Cash for Protection is an intervention whereby cash and voucher assistance (CVA) is used as the modality to contribute to address individual, or household (HH)-level protection needs. Consequently, cash for protection can be used in situations where an individual and/or HH is at risk of immediate harm, as well as in cases where individuals and/or HHs face protection concerns that negatively impact well-being but that are not necessarily time specific. Cash for protection can be both a responsive and remedial action, meaning that it is aimed at preventing, reducing, or mitigating exposure to protection risks, or limiting the impact of risk on survivors.

The provision of cash for protection should never be intended to address generic socio-economic vulnerabilities, these can be addressed by multipurpose cash assistance (MPCA). Rather, the provision of cash for protection is driven by a causal link between a clearly identified protection concern and the analysis of how the cash assistance provided will produce a protection outcome by preventing, reducing, or mitigating the risks identified.

While cash for protection is generally unconditional, it does require additional monitoring to measure the impact on the protection concern as well as monitor any new or emerging risks as a result of the cash.

Protection Mainstreaming refers to the process of incorporating protection principles (i.e. meaningful access and non-discrimination, safety, dignity & do no harm, accountability, and participation and empowerment) at all stages of the programme cycle in humanitarian programmes using CVA, which could be intended to meet one or more basic needs objectives or sector-specific outcomes, such as food security, livelihoods, education, Water, Sanitation and Hygiene for All (WASH), shelter and health.

While protection mainstreaming should be part of any CVA intervention (including Cash for Protection), it does not constitute a Cash for Protection intervention on its own.

Example: Ensure that targeting methodologies used in the delivery of multipurpose cash transfers to meet basic needs do not expose beneficiaries to protection risks (such as bribery and extortion) and ensure strong community sensitization, by working with community leaders to ensure that communities understand targeting methodologies to alleviate tensions and associated risks at the community level.

Cash for Protection differs from Protection Mainstreaming:

Cash for Protection does not necessarily replace the standard emergency case management fund which remains an integral part of the case management process. The emergency case management fund allows for immediate response to cases and is generally of a smaller amount, and managed by the social worker. Cash for Protection registration and disbursements may take up to several days to release, and can often be used for more ongoing needs.
2. What are the core components of a Cash for Protection program?

Cash for Protection acts as an umbrella term encompassing different types of interventions (section 3) which share similar design and implementation components.

1. Economic barriers, root causes and drivers of protection risks are identified at needs assessment/monitoring/risk analysis stage.

It may be challenging (particularly at the beginning of a response) to establish the causality between the identified protection risks and the need for financial assistance in the same way as for other sectors (ex: prevalence of food insecurity measured through indicators). A protection risk analysis should be the basis to understand the main drivers of protection risks.

The decision to intervene through cash should take into consideration an appropriate analysis of threats, vulnerabilities and protective factors. The analysis should then inform the response. Identifying (through either qualitative or quantitative data) that financial barriers contribute to increasing/worsening incidents/drivers of protection risks is a key component in the design of a cash for protection intervention. Information may be derived from an analysis of anonymized case management databases which indicate the primary protection risk, and key actions in the care plan.

2. The theory of change is reflective of how the use of the CVA intervention will directly address/prevent identified protection risks.

Note that multiple protection risks can be identified in the same context, which could all lead to the design of separate, yet tailored, adapted and sometimes integrated, cash for protection interventions. Both preventing and responding to the protection risk will require additional support and referrals beyond the CVA, given the complex nature and drivers on various protection risks.

3. The CVA intervention is designed to contribute to reducing protection risks while mitigating protection-related negative coping strategies.

In some situations, this will simply mean providing families with CVA of the value of the Minimum Expenditure Basket, in order to enable them to meet their basic needs without having to resort to negative coping strategies (such as family separation, farming on mined land, child labour, etc).

In other cases, this may mean providing punctual financial support to meet an immediate, protection need (such as providing emergency support post evacuation) or covering an extra protection related costs for which the value of the MEB is insufficient (such as paying for legal fees, emergency shelter for a survivor, or specific services for people with disabilities).
4. The targeting methodology to select CVA recipients is designed to target at risk populations, while building in the relevant mitigation strategies. Cash for Protection interventions should be designed by protection experts and can entail direct service provision (i.e. direct disbursement) or referral to other agencies (e.g. MPCA). When referring, measures should be designed to ensure confidentiality and avoid causing harm including ensuring that beneficiaries referred by protection agencies are not identified as protection cases. Protection actors will also only share information on a Need to Know basis, and therefore will not disclose any details of the case to a cash actor, other than stating they are a protection case. However, when protection actors intend to disburse cash directly this should be done within a broader protection intervention (i.e. accompaniment/case management) which is not designed to provide cash to a larger number of persons. Cash for Protection interventions should, whenever possible, be implemented in the same locations as broader CVA programs (preferably implemented by the same agency), to reduce risks of stigma, and avoid the use of negative coping strategies in order to be selected for the program (Sphere Protection Principle 1). For example, we would hesitate to have a program that provides CVA only to Child Headed Households or survivors of GBV in a location where standard CVA interventions are not being implemented.

5. The implementation is complemented by protection activities (provided by the organization or through referrals to Protection actors) in order to address non-financial root causes of protection risks (such as case management, legal assistance, PSS, etc.).

6. Protection outcomes are monitored throughout the implementation and integrated in CVA monitoring tools. All monitoring tools are available [here](#).
3. What are some examples of different Cash for Protection Interventions?

The table below provides an example of different sets of interventions using cash for protection outcomes, falling under the Cash for Protection umbrella.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection</td>
<td>The cash component is designed to prevent and address the economic root causes of child protection risks, such as family separation, child labor, or caregiver stress. Targeting is typically made through case management and by training CVA team in the identification and referral of potential CP cases.</td>
<td>CVA is provided to prevent a family from placing their child in an institutional care facility due to lack of financial resources to care for them. Support to evacuees to complete family tracing and reunification.</td>
</tr>
<tr>
<td>GBV</td>
<td>The cash component is designed to prevent and address the economic contributing factors as root causes of GBV risks. Targeting can be made through case management, or by prioritizing at risk population groups in the selection process and providing them with complementation protection services as needed.</td>
<td>CVA is provided to a GBV survivor to allow them to pay for rent in a safe place far from their perpetrator and care for their basic needs independently. Support to evacuees to have a safe onward journey to mitigate GBV risks related to negative coping mechanisms (such as relying on unsafe transportation or shelter options).</td>
</tr>
<tr>
<td>Mine action</td>
<td>The cash component is designed to meet the needs of individuals who have been injured by Explosive Ordnance (EO) or reducing the exposure of EO survivor to services and their family to cover basic needs.</td>
<td>Remedial support through CVA to enable access of EO survivor to services and their family to cover basic needs.</td>
</tr>
<tr>
<td>HLP</td>
<td>The cash component is designed to prevent eviction, support rehabilitation of homes, temporary relocation costs, and access to security of tenure documents.</td>
<td>CVA is provided to support the costs to access to security of tenure documents.</td>
</tr>
<tr>
<td>PLWD</td>
<td>The cash component is design to meet the specific needs of PLWD</td>
<td>CVA is provided to families with a PLWD to cover costs associated to the purchase of special equipment and alleviate the financial burden on the household.</td>
</tr>
</tbody>
</table>