

Case Study: Exploring GBV Risk Mitigation in Cash Assistance in Iraq and Colombia

Summary of Learning

In 2022 UNFPA and the Global Women's Institute at George Washington University (GWI) undertook operational research in Iraq and Colombia with the goal of developing proxy indicators for mitigating GBV risk to women who receive cash assistance. Proxy indicators for detecting GBV risks to women in cash assistance offer a safe way for non-GBV specialist cash and/or M&E actors to monitor risk without causing inadvertent individual disclosures of violence. This case study explores the findings of the operational field research and its implications for [UNFPA's Indicators for GBV Risk Mitigation in Cash Assistance with Supporting Guidance](#).

Key Finding #1: Asking women about their risk mitigation strategies, rather than their opinions on the risks associated with cash, appeared to reduce their response bias and revealed some of the risks they encountered within their communities, households, and/or intimate partnerships when accessing or using cash.

Key Finding #2: Monitoring women's participation and/or degrees of involvement in financial decision-making within households is critical for detecting possible GBV risks they may face from household or family members.

● Background

In recent years, the United Nations Population Fund (UNFPA) has played a leading role in galvanizing both cash and GBV actors around the mitigation of GBV risks in CVA.¹ Building on this work and other interagency efforts, in 2022 UNFPA and the Global Women's Institute (GWI) at George Washington University launched a collaboration to develop key proxy indicators for use in the assessment, design, monitoring and/or evaluation

¹ UNFPA's GBV Risk Mitigation in CVA Toolkit

phases of CVA interventions by non-GBV specialist cash and M&E actors. The indicators were developed using a phased approach. First, a secondary quantitative analysis of existing post-distribution monitoring (PDM) data was undertaken to understand what data on risks is already captured by PDM tools, and where support to existing analysis processes is needed to fully examine these risks in ongoing M&E. Based on the findings, qualitative field research was conducted in two countries, Iraq and Colombia, in close collaboration with cash and GBV actors as well as local implementing organizations. Focus group discussions with women community leaders and women who had received multi-sectoral or sectorial cash assistance were held to explore GBV-related risks that women² may experience, and the common mitigation strategies used to reduce these risks. The following case study reports the findings from this operational research and its implications for the development of the key proxy indicators put forth in [UNFPA's Indicators for GBV Risk Mitigation in Cash Assistance with Supporting Guidance](#).

● Interagency Coordination

Field work was conducted in Mosul and Erbil, Iraq and Cúcuta and Bogotá, Colombia in March and May 2023. Iraq and Colombia were selected due to the availability of cash coordinators and GBV coordinators, the willingness of these stakeholders to participate in validating the UNFPA/GWI indicators, and the diversity between the two settings. UNFPA and GWI collaborated closely with local UNFPA teams, as well as the Iraq Cash Forum and Colombia Cash Working Group (CWG), to design the research tools and to identify field-based partners interested in supporting the facilitation of the research. Local partners were evaluated based on their ability to convene focus group discussions (FGDs) of women receiving cash benefits who were representative of the spectrum of vulnerable groups targeted for cash in both settings.³

● Research Sites

The differences between the two research sites offered a useful array of data from which to develop proxy indicators for detecting GBV risk in CVA. These included the scope of their cash interventions; the prevalent forms of violence committed against women; and the context-specific factors which increase women's risk of, or protection from, GBV in each country.

Iraq

With the end of the large-scale military offensives in late 2017 and the liberation of all areas from the Islamic State in Iraq and the Levant (ISIL), there has been a noted decrease in forms of GBV which were used as weapons of war, including sexual and physical violence and forced marriages. However, challenges persist in addressing emotional abuse, domestic violence and intimate partner violence (IPV), and harmful cultural practices that continue to affect women and girls. To address the needs of those affected by the conflict, multipurpose cash assistance (MPCA) and other forms of CVA were used to provide life-saving support to households in conflict-affected areas throughout Iraq. In 2022, the humanitarian

2 In this operational research and Guide, 'women' is inclusive of older adolescent girls aged 15+

3 Please see **Acknowledgements** for a complete list of the organizations that supported this research.



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coordination mechanism in Iraq initiated discussions to start phasing out humanitarian assistance, and the clusters and CWG started a process of deactivation which concluded at the end of 2022. As the humanitarian context in Iraq has evolved significantly following the end of the conflict, this process of deactivation was aligned with the transitional context toward more sustainable solutions and aimed to hand over existing activities to government institutions and development actors. Despite this, social protection coverage has remained limited, with vulnerable populations facing significant barriers to accessing CVA. As such, cash assistance provided by humanitarian stakeholders continues to fill a critical gap, providing lifesaving support and durable solutions.

Colombia

Colombia has in recent years seen a rise in GBV, including IPV, sexual exploitation, human trafficking, and survival sex. This is due in part to various factors such as COVID-19, internal displacement due to the continuing armed conflict, and an influx of mixed migration. CVA is a widely-used modality in Colombia, and approximately 80% of all recipients are women and older adolescent girls. Against this background, the Protection sub-group of the Cash Working Group in Colombia and other cash actors began working in early 2022 to further develop GBV risk mitigation tools for CVA. In October 2022, a workshop jointly organized by the GBV National Coordination Group, the CWG in Colombia, the Prevention from Sexual Exploitation and Abuse (PSEA) Network, and the Protection sub-group of the CWG, with the support of the CVA & GBV Specialist from UNFPA's Humanitarian Response Division in Geneva, was held in Bogotá. A key takeaway from the meeting was that while cash actors in Colombia are already using tools that work to identify GBV risks in CVA, including routine monitoring tools like the PDM and complaint and feedback mechanisms (CFM), these could be revised further to enhance their GBV/gender-mainstreaming components.

● Methods

The following mixed-methods methodology was employed in both Iraq and Colombia.

Secondary Quantitative Analysis of PDM Data

At the start of the research, existing PDM data collected in January 2022 in Iraq, and throughout the course of 2021 in Colombia, were analyzed to identify any gaps in the survey tool linked to the detection of GBV-related risks associated with cash. Comprehensive reviews of the PDM data were conducted, followed by the extraction of data from select survey questions related to GBV risk. This data was then organized to facilitate a succinct summary of data, which highlighted trends, patterns, and gaps related to the detection of GBV risk. Please see **Table 1: PDM Data** below for descriptive information on the PDM datasets that were analyzed.

Table 1: PDM Data

Location	Monitoring Date	Sample Size (sex disaggregated) ⁴
Iraq	January 2022	Male: 735
		Female: 144
		Total: 879 (100%)
Colombia	January – December 2021	Male: 177 (13%)
		Female: 1172 (85.6%)
		Other: 5 (0.37%)
		Total: 1354 (100%)

Qualitative Focus Group Discussions

To gain a deeper understanding of the gaps identified from the quantitative analysis of the PDM data, and to delve deeper into GBV-related risks that women may experience when accessing and utilizing cash in Iraq and Colombia, FGDs with the following two categories of participants were convened: 1) women with direct experience using cash assistance; and 2) women community leaders, who despite not having received cash assistance could speak to the overarching GBV risks related to cash and the risk mitigation strategies employed by women in their communities.

UNFPA and GWI worked closely with field-based partners in Iraq and Colombia to purposively recruit FGD participants who represented a spectrum of vulnerable groups targeted for cash in

⁴ While this operational research focused on assessing GBV risks to women in cash interventions, the PDM tools from Iraq and Colombia where we conducted secondary data analyses formulated their demographic questions on the basis of sex (Iraq respondents could identify as male or female; Colombian respondents could identify as male, female, or other). We will report the findings from our secondary analyses of those data using the sex disaggregated parameters in each respective PDM.

both settings. In Iraq, this included women who were widowed and headed their own households, or partnered and did not head their own households. In Colombia, this included women who were Venezuelan migrants, internally displaced Colombians, and those affected by the armed conflict. Please see **Table 2: Qualitative Research Activities** for a breakdown of the FGDs by location, participant category, and (where relevant) the form of cash assistance received.

Topic guides for the FGDs were adapted from **UNFPA’s GBV Risk Mitigation in CVA FGD Guide**, in collaboration with local UNFPA teams in Iraq and Colombia. The guides included indirect questions designed to elicit discussions on the challenges and vulnerabilities faced by women when engaging with cash assistance programs, while avoiding direct discussion on personal experiences of violence or harm. Verbal informed consent was secured from all participants prior to their engagement in the FGDs.

Table 2: Qualitative Research Activities

Location	Qualitative Research Activity	Target Participants	# of Participants	Type of Cash Assistance
Iraq				
Mosul	FGD #1	Internally displaced women receiving cash assistance	10	MPCA
Mosul	FGD #2	Women Community Leaders	8	N/A
Erbil	FGD #3 Participatory Workshop	Cash and GBV humanitarian stakeholders	13	N/A
Colombia				
Cúcuta	FGD #1	Women Community Leaders	5	N/A
Cúcuta	FGD #2	Women receiving cash assistance	9	Via program: Economic Recovery and Development
Cúcuta	FGD #3	Women Community Leaders	13	N/A
Bogotá	FGD #4	Women receiving cash assistance	6	Via program: Unconditional Food Assistance
Bogotá	FGD #5	Women receiving cash assistance	6	Via program: Economic Recovery and Development
Bogotá	FGD #6	Women Community Leaders	12	N/A
Bogotá	FGD #7 Participatory Workshop	Cash and GBV humanitarian stakeholders	13	N/A

Participatory Validation Workshops

In addition to FGDs, participatory workshops were conducted with field-based humanitarian stakeholders from the cash and GBV coordination groups located in Erbil and Bogotá. The function of this participatory workshop was to elicit key stakeholder opinions about GBV risks associated with cash, and potential indicators that could better prepare for, detect, and mitigate these risks at the design, routine monitoring, and evaluative stages of cash distributions. Emergent themes from the field research were synthesized with cash and GBV actors in participatory validation sessions in both locations, which directly informed the development of the proxy indicators put forth in the [Indicators Guide](#).

Analysis and Triangulation of Findings

Following participatory validation sessions, audio recordings from FGDs were transcribed, translated, and analyzed using both deductive codes based on [UNFPA's Matrix for GBV Risk Analysis of CVA](#) and inductive codes that emerged during the analysis. This iterative thematic analysis process revealed connections between codes and generated major thematic patterns. These findings were then interpreted alongside quantitative PDM data analyses and insights from participatory validation workshops.

● Iraq Findings: GBV Risks and Risk Mitigation Strategies

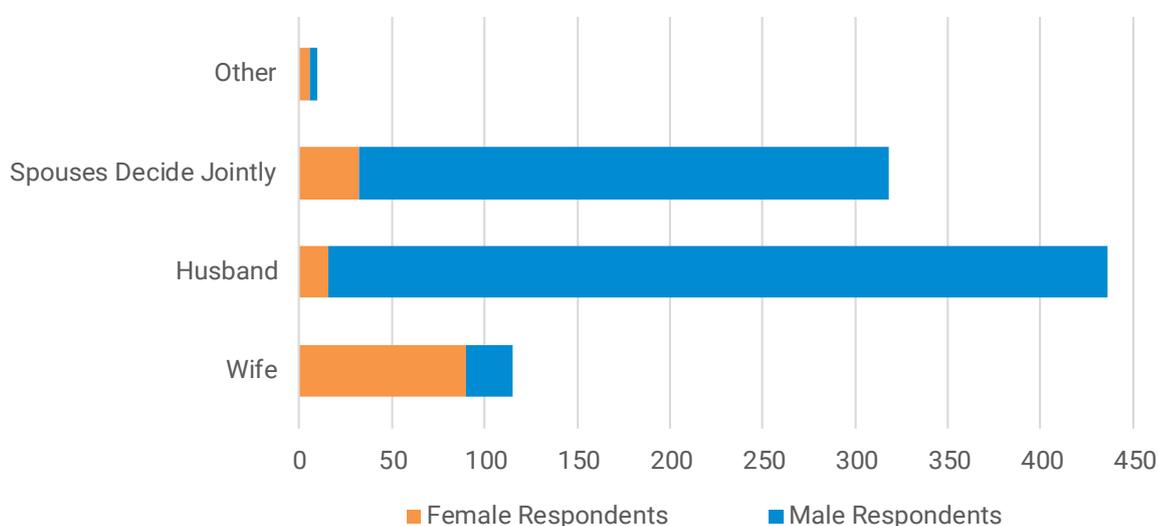
Post-Distribution Monitoring Data

In the analysis of data from routine post-distribution monitoring, which took place in January 2022, two main gaps surfaced. **Firstly, a small minority of respondents were female.** Of the relatively large sample of 879 MPCA recipients, 84% (735) were male and 16% (144) were female; notably, among the female respondents, 85% (122) identified as household heads. **Secondly, there were few questions which could feasibly be used to detect possible GBV-related risks.** Relevant questions were nested within the categories "Household and Community Dynamics as a Result of MPCA" (e.g. "Who in the household decides how to spend the cash received")? and "Fear/Human Insecurity Scale" (e.g. "How did you feel while collecting the cash?").

PDM data from 879 MPCA recipients was analyzed, revealing that only 16% of respondents were female and that there were few questions asked that could feasibly be used to detect GBV-related risk.

In terms of decision-making dynamics within the sampled households, approximately 47% of male respondents indicated that the husband controlled decision-making related to cash assistance, while 33% stated that decisions were made jointly by both spouses. However, when female respondents' answers to this question are analyzed, different trends emerge. The majority of female respondents (67%) reported that they make the decisions regarding cash use, and 22% reported they decide how to use the cash jointly with their husbands. In this case, the differences in who male and female respondents think is responsible for deciding how to use the cash assistance is likely due the fact that the majority of female respondents in this sample identify as heads of their own households. However, divergent trends between respondents on who has power to decide how the cash assistance is spent is a crucial proxy for GBV risk.

Who in your household determines how to spend the cash received?



Regarding perceptions of safety and collection-related issues, 100% of respondents, both male and female, reported feeling secure at the collection point. 100% of female respondents and 99% of male respondents expressed that they encountered no problems during the collection process. With regard to the impact on cash at the community level, the data reveal that a minor proportion (3%) of female respondents reported community conflicts tied to the selection of those in the community who would receive cash. This might suggest tensions arising within the community due to the selection of female-headed households for cash assistance, or the perception of inequities regarding exclusion of other vulnerable female-headed households. This was reflected in some of the qualitative findings on women's perceptions of inequity in the strategies used to recruit households for cash assistance.

While these findings underscore some distinct gender-related differences in the experience of safety related to cash assistance at the community level, most notable from the secondary analysis of the Iraq PDM data are the gaps in the data regarding GBV risk within households or intimate partnerships. Furthermore, with female respondents representing only 16% of the sample, the data provide limited information about women's experiences of cash overall (particularly for women who may be primary recipients within a partnered household, or for women who may indirectly receive MPCA).

Focus Group Discussions

FGDs helped paint a more complete picture of the GBV-related risks that women receiving cash assistance may experience in Iraq that were not possible to detect in the PDM data. First, it is important to note that displaced women receiving cash benefits and community leaders in the FGDs overwhelmingly affirmed that cash has been a lifesaving force for families in Mosul, and helped many to rebuild their lives following a decade of devastating conflict. MPCA has been utilized in various ways to bolster the resiliency of families in Mosul.

KEY FINDING: Asking women about their risk mitigation strategies, rather than their opinions on the risks associated with cash, appeared to reduce their response bias and revealed some of the risks they encountered when accessing or using cash.

Despite this, the FGD data revealed some GBV related risks associated with cash in Iraq, and notably, a number of risk mitigation tactics that women adopted when accessing or using cash assistance. A key finding from the FGD data in Iraq, which was also reflected in Colombia, was that asking women about the ways they keep themselves safe – instead of asking their opinions about the safety or risk associated with cash – seemed to reduce response bias common in routine monitoring and revealed some of the risks they may face when accessing or utilizing cash. While displaced women receiving cash assistance and community leaders in Iraq reported very little GBV risk associated with cash, when asked about mitigation strategies, both categories of participants shared a diverse array of strategies employed by women to make their access and utilization of cash safer. This finding directly informed the development of Indicator #2 in the Indicators Guide, which measures the percentage of women who report employing adaptive risk mitigation strategies in relation to cash.

Community- and Household-Level GBV Risks and Risk Mitigation Strategies

At the community level, both groups of FGD respondents felt that recruitment strategies were not transparent or equitable, which they felt negatively impacted the inclusion of vulnerable households, including women-headed households. **Women community leaders pointed out that when INGOs enlisted local men leaders known as mukhtars to assist in identifying eligible families for cash assistance, the mukhtars' selections often favored families within their own personal networks.** Some families outside of these social networks were reported to have remained unaware of the forthcoming aid or their potential eligibility for it. When asked how women learned about the cash assistance program given the challenges with mukhtars disseminating information, women community leaders said that “women spread it by word of mouth.” They emphasized that **involving women community leaders in recruiting households could potentially improve the equity of**

participation and inclusion in cash assistance programming. A community leader who participated in the FGD said: “We can study the cases. We can classify them. I can tell the aid worker, for example, that there is a case here where there’s a man, whose father was taken by ISIS, there’s a lady there whose brother is a martyr, there’s a lady here whose husband is a martyr, there’s a disabled man there, there’s a sick man here, a widow, etc.”

The second GBV risk related to cash in this context revolved around women’s experiences of verbal harassment from men while traveling outside in the community. **Women from both participant groups discussed the common nature of verbal abuse from men and older boys in the community, which was often sexual in nature and associated with feelings of fear and shame.** Older adolescent girls or younger women were seen to be more at risk of verbal harassment from men on the streets. These findings are further corroborated by other GBV Sub-Cluster data which show that 19.5% of Iraqi women between the ages of 15-54 years old were exposed to violence in the street; 18.9% were exposed to violence in the market, and 10.5% on transport.⁵

In addition to this, displaced women receiving cash assistance and women community leaders spoke in the FGDs about how **women anticipated stigma from their neighbors or household members as a result of experiencing verbal or physical harassment by men in the community.** They described how women fear being seen as a woman traveling alone, with too few people, or too far from home due to great risk of being stigmatized or shamed by their community. Traveling far distances to reach cash pick-up points can increase this risk. One participant from the FGD of women who received cash shared, “We got used to going out only if there was somebody with us...I just got used to having someone with me, so that no one speaks badly about me.”

When women do challenge these normative restrictions on their movement, it negatively reflects on their family’s reputation and honor, which evidence shows can fuel the perpetration of various forms of GBV in this setting such as domestic violence,⁶ forced marriage to sexual violence perpetrators, femicide, or honor killings. One participant in the FGD with community leaders reflected on how her young daughter’s behavior, ‘modesty,’ and perceived accordance with gender norms reflect directly back onto their family: “She is so polite and her choice of clothes is modest. She wouldn’t wear anything that we don’t accept. She listens to me. This is because we live in [neighborhood of Mosul] and we are known there. If she makes a mistake, we will be blamed for it.”

Common strategies to mitigate these risks discussed by the FGD participants in Iraq who received MPCA and corroborated by the women community leaders included:

1. Opting to complete tasks outside the home during ‘safe’ hours when men in the community were assumed to be engaged in work or asleep;
2. Journeying with family members to collect their cash assistance from the Hawala pick-up point; and
3. Gauging the socially acceptable scope of public movement by carefully calibrating the necessary level of accompaniment they need from children, neighbors, or male relatives based on identity factors such as their age or marital status.

5 GBV Sub-Cluster data

6 46% of married women have been exposed to at least one form of spousal abuse (UNDAF 2014 - GBV Sub-Cluster data)

Household-Level Decision-Making

The findings concerning the degree of decision-making authority women possessed in relation to cash assistance in Iraq were diverse. FGD participants from both respondent groups described spending decisions as shared between spouses. One participant in the FGD with MPCA recipients explained, “When our husbands received [the cash], they gave it to us. And wives [gave it to their husbands] when they received it.” In a subsequent comment, a participant shared, “We, as a family, are responsible.” Asked if husbands made spending decisions on their own if they were the ones who received the assistance, another participant in the FGD with MPCA recipients responded, “No, it was the family’s decision. It wasn’t about who went to receive the money. The money belongs to the household.”

KEY FINDING: Household decision-making emerged as a theme that could translate into a potential proxy for detecting GBV risk.

Several participants in the discussion with women community leaders described women as the primary decision-makers on how to spend the cash, while only one described men this way. One woman who received cash shared, “As for me, the decision was mine.” A participant in the Community Leader FGD explained, “In our cases, for example, our husbands aren’t there. This one has a disabled husband. My husband isn’t there. So if I receive the money, I run the house.” These reflections came in stark contrast with the PDM data. Among the sample of male respondents, 46% said decisions on how to spend the cash assistance were made primarily by husbands, and 36% said decision-making was shared between spouses.

The FGD participants’ accounts of household spending decisions as a shared responsibility, or one held mainly by women, diverged from male respondents’ responses in the PDM data.

This divergence highlights the importance of assessing how and to what extent women are involved in decision-making on household spending. This analysis directly informed the development of Indicator #1 in the [UNFPA GBV Risk Mitigation in Cash Assistance Indicators Guide](#) which measures the percentage of households in which women are engaged in financial decision-making concerning cash assistance, and contains a suggested additional question to measure the level to which women can exert power over varying degrees of financial decisions in order to assess cash-related GBV risks at the household and potentially at the intimate-partner level.

● Colombia Findings: GBV Risks and Risk Mitigation Strategies

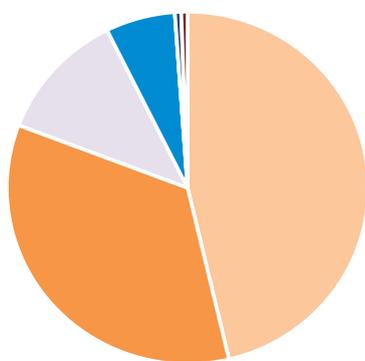
Post-Distribution Monitoring Data

During the routine post-distribution monitoring of cash allocations across Colombia conducted over the course of 2021, 1,354 individuals were sampled. The majority of that sample self-identified as the primary registered recipient of the cash assistance. Among the sample, 86% (1,172) self-identified as female, 13% (177) as male, and 0.37% (5) selected 'Other' as their sex. Notably, 62% of the female participants were between the ages of 18 to 35.

Regarding control over how to spend the cash assistance, 53% of female respondents reported that they were the primary decision-makers, and 32% reported that they shared decision-making control with their male partners. Among male respondents, 46% reported sharing decision-making power over the cash assistance with their partners, 34% reported that they alone determined use of the cash, and 6% reported that the female head of their household determines use. Notably, respondents reported that there were no major differences of opinion between family members in how the cash should be spent (98% of female respondents, and 97% of male respondents, respectively).

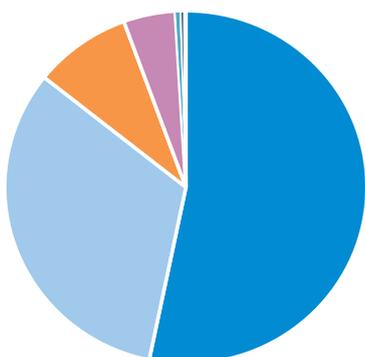
Who in your household determines how the cash assistance is spent?

Male Respondents



- Both partners or spouses, jointly
- The male head of household
- Everyone in household together
- The female head of household
- Your mother or mother-in-law
- Your father or father-in-law
- Other member of the family
- Other (specify)

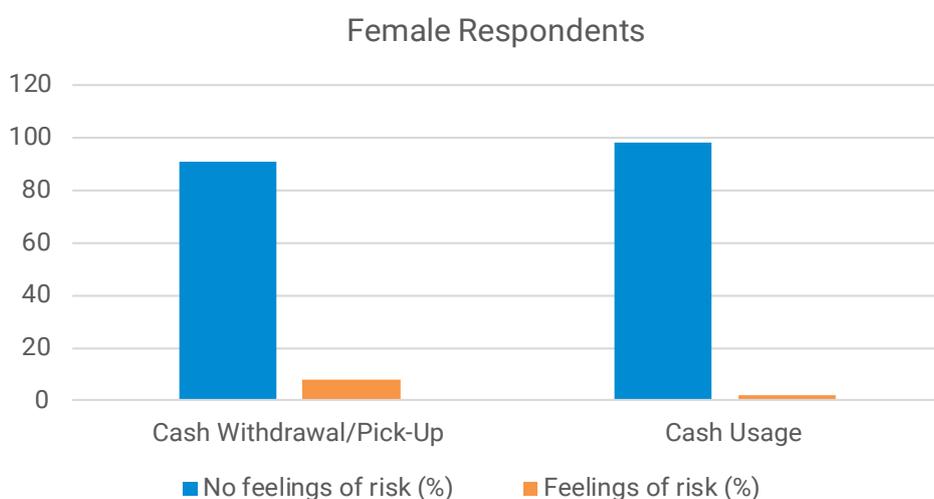
Female Respondents



- The female head of household
- Both partners or spouses, jointly
- Everyone in household together
- The male head of household
- Your mother or mother-in-law
- Your father or father-in-law
- Other member of the family
- Other (specify)

Regarding perceptions and feelings of safety in relation to accessing, using, or storing cash assistance, an overwhelming 91% of women respondents expressed feeling secure during cash withdrawal or pick-up and a small proportion (8%) reported feelings of insecurity. Similar trends prevailed concerning safety perceptions during cash usage (98% felt safe; 2% did not) and when storing cash at home (98% felt safe; 2% did not). When asked to elaborate on the reasons they felt unsafe, participants were able to respond in an open-ended manner. They reported that the most common reason for feeling unsafe was fear of being robbed at the cash pick-up point. Notably, one respondent specified that they felt unsafe when withdrawing their cash because neighbors in the area around the withdrawal point frequently threatened her.

Feelings of Safety and Risk



Focus Groups

Focus group discussions helped flesh out a more complete picture of the possible GBV risks faced by women accessing cash in Cúcuta and several outlying neighborhoods of Bogotá. Firstly, participants in the FGDs overwhelmingly put forth that cash assistance is a positive force in the lives of women in Colombia. Women receiving cash benefits and community leaders both affirmed that cash undoubtedly improves the resilience and protection outcomes for women and their families within the environments in which they live. Cúcuta and the outlying areas of Bogotá, where field research was conducted, are characterized by resource scarcity, forced and mixed migration, and pervasive violence related to paramilitary groups and narco-traffickers.

The FGDs also revealed areas of GBV risk and active risk mitigation strategies that women accessing cash are enacting to reduce potential risks of GBV or other forms of violence within their relationships with intimate partners, members of their household, neighbors, or other members of their communities in Cúcuta and Bogotá.

Community-Level Risks and Risk Mitigation Strategies

Despite the overwhelmingly positive impacts of cash on vulnerable households and for women in general, FGD participants spoke about how at the community level targeting and recruitment strategies for cash assistance that are unclear to the community can create negative sentiments between those who have access to cash assistance and those who do not. Participants reported that **opaque eligibility requirements for receiving cash assistance fueled negative sentiments among neighbors**. A community leader explained, “I know that there have been internal conflicts in these situations, so much so that the person getting the [assistance] sometimes has had to leave the comfort of their apartment because of problems between them.”

This dynamic of negative sentiment within communities was further exacerbated when the woman receiving cash was Venezuelan. Women receiving cash benefits and community leaders spoke about the pervasive and normalized levels of xenophobia against Venezuelans (or those perceived to be Venezuelan, who may in actuality be Colombian returnees). **To mitigate these risks, women receiving cash benefits said they concealed their access to cash assistance from their neighbors as much as possible.** Asked about how they keep themselves safe when going to withdraw cash assistance, a FGD participant who received cash responded, “A lot of discretion, silence and discretion.”



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Household-Level Risks and Risk Mitigation Strategies

Respondents cited similar conflicts that cash assistance could escalate within households. They shared examples of households with existing poor levels of trust, domestic violence, and abuse, which were exacerbated when one member of the family had access to cash assistance. **This seemed to be especially prevalent in contexts where large family groups shared one household; conflict emerged when one ‘nuclear’ family unit within the household secured access to cash and others did not.** Focus group discussants shared stories of women in their communities who experienced physical, emotional, and verbal abuse at the hands of other household members because of this. One participant in an FGD with community leaders explained how this uniquely affects older adolescent girls or younger women: “...when there is

a young couple, you know that sometimes they're 18, 19, 20, 21 years old, and well, they experience violence from their in-laws, from their brothers-in-law when they get the aid." **In response, women cash recipients reported concealing their cash assistance from extended family members or other household residents as a strategy to mitigate these risks.**

FGDs with community leaders revealed that older adolescent girls and younger women sometimes experience violence if they receive cash assistance but other members of their household or extended family do not.

Intimate Partner-Level Risks and Risk Mitigation Strategies

In addition to household-level risks, respondents shared that in certain circumstances, cash can exacerbate IPV experienced by women who receive assistance. FGD respondents clearly stated that cash assistance serves to support the families' needs and can even deepen levels of partnership between spouses. However, the respondents emphasized that for women dealing with pre-existing domestic violence or IPV in their home, cash assistance could exacerbate violence from their partner, typically driven by jealous suspicion about the origin of the cash. As a mitigation strategy, some women suggested that cash organizations devise improved strategies for sensitizing households (namely, the male partners within households) around the origin, function, and goal of the cash assistance. However, other women in the FGDs disagreed with this suggestion, stating that **women in this setting often conceal their access to cash assistance from violent partners as they feel that is the best way to mitigate their risks of IPV.**

Household-Level Decision Making

Themes related to household decision-making also emerged as a potential signal that could be used as a proxy for detecting GBV risk in Colombia; similarly to Iraq, it was clear that determining the degree to which women are involved in household decision-making related to cash assistance would provide an important nuance. When reflecting on whether cash assistance can initiate or exacerbate IPV between intimate partners in her community, a community leader participating in an FGD explained that male partners with patriarchal attitudes would seek to limit a woman's role in spending decisions, while couples in more egalitarian partnerships would be more likely to make decisions jointly. Capturing the extent to which women are able to decide on how to use cash assistance, either alone or collaboratively with a trusted partner, is an important bellwether for GBV risk.

● Conclusion

There were various converging and diverging trends in the operational research findings on GBV risks in cash from Iraq and Colombia, all of which were crucial for informing the development of key proxy indicators for detecting GBV risk in cash assistance. Among the overarching trends in the data, women underscored the transformative impact of cash, describing it as a lifeline that enhanced their households' well-being and bolstered resilience amid the multifaceted challenges they faced living in difficult settings. Other similarities in the two contexts centered around women's perceptions of unclarity in the recruitment strategies used in cash assistance interventions, women's use of risk mitigation strategies to make their experience of accessing and utilizing cash feel safer, and that household decision-making was a useful signal for determining underlying gender attitudes which increase risk of GBV perpetration. Diverging trends in the data centered around the forms of risk mitigation strategies used in each context: Iraqi women employed strategies to reduce risks associated with mobility in the public space, while their Colombian counterparts concealed their access to cash to minimize potential backlash within their communities, households, and intimate relationships.

These research findings were instrumental in shaping the formulation of the key proxy indicators that are outlined in [UNFPA's Indicators for GBV Risk Mitigation in Cash Assistance with Supporting Guidance](#). Overall, these findings contribute to a deeper understanding of the nuanced relationship between cash assistance and GBV, and they underscore the importance of reducing GBV risks to foster more protective and inclusive cash interventions.

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Name	Organization Name
IRAQ	
Mireia Termes	Iraq Cash Forum, World Food Program
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Yousif Ismael	UNHCR
Nour Nouri Mousa Al Mousawi	Iraq Health Access Organization (IHAO)
Azza Ibrahim Dhaini	REACH
Iman Shakor, Kavin Mirteekhan	Women for Women Iraq
Sana Zada	Al Mesalla Organization for Human Resource Development
Omar Assad Rasheed	Cash and Livelihoods Consortium for Iraq
Osama Mirkhan Nabi	Norwegian Church Aid
COLOMBIA	
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Dildar Salamanca	UNFPA - Cúcuta
Paola Segura, Eliana Prada, Astrid Ruiz	International Rescue Committee
Angela Patricia Sierra	Cash for Urban Assistance Consortium (CUA)
Mónica Cuervo Pérez, Ginna Agudelo	Save the Children
Maria Jose Escamilla Hoyos	Danish Refugee Council
Yanet Rodríguez Castro	Mercy Corps
Sista Yurley Galvis Acevedo	HIAS
Lorena Bejarano	CARE
Ximena Vidal Rojas	Jesuit Refugee Service
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Valentina Zuluaga	IOM
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