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# CVA CASE STUDY



**Integrating Cash Assistance  
into GBV Case Management:  
Lebanon**

# SUMMARY OF LEARNING

As part of the humanitarian response in Lebanon, UNFPA Lebanon piloted the integration of cash assistance within GBV case management services. UNFPA implemented three different types of cash assistance: one-off emergency cash assistance, recurrent cash assistance, and cash for transport. **These forms of cash assistance were integrated into comprehensive GBV services offered by UNFPA and its implementing partners, with a goal of improving protection outcomes for GBV survivors and mitigating individuals' risk of GBV.**

Based on the analysis of the first PDMs conducted, the introduction of cash in case management had a positive impact on intended protection outcomes. For example:

- ➔ 75% of beneficiaries considered the cash assistance **adequate to meet their immediate needs**, such as covering the costs of safe accommodation, medical treatment, legal counselling, and transportation to access services or to a safer location.
- ➔ 100% of beneficiaries did not experience any safety-related incidents while redeeming the assistance.
- ➔ 85% of beneficiaries stated that **the assistance significantly mitigated their immediate exposure to GBV incidents.**
- ➔ 82% of respondents highlighted that the assistance enabled and/or encouraged them to access case GBV response services, including case management.

Overall, the integration of cash assistance within GBV case management **proved to have a positive impact both on mitigating further risk of GBV and on supporting the access to a comprehensive package of GBV services** aimed at improving resilience and wellbeing of survivors and individuals at risk.



# HUMANITARIAN CONTEXT

Lebanon faced an unprecedented crisis in 2020-2021 that led to a deepening economic precarity amongst Lebanese and refugee populations and a worsening overall health and protection situation, particularly for the most vulnerable or marginalized groups. In September 2021, 82% of the Lebanese population (3 million people) were estimated to be living in multidimensional poverty.<sup>1</sup> In parallel, according to the 2020 Vulnerability Assessment of Syrian Refugees in Lebanon, 89% of Syrian refugee families were living in extreme poverty. The August 2021 Emergency Response Plan estimated that 1.9 million people (including Lebanese, Palestinian and migrants) were in need of assistance, in addition to the 1.5 million Syrian refugees also in need of humanitarian assistance in Lebanon.<sup>2</sup>

Gender-based violence (GBV) was one of the main protection concerns affecting both host and displaced populations. In 2021, Lebanon faced a compounded crisis due to the progressive collapse of the country's economic and financial system, the COVID-19 pandemic, and political and social instability. The combination of economic and social stresses brought on by the pandemic, as well as restrictions on movement, confinement and weakened protection systems, increased the numbers of women and girls facing GBV.

Women exposed to intimate partner violence often lack the economic means to escape from an abusive situation. The risk of sexual exploitation was on the rise in Lebanon due to the fact that women are unable to secure basic needs for themselves, particularly if they are female heads of household. These emerging factors required comprehensive, holistic and innovative approaches to mitigate and respond to the risks and effects of GBV.

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***The COVID-19 pandemic and economic crisis in Lebanon increased the numbers of women and girls facing GBV.***  
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1 [https://www.unescwa.org/sites/default/files/news/docs/21-00634-\\_multidimensional\\_poverty\\_in\\_lebanon\\_policy\\_brief\\_-\\_en.pdf](https://www.unescwa.org/sites/default/files/news/docs/21-00634-_multidimensional_poverty_in_lebanon_policy_brief_-_en.pdf)

2 <https://lebanon.un.org/en/139099-emergency-response-plan-lebanon-2021-2022>

# SYNOPSIS OF THE PROGRAM

UNFPA piloted a program to integrate cash assistance into GBV case management, as part of comprehensive GBV services offered by UNFPA and its implementing partners. Pairing cash assistance with social services, including GBV case management, is considered a promising practice to improve protection outcomes for GBV survivors and mitigate individuals' risk.

UNFPA identified three types of CVA interventions to be integrated into case management:

- Emergency Cash Assistance, which aims to address situations that expose an individual to immediate serious harm or risk related to GBV and/or address its consequences. It is a one-off, unconditional cash transfer with a value of (up to) 800,000 Lebanese pounds (LBP), about 130 USD at the time of programming<sup>3</sup>.
- Recurrent Cash Assistance aims to mitigate the risk and consequences of intimate partner violence, sexual harassment, exploitation or abuse in the longer term. It is a monthly unconditional cash transfer of an average of 650,000 LBP a month (about 108 USD) for up to six months.
- Cash for Transport aims to improve survivors' access to case management services. It is a conditional cash transfer that depends on a survivor's physical presence to receive case management services with a daily value of up to 50,000 LBP (about 8 USD).

The cash assistance activities were conducted in cooperation with implementing partners who identified potential beneficiaries among the individuals receiving case management services, according to the established eligibility criteria and a decision matrix developed by UNFPA.

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***UNFPA provided cash assistance as part of comprehensive GBV case management services in order to improve protection outcomes for GBV survivors and those at risk of GBV.***  
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<sup>3</sup> The market exchange rate between USD and Lebanese Pound has been fluctuating constantly since the crisis has erupted. From an official exchange rate of 1,500LBP to the dollar the market exchange rate has reached up to 24,000LBP to the dollar this year.

# PROGRAM DESIGN



## Assessment and Risk Analysis

UNFPA Lebanon conducted a feasibility study before launching the CVA program. Firstly, stakeholders such as the Basic Needs and Protection Working Groups, UN agencies and INGOs implementing CVA, and UNFPA implementing partners were consulted to understand the risks and opportunities associated with the use of cash within GBV response services. UNFPA developed a framework that included clear targeting criteria, transfer modalities, monitoring tools, and risk assessments. Lebanon protection sector standard operating procedures (SOPs) and experience from several partners working in the protection and CVA space were taken into consideration while developing the framework.

Risks were assessed by areas including safety and security, data protection, financial, fraud and corruption, liquidity management, and access. Protection risk and benefit analysis (including GBV risks) was also conducted, consulting the implementing partners and the target population and integrated into the wider risk analysis. Mitigation measures were developed specific to the delivery mechanisms. Risk levels were analyzed based on their likelihood and potential impact. The risks were then linked to the development of the monitoring system. UNFPA Lebanon developed comprehensive SOPs that include detailed recommendations for eligibility criteria, a risk assessment, a decision matrix, proposed transfer modalities, and descriptions of monitoring requirements and tools.



## Eligibility criteria, Targeting and Prioritization

GBV survivors enrolled in case management, and who required financial assistance to meet certain goals within their case action plan, were targeted by this assistance. Beneficiaries were mostly women both from the refugee and host communities. LGBTIQ+ individuals who are often marginalized and exposed to violence also benefited from cash assistance in case management.

Eligible individuals to receive emergency cash assistance were those who:<sup>4</sup>

- Faced a specific GBV risk; could not afford to access urgent needs/ services related to GBV consequences (medical, legal, shelter etc.) or risks (e.g., transport to safe shelter, immediate basic needs coverage); and for

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*[Receiving cash] was a glimpse of hope and a break for our mental health so that we'd be able to look for a job. What drastically changed my life was having the chance to sit down with the case worker and psychologist to talk about my concerns and fears. My husband's anger has also been managed and he became less violent because he hasn't had to worry about feeding our children.”*

Lamis\*, 33, a Syrian living in Beirut with her four children and husband

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**Beneficiaries were GBV survivors or faced a specific GBV risk, and were mostly women from both the refugee and host communities.**  
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<sup>4</sup> The design of eligibility criteria was also informed by the [Whole of Syria GBV and Cash SOPs](#); the [CVA and GBV Compendium](#); and the [WRC Cash in GBV programming toolkit](#).

whom a one-off payment may address or mitigate serious harm from GBV consequences or risks.

Eligible individuals to receive recurrent cash assistance were those who:

- Faced a specific GBV incident; had a current living arrangement that did not guarantee safety; were economically dependent on their perpetrator and did not have any other support (e.g., family network) to remove themselves from the violent situation.
- **Or** survivors who had already escaped an abusive situation, but who were unable to cope economically and faced additional risks or could be forced to return to their perpetrators.
- **Or** survivors who lacked economic resources to cover their basic needs (e.g., rent, food, other non-food items) and faced risk of GBV as a consequence (e.g., harassment by landlord).

Cash for Transportation was the only conditional form of cash assistance used, aiming to cover the transport expenses of individuals receiving case management services in UNFPA-supported women and girls' safe spaces, clinics, or community centers who could not otherwise afford transport.

A prioritization method, based on the urgency and type of financial need to be covered, was used to inform the choice of delivery mechanism and establish the disbursement timeline for each case. A related matrix was developed for consultation with implementing partners (including case managers) to inform decision-making on emergency one-off versus recurrent cash assistance.

Beneficiaries were asked for consent to ensure their acceptance of sharing minimal personal data on a need-to-know basis with UNFPA, its implementing partner and/or a payment service provider to facilitate the payment process.



### Delivery Mechanisms

UNFPA used two delivery mechanisms in the first phase of the pilot: cash in hand and “over the counter,” such as money transfer companies. Cash in hand was used when the risk to women and girls was imminent and cash was to be delivered within 12-24 hours, and/or when the survivor lacked an identity document or a phone required to access transfers through an over the counter solution. Even though cash in hand could be considered the fastest and least expensive option, UNFPA advocated for minimum usage of this delivery mechanism to avoid the potential risks linked with its usage, such as financial risks due to fluctuation of exchange rate, challenges to track this by implementing partners, and liquidity management. The cash in hand was recommended for cash for transport when (a) it was not feasible to identify an over the counter agent who could provide the service in a timely manner, and (b) for

“*The small cash that I received has changed my life. I’m aiming to use it next time to open up a small business to sustain an income for my treatment and for my family.*”

Inaya\*, 24, a Syrian living in Lebanon with her five children and husband

the provision of emergency cash assistance when the risk is imminent, or assistance needed to be delivered within 24 hours.

The over the counter mechanism included collaboration with several delivery agents, especially banks and money transfer companies. Beneficiaries could typically redeem the assistance in any branch of the selected delivery agent by presenting certain types of documentation. The fees related to both mechanisms were covered by UNFPA in order not to affect the total amount received by the beneficiary.



### Transfer amount and Frequency

The transfer amounts and frequency of the different intervention types are described in the table below:

Intervention type	Emergency Cash Assistance	Recurrent Cash Assistance	Cash for Transport
Frequency	One-off	Monthly instalments for up to 6 months	According to needs/ distance/set amounts
Cash Transfer Value	Up to 800,000 LBP based on needs (\$130 USD)	650,000LBP (\$108 USD)	Up to 50,000 LBP (\$8 USD)

The transfers were issued in Lebanese Pounds. Assistance was not mutually exclusive; one survivor could theoretically receive two or multiple types of cash assistance.

### Monitoring

UNFPA developed a robust monitoring system that included post monitoring distribution (PDM) surveys and a complaint and feedback mechanism, integrated within the GBV case management process and the partners' existing hotlines.

The monitoring of the CVA activities included regular tracking of the number of beneficiaries reached, disaggregated by age, gender, nationality, type of assistance received, amount received, delivery mechanism, and the anticipated need to be fulfilled. In addition, to measure the quality of assistance and its impact on reducing the risk of GBV and improving protection outcomes, UNFPA also regularly conducted PDM surveys with beneficiaries of the emergency and recurrent cash assistance. UNFPA developed the PDM survey and created the data collection form using a free open-source field data collection tool. IPs were in charge of data collection, while data analysis was conducted by UNFPA with inputs from partners. Field visits and regular meetings with partners implementing the pilot initiative complemented the monitoring framework.

By the end of November 2021, 410 beneficiaries had received emergency cash assistance, of which 91% were women. 183 beneficiaries received recurrent cash

assistance (84% women). 246 individuals benefited from the cash for transport allowance, receiving different amounts that took into consideration the distance from the beneficiary's residence to the health center as well as the frequency of attending GBV-related services.

Based on an analysis of the first PDM surveys, the introduction of cash in case management had a positive impact on intended protection outcomes. In particular:

- 75% of beneficiaries considered the cash assistance adequate to meet their immediate needs, such as covering the costs of safe accommodation, medical treatment, legal counselling, and transportation to access services or to a safer location.
- 100% of beneficiaries did not experience any safety-related incidents while redeeming the assistance.
- 85% of beneficiaries stated that the assistance significantly mitigated their immediate exposure to GBV incidents.
- 82% of respondents highlighted that the assistance enabled and/or encouraged them to access case GBV response services, including case management.

UNFPA supported  
**585** unique  
beneficiaries with  
cash assistance.

**85%** of beneficiaries  
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# CHALLENGES AND LESSONS LEARNED

## Challenges

- The Lebanese currency devaluation increasingly affected the prices of items and services, leading to a decreasing purchasing power of the delivered assistance.
- The fluctuating preferential rate secured by the implementing partners from the banks affected the planning of targets and required continuous follow up and adaptation of the targeting to account for the variance of the exchange rate.
- The shortages of electricity, fuel and internet connection in Lebanon affected the implementation of activities and challenged regular communication with beneficiaries since many clients do not have access to smartphones or internet connection.

## Lessons learned and best practices

- The integration of cash assistance within GBV case management proved to have a positive impact both on mitigating further risk of GBV and on supporting the access to a comprehensive package of GBV services aimed at improving resilience and wellbeing of survivors and individuals at risk.
- Updating the monitoring framework and adjusting the tools depending on the feedback from the implementing partners and the data analysis proved to be very effective in improving the overall intervention and harmonization of practices among partners.
- Assess the market for alternative delivery mechanisms and prioritize the most efficient and effective options. UNFPA Lebanon continuously evaluated different options based on accessibility, feasibility, safety, and value for money in order to find several alternatives that both UNFPA and partners can use in different contexts.
- Ensure adequate implementation timelines of cash activities integrated in case management to allow for the development of exit plans for individuals receiving recurrent cash assistance.
- Continue engagement with the implementing partners to validate and/or adjust the project design. This is fundamental to promote commitment, ownership, and collaboration for larger-scale interventions.

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***UNFPA continuously evaluated different options for assistance based on accessibility, feasibility, safety, and value for money.***  
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- Ensure CVA capacity building and awareness for program staff who are not familiar with CVA programs. Engage operational colleagues during the project development to ensure clear and effective linkages between the program and operations in the implementation phase.
- Including both refugee and host community members among the beneficiaries (using a needs-based approach rather than a targeting system based on nationalities) contributes to social cohesion.

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***Including both refugees and host community members among the beneficiaries contributed to social cohesion.***  
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## **The way forward**

UNFPA Lebanon will continue to adjust the programme based on the information gathered through the monitoring system and the feedback mechanisms in order to start scaling up the pilot initiative in 2022.



*Delivering a world where every  
pregnancy is wanted, every childbirth is  
safe and every young person's potential  
is fulfilled*

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