked at longer-term impact. While this is somewhat due to the nature of humanitarian practice, protracted settings and longer-term interventions may provide an opportunity to better understand the lasting impacts of CTP in humanitarian emergencies and post-emergency settings. Even in shorter-term interventions, ex-post research could help to disentangle the lasting impacts CTP has had or help better define its limitations. For interventions targeting behavior change, such as seeking to improve household decision-making dynamics or access to and control over resources, there should be investment in understanding if CTP interventions or the pairing of CTP and other services and support can help facilitate lasting change. This will be an informative area for academic research.

"An intersectional approach is imperative to effectively build evidence on CTP and GBV outcomes reflecting age, gender, and diversity."

8. CONCLUSION

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. This report has aimed to analyze the existing evidence and contribute to building and better understanding the body of evidence on the impact of CTP in achieving GBV outcomes. It has found that the evidence on the impact of CTP on GBV is limited, inconclusive, and largely context-specific.

Mainstreaming GBV in CTP and integrating CTP in GBV interventions in humanitarian settings is still in a nascent stage. As such, GBV programming often is not integrated purposefully into the intervention design. 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 design with adequate gender and protection considerations and programming components.

The body of evidence remains relatively small, with 28 identified studies and their corresponding 52 intervention-outcome pairs. Of these, the quality is mixed. This analysis revealed that CTP has a promising potential to positively impact GBV outcomes. Seventy-one percent of the interventions had positive results, while 25% were neutral, and only 4% were negative.

MPGs were the most frequent cash modality. Given the heavy weighting of MPGs, this report does not allow for direct or robust comparison of the merits of any intervention modality over another. A better understanding of how different CTP modalities impact sectoral outcomes is essential to designing more effective interventions. Evidence reviewed in this report also highlights the importance of complementary programming and services, making this a key priority area of future research.

There was a heavy concentration of evidence in improved household decision-making. An overall positive impact of CTP was also found for reduction in IPV. The most common mechanism was that a reduction in income-related tension, frustration, and fighting led to a reduction in IPV. There were many studies that indicated a neutral impact of CTP on GBV outcomes. This is not surprising due to the complex and systemic nature of GBV. Evidence suggests that the ability of CTP to drive better gender relations is highly context-specific due to the entrenched nature of gender norms and expectations and gains are often temporary.

Regarding the reduction or prevention of forced and early marriage, the results were inconclusive as to the impact of CTP. Most positive or anecdotally positive evidence indicated a short-term, limited impact that helped to delay early marriage or reduce the practice of early marriage as a coping strategy for family and daughter survival.

One area where CTP had the potential to put beneficiaries at risk was when they faced harassment and/or exploitation from gatekeepers and authorities related to collection. Mitigating the ways in which CTP may exacerbate beneficiaries being harassed, exploited, and abused (e.g., by diversifying delivery mechanisms, strengthening protection from sexual exploitation and abuse training, policies, and procedures, and improving the safety and access of accountability and complaints mechanisms) is an important design consideration.

CTP cannot overcome limited consideration in programme design of gender-based norms and systems or replace nonexistent or low-quality support services. However, better design and integration of CTP and GBV programming can catalyze the impact of CTP to support resilience and increase access to 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.

A key recommendation to strengthen the evidence base for CTP on GBV outcomes is that evaluations should examine CTP interventions in a way that draws a clearer connection between intervention modality and outcome. Finally, the report identifies five key gaps in the literature on CTP in humanitarian contexts that could help donors, policymakers, and practitioners working on CTP, protection, and gender with evidence-based guidance: (1) CTP and GBV outcomes for excluded, marginalized populations; (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. Further research in these areas will help to build a more thorough and sound body of evidence to inform humanitarian policy and enhance practice.

APPENDIX I. INTERVENTION AND OUTCOME DEFINITIONS³¹

Table 2. Intervention Definitions

Intervention	Definition
Multipurpose grants (MPG)	MPGs (sometimes called CBIs and MCAs) are defined as a transfer (either regular or one-off) corresponding to the amount of money a household needs in order to cover, fully or partially, a set of basic and/or recovery needs. They are, by definition, unrestricted cash transfers. The MPG can contribute to meeting a Minimum Expenditure Basket (MEB) or other calculation of the amount required to cover basic needs, but can also include other one-off or recovery needs.
Unconditional voucher (UV): Commodity	All vouchers are a form of restricted transfer. Commodity vouchers restrict purchases to specific commodities or services.
Unconditional voucher (UV): Value	All vouchers are a form of restricted transfer. Value vouchers can be used to purchase a range of goods or services up to a certain value through selected stores, traders, and service providers.
Conditional voucher (CV)	Conditional transfers are interventions where something needs to be done in order to receive the transfer or future installments. This category would be for conditional transfers that do not fall into specific categories below and where payment is received in the form of a value or commodity voucher.
Conditional cash transfers (CCT)	Conditional transfers are interventions where something needs to be done in order to receive the transfer or future installments. This category would be for conditional transfers that do not fall into specific categories below and where payment is received in the form of a cash transfer.
Cash for work (CfW)	Cash payments provided on the condition of undertaking designated work. This is generally paid according to time worked (e.g., number of days, daily rate), but may also be quantified in terms of outputs (e.g., number of items produced, cubic meters dug). CfW interventions are usually in public or community work programs, but can also include home-based and other forms of work.
Voucher for work (VfW)	Voucher provided on the condition of undertaking designated work. This is generally paid according to time worked (e.g., number of days, daily rate), but may also be quantified in terms of outputs (e.g., number of items produced, cubic meters dug). VfW interventions are usually in public or community work programs, but can also include home-based and other forms of work.
Cash for assets (CfA)	Cash payments provided to participants for taking part in projects to create community or public assets, such as irrigation systems, roads, etc. This is a form of conditional transfer and a subset of CfW, relating to those work programs that create assets.
Voucher for assets (VfA)	Voucher payments provided to participants for taking part in projects to create community or public assets, such as irrigation systems, roads etc. This is a form of conditional transfer and a subset of CfW/VfW, relating to those work programs that create assets.
Cash for training (CfT)	Cash payments provided for participating in a specified training session or series of training sessions. This is a form of conditional transfer.
Voucher for training (VfT)	Voucher payments provided for participating in a specified training session or series of training sessions. This is a form of conditional transfer.
Complementary programming / Cash plus	These terms refer to programming where CTP is combined with other modalities or activities. Complementary or plus interventions may be implemented by the same agency/agencies providing CTP, or potentially by other agencies working in collaboration. Examples might include provision of training and/or livelihood inputs, or behavioral change communication programs.
Shock responsive social protection	To be included only where social protection systems have been used in support of humanitarian assistance. Development social protection programs will be excluded.

³¹ See full glossary <http://www.cashlearning.org/resources/glossary#CFT>

Table 3. Outcome Definitions

Outcome	Definition
Reduction in Risk or Exposure to Gender-based Violence	
Improved distribution of household decision-making power ³²	An increase in decision-making power (e.g., regarding one's body, marital status, and social, economic, or political resources) or otherwise a more equitable distribution of power between members of a household in making decisions.
Reduction in intimate partner violence ³³	A reduction in physical, sexual, and emotional abuse enacted by one's intimate partner. This is commonly self-reported by women or by men indicating they are perpetuating less violence towards their spouse and children.
Reduction of risk or exposure to sexual harassment, exploitation, or abuse ³⁴	A reduction in the actual or threatened intrusion of a sexual nature under unequal or coercive conditions, and sexual exploitation— defined in turn as any actual or attempted abuse of a position of vulnerability or differential power or trust for sexual purposes (e.g., requests for sexual favors or unwanted verbal or physical conduct).
Reduction or prevention of forced and early marriage ³⁵	Reduction in marriage of an individual against their will, or reduction in formal marriage or informal union before the age of 18.
Increased asset ownership or control over resources ³⁶	Mitigation of economic abuse, where abuser's control of victim's finances prevents victim from accessing resources, and/or abuser works to maintain control over victim's earnings and prevent them from achieving self-sufficiency or financial independence. The increase can occur in one of two ways: 1. Women being able, supported, or legally allowed to possess or generate assets and income equal to that of men; or 2. When women do generate or possess assets, they are able to gain new control of those resources.
Access to Services ³⁷	
Access to response and recovery services ³⁸	Improved access to services, such as psychosocial support, delivered through a local organization or social services actor, ensuring survivors are informed of their options and that the issues they face are identified and responded to in a coordinated way.
Access to reproductive health services	Access to lifesaving reproductive health services for survivors of: sexual assault or rape who need to receive emergency health care within 72–120 hours to prevent HIV and other sexually transmitted diseases, tend to wounds, and obtain forensic evidence (depending on the consent of the survivor and local laws); nonsexual physical assault that may have resulted in acute injury, bleeding, or pain, including pregnant women and girls who may need emergency obstetric care. ³⁹
Access to psychological/ mental health services ⁴⁰	Access to services that help survivors of disaster and trauma cope with the psychological and social processes that affect them and their communities to promote psychosocial well-being and prevent or treat mental disorder.
Risky Coping Strategies	
A reduction in sex work as a risky ⁴¹ coping strategy or engaging in sex work made safer	A reduction in sex work as a coping strategy by individuals engaged in sex work (who are acknowledged to have agency where not coerced via violence and exploitation) to meet basic needs, or engaging in sex work in a safer manner than before (e.g., access to education or sexual and reproductive health services). ⁴²

³² See IASC Gender Handbook:

https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf.

³³ See WHO definition of IPV: http://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf?jsessionid=35427A1F2030997C293F0CC5144D2807?sequence=1.

³⁴ See UNHCR definition of sexual harassment, exploitation, and abuse:

<http://www.unhcr.org/our-fight-against-sexual-exploitation-abuse-and-harassment.html>.

³⁵ See OHCHR definition of child, early, and forced marriage: <https://www.ohchr.org/EN/Issues/Women/WRGS/Pages/ChildMarriage.aspx>.

³⁶ See GBVIE Minimum Standards—Standard 10.

³⁷ See GBVIE Minimum Standards—Standards 5–12 cover the three sub-outcomes under access to services.

³⁸ The approach should create a supportive environment in which survivors are respected and each person is treated with dignity and respect. Case works should: validate a person's experience; empower survivors and help them regain a sense of control; and emphasize survivors' strength and recognize their existing coping strategies.

³⁹ See: [IASC GBV Case Management Guidelines](#).

⁴⁰ See also WHO guidelines on mental health in emergencies.

⁴¹ It is risky because a) given unequal gender relations and power dynamics, the sexual nature of the transaction may become violent at any moment (for example clients and/or police officers beating and raping sex workers or attacks from host community sex workers), and b) sex workers are generally socially excluded and this might constitute a barrier to access support services.

⁴² See WRC's [Guidance Note for Humanitarians Working with Refugees Engaged in Sex Work](#).

APPENDIX II. INCLUDED STUDIES

Title	Type of Study	Location	Intervention Modality	Outcome	Direction of Impact
A Promise of Tomorrow: The Effects of UNHCR and UNICEF Cash Transfers on Syrian Refugees in Jordan Abu Hamad, et al. (2017) ODI	Programme Review	Jordan	Mixed-Modality	Improved distribution of household decision-making power	Positive
Transforming Cash Transfers: Beneficiary and Community Perspectives of the Palestinian National Cash Transfer Program–Gaza Bassam Abu Hamed and Sara Pavanello (2012) ODI	Programme Review	Palestine	MPG	Reduction in intimate partner violence	Positive
				Increased asset ownership or control over resources	Positive
Learning Brief: Gender Study—Conditional Cash Project for Vulnerable Syrian and Jordanian Children in Irbid, Jordan Iman Sandra Pertek (2016) Islamic Relief	Programme Review	Jordan	CCT	Improved distribution of household decision-making power	Positive
				Reduction in intimate partner violence	Positive
Cash and Vouchers: A Good Thing for the Protection of Beneficiaries? Michelle Berg, Hanna Mattinen, Gina Pattugalan (2013) WFP	Review	Chad, Jordan, Ecuador, North Darfur, and Pakistan	Multiple	Increased asset ownership or control over resources	Neutral
				Improved distribution of household decision-making power	Neutral
Cash-based Approaches in Humanitarian Emergencies: A Systematic Review Shannon Doocy and Hannah Tappis (2016) International Initiative for Impact Evaluation	Review	Various	Multiple	Reduction in intimate partner violence	Positive
Impact Evaluation of the Multipurpose Cash Assistance Program Francesca Battistin (2016) Lebanon Cash Consortium	Programme Impact Evaluation	Lebanon	MPG	Early and forced marriage	Neutral
The Impact of Cash Transfer Programmes on Protection Outcomes in Afghanistan Samuel Hall (2015) Norwegian Refugee Council	Review	Afghanistan	Multiple	Reduction in intimate partner violence	Positive
Combating Gender-based Violence and Enhancing Economic Empowerment of Women in Northern Uganda Through Cash Transfers Cliff Bernard Nuwakora (2014) Action Against Hunger	Programme Evaluation	Northern Uganda	MPG	Reduction in intimate partner violence	Positive
				Increased asset ownership or control over resources	Positive
				Improved distribution of household decision making power	Positive

Study on Cash and Protection in Somalia The Somalia Cash Consortium (2013)	Programme Evaluation	Somalia	MPG	Early and forced marriage	Positive
				Improved distribution of household decision making power	Positive
				Reduction in intimate partner violence	Neutral
Cash Transfers, Gender and Generational Relations: Evidence from a Pilot Project in Lesotho Rachel Slater and Matseliso Mphale (2008) Humanitarian Policy Group	Programme Review	Lesotho	MPG	Reduction in intimate partner violence	Positive
				Improved distribution of household decision-making power	Positive
Walking the Talk: Cash Transfers and Gender Dynamics Carol Brady (2011) Concern Worldwide and Oxfam GB	Literature Review	Indonesia, Zimbabwe and Kenya	MPG	Improved distribution of household decision-making power	Positive
				Sex work	Positive
Examining Protection and Gender in Cash and Voucher Transfers Michele Berg, Hannah Mattinen and Gina Pattugalan (2013) WFP	Case Studies	Bangladesh, Chad, Ecuador, Jordan, Kenya, Pakistan, Palestine, Sudan	Multiple	Improved distribution of household decision-making power	Neutral
Final Evaluation of the Unconditional Cash and Voucher Response to the 2011–12 Crisis in Southern and Central Somalia Kerren Hedlund, Nisar Majid, Dan Maxwell, and Nigel Nicholson (2013) UNICEF et al.	Programme Evaluation	Somalia	MPG	Reduction of risk or exposure to sexual harassment, exploitation, or abuse	Negative
				Improved distribution of household decision-making power	Positive
			UV	Improved distribution of household decision-making power	Positive
Cross-sector Cash Assistance for Syrian Refugees and Host Communities in Lebanon: An IRC Program Leah Campbell (2014) International Rescue Committee	Case Study	Lebanon	MPG	Improved distribution of household decision-making power	Positive
Integrating Cash Transfers into Gender-based Violence Programs in Jordan: Benefits, Risks, and Challenges Lynn Yoshikawa (2015) IRC	Programme Review/Case Study	Jordan	Cash+	Improved distribution of household decision-making power	Positive
				Access to response and recovery services	Positive
				Reduction in intimate partner violence	Positive
				Reduction of risk or exposure to sexual harassment, exploitation, or abuse	Positive

After the FACT: An Evaluation of Concern Worldwide's Food and Cash Transfers Project in Three Districts of Malawi Stephen Devereux, Peter Mvula, Colette Solomon (2006) Concern Worldwide	Programme Evaluation	Malawi	MPG	Improved distribution of household decision-making power	Neutral
Gender Impact Analysis: Unconditional Cash Transfers in South Central Somalia Wasilkowska (2012) Somalia Cash Consortium	Programme Review	Somalia	MPG	Improved distribution of household decision-making power	Positive
				Increased asset ownership or control over resources	Positive
Cash or Coupons? Testing the Impact of Cash Versus Vouchers in DRC Jenny Aker (2013) Centre for Global Development	Programme Evaluation	DRC	MPG	Improved distribution of household decision-making power	Positive
Multipurpose Cash and Sector Outcome—Afghanistan Case Study Sara Pavanello (2018) UNHCR	Case Study	Afghanistan	MPG	Improved distribution of household decision-making power	Neutral
Multipurpose Cash and Sectoral Outcomes—Greece Case Study Sara Pavanello (2018) UNHCR	Case Study	Greece	MPG	Improved distribution of household decision-making power	Positive
Multipurpose Cash and Sectoral Outcomes Paul Harvey and Sara Pavanello (2018) UNHCR	Literature Review	Global	MPG	Improved distribution of household decision-making power	Neutral
Optimizing Benefits and Mitigating Risks of CBI and GBV Programming: Case Studies from Irbid and Mafraq WRC (2018) IRC/Mercy Corps	Case Study	Jordan	MPG	Reduction in intimate partner violence	Positive
				Improved distribution of household decision-making power	Neutral
				Access to response and recovery services	Positive
Mainstreaming Gender-based Violence Considerations in Cash-based Interventions—A Case Study from Lower Juba, Somalia WRC (2018)	Case Study	Somalia	MPG	Early and forced marriage	Positive
				Improved distribution of household decision-making power	Neutral
Cash or Coupons? Testing the impact of cash versus vouchers in DRC Jenny Aker (2013) Centre for Global Development	Programme Evaluation	DRC	UV	Improved distribution of household decision-making power	Positive

Understanding the Interaction between Women's Economic Empowerment and Gender-based Violence: Study on ACF's Cash Transfer Programme in Northern Uganda Anasuya Sengupta (2014) ACF	Programme Evaluation	Uganda	MPG	Increased asset ownership or control over resources	Positive
				Improved distribution of household decision-making power	Positive
				Reduction in intimate partner violence	Negative
How Cash and Food Transfers and Asset Creation Can Contribute to Women's Economic Empowerment: Learning from Niger, Kenya and Zimbabwe Zalynn Peishi (2018) WFP	Programme Review	Niger, Kenya, Zimbabwe	CfA	Improved distribution of household decision-making power	Positive
Gender and Cash-based Programming in Malawi: Lessons from Concern Worldwide's Humanitarian and Development Experience De Barra and Molloy (2018) Concern Worldwide	Programme Evaluation	Malawi	MPG	Improved distribution of household decision-making power	Positive
The Effect of Cash, Vouchers, and Food Transfers on Intimate Partner Violence: Evidence from a Randomized Experiment in Northern Ecuador Hidrobo, et al (2014) WFP	Programme Evaluation	Ecuador	CVT	Reduction in intimate partner violence	Positive
				Improved distribution of household decision-making power	Neutral
			CCT	Reduction in intimate partner violence	Positive
				Improved distribution of household decision-making power	Neutral

APPENDIX III. OTHER REFERENCES

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