***Before the presentation:***

*> Adapt slides to your context (fill up slide 1 and 9 with country names, focal points names + email addresses, etc.) and you can of course changes pictures if you have others that are more context based*

*> If possible, inform the protection cluster/working group of this initiative (should they want to attend)*

*> If possible, make available an up-to-dated GBV referral pathway and be ready to explain briefly how to use it (see slide 7)*

*NOTE: Slide 1 to 9 = core of the presentation. Slide 10 and 11 = additional slides (you may use them only if time allows)*

***Suggested script for the facilitator:***

Slide 1 – welcoming (1 min)

* Welcome everyone – great to have you all here. My name is (*your name*) and for those who don’t know me I am the *GBV coordinator /other title*. Today we will touch upon the topic of GBV risk mitigation in CASH.

Slide 2 (2 min)

* We will spend around 30 minutes together. Please note that this is an introduction to the topic, so feel free to keep questions / comments for the end (or write it down in the chat) and if we don’t have time to answer all of them at the end we will revert to you later on by email.
* We aim to keep a pragmatic focus and share with you practical tools and what YOU can do as a cash actor in your daily work – and how WE can support you.

Slide 3 (5 min)

* First let’s start with a very short refresher on what is GBV. What to keep in mind:
  + GBV is closely link to the notions of power and informed consent. GBV happens when there is a power relation (perceived or real) and when there is no informed consent.
  + We often think about rape when we mention GBV but its also sexual exploitation (goods against sexual favors), privation of economic resources, domestic violence between husband and wife, child marriage, etc.
  + Majority of GBV survivors are women and girls, but there are also boys and men who face GBV.
* First let me tell you that it is extremely hard to collect data on GBV incidents. The majority of survivors do not report – for fear of retaliation or stigma among other reasons. However, we talk about a PANDEMIC as we know numbers out there are extremely high.
* We do know that at least 20% of women and girls during a displacement will face GBV. Which means that in times of crisis, GBV risks are much much higher. Why so?
  + All systems break down: health, police, legal. Communities and families are torn apart – leaving vulnerable people more at risk of GBV.
  + We know that a lot of women and girls face GBV when they walk long distances to collect food and water.
  + We also know that many families get their daughter married earlier as a way to cope with the difficult economic situation.
  + And we all have in mind the recent and not so recent scandals of sex against food.
  + Etc. (*add specific examples from your context if relevant*)

> So what is the answer of the humanitarian community to the fact that we do have more GBV during an emergency? What has been put in place?

Slide 4 (5 min)

* Since December 2013 all humanitarian intervention must have protection at its centre – Centrality of protection / do no harm are 2 key principles to which we are all bound.
  + This means that we are able explain and show how, everything put in place, is actually improving the protection of the most vulnerable
  + This means basically that, by our intervention, we should not create additional harm. Or additional GBV risks.
* We are accountable. All of us. Whatever the area we work in.
* You, as a cash actor, have a lot of influence on prevention and mitigation of GBV risks. By keeping in mind potential risks while you design and implement your programme and by making sure women and girls have real access to your services. And I mean real access, not only on paper.
* You will get better results if risks are prevented and mitigated, because your beneficiaries are also women and girls, and people at risk. And the ultimate goal of cash/voucher assistance is to create resilience.
* GBV specialists are the ones taking care of the response to cases: social workers, doctors, police, lawyers, etc. You are not expected to manage or identify any GBV cases – you are expected to focus on prevention and mitigation of GBV risks.

Slide 5 (5 min)

* Now lets do a short and practical exercise. This picture was taken by a UNHCR colleague in Burundi during a cash disbursement. I would like us to pause here for a couple of minutes and think about what could go wrong in terms of GBV risks? The picture was taken during the disbursement phase, but I would like you to think about the “before” and the “after” as well.

*Leave the people think/input (or wrote down in chat box) you can guide the discussion around the following:*

* *Lack of confidentiality (public space) may lead to harassment / theft once money is being collected*
* *Risks of sexual abuse/exploitation from the IP distributing cash (especially private companies like hawalas that may not have been trained)*
* *Women/vulnerable people become targets of their communities because they get cash (jealousy, etc.) / tension with host communities*
* *Modality can create risks: access to markets to spend cash? Access to ATMs to withdraw cash? Availability and access to mobile agents to get cash in exchange of e-money / vouchers? Etc. (think about day/time too if women have to start at night to walk towards the cash points)*
* *Women / elderlies/disabled may not access the cash point or know how to use a phone for mobile money, sharing their password, not having a place to charge their phone, losing the phone (and the money attached to the SIM card), etc.*
* *Increase of violence at home because women are first beneficiaries of cash support, men feel disempowered (or it could be the other way around - increase of violence because only men receive cash, or issue with polygamous households – increase of tension)*
* *Increase of child marriage because cash allows to pay dowry*
* *etc.*

Slide 6 (5 min)

* What we have just seen in the short exercise is that its not CVA modality creating those risks (because would be the same with in kind) but its the lack of Gender/GBV risk analysis. What is key is really to take into account, when you design a CVA intervention, the following aspects:
  + Dynamics inside the houses of beneficiaries targeted
  + Dynamics in the community (between men and women but also between displaced/host or ethnic groups)
  + How people (especially women / vulnerable) will access the Cash/vouchers
  + Any risk of abuse of powers, fraud, sexual exploitation, etc
* Then we have put a very short checklist of key items to have in place in any CVA. We wont have time to go through each of them, but these items are what we call organizational mitigation measures, what YOU can put in place. It’s paramount to have a way to communicate with beneficiaries, to make sure your teams have female staff and are trained, etc. For each of this item we are here to support you and we could of course develop further.
* We work in a rapidly evolving context; regular monitoring is very important as things change quickly. Again, we are here to support, we could join you on monitoring missions, organise discussions with women and girls or even have a look at CVA proposals.

Slide 7 ( 5 min)

*This matrix exists in Arabic, French, Dari, Pashtoo, Somali, Thai, Portuguese, Kiswahili (all available in the G folder). Make sure to insert/share the relevant one!*

* This matrix is THE key tool cash actors should keep in mind when designing and monitoring a CVA intervention. Its quite easy and straightforward.
* Objective is not to fill up every line but to use this as a support for discussion and brainstorming, ideally with protection/GBV colleagues – or someone from the GBV working group.
* You can use previous GBV/Gender assessments or results of discussions with communities to fill it up. It’s not so much the result that matters but to ask yourself and your team the right questions.
* Should you be interested, we could do a separate training on this tool with some of you or do a group exercise with a realistic scenario.
* (this matrix comes from a guidance called the “ GBV&CVA compendium” where you ll find also the same matrix but filled with examples)

Slide 8 (3 min)

* As mentioned earlier, cash actors should never seek to identify GBV survivors or try to respond to GBV cases – this is the role of GBV/protection specialists.
* As you all know GBV is VERY sensitive – when engaging with beneficiaries only ask about general trends/feeling of security/safety, etc. not individual cases.
* If possible, ask a protection/GBV colleague to accompany you during monitoring missions or when you plan to talk to beneficiaries (especially women & girls or marginalised groups)

*Insert one slide with a snapshot of your GBV ref. pathway if you have one and if not, skip this point*

* Here you have our national/regional GBV referral pathway. Your role is only to PROVIDE the contact details to the survivor.

*If you don’t have any referral pathway or there are no services:*

* In our case, we don’t have yet a finalised GBV referral pathway / we don’t have reliable GBV specialised services in our area so you can use the GBV pocket guide. This resource will be shared in the resources’ list. It’s also an App that you can download on any smartphone.

Slide 9 (2 min)

* If you have to keep only one resource from this presentation today – it should be this one, the “GBV&CVA compendium”. This is where we took the matrix shared earlier (p 50) and its available in many, many languages.
* Second set of resources is of course your GBV/protection colleagues, but also us, the GBV working group, here is our contact details. We have also put here the link to the GBV pocket guide.
* And finally a guidance of 10 pages from the Global protection Cluster on Covid-19 and Cash
* Should you want to know more – full section on Gender and GBV in relation to cash in CaLP resource section.

*UNHCR&WFP will release a toolkit in Q1 about fraud and abuse of power in cash - stay tuned and add it here if its relevant!*

* Thank you so much for your time and interest – we now have around (*insert minutes*) for discussion and questions. As said, if interested we can always come back to provie more training/capacity building or advice on Cash programming.

*EXTRA SLIDE if time allows*

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Slide 10 ( 10 min)

Here we have put a snapshot of case studies/best practices. We are in the process of collecting more, as more and more actors at field level realize the importance to have GBV mitigated in Cash.

**In Somalia**, the Annual HCT Strategy mentioned GBV risk mitigation in Cash. As a result, WFP (lead of the CWG) and UNFPA (GBV sc) ask for support. A mini training was organized in English and Somali (120 participants!) and 3 group works are taking place. These group works are done with CVA and GBV “Champions” who are analyzing existing CVA interventions in Somalia and jointly mapping GBV risks and potential mitigation measures. In February/March 21 a set of mitigation measures to be applied at national level will be shared with the HCT and relevant agencies. A learning brief will be shared.

**In Burundi** in 2019, a joint workshop took place with CVA & GBV actors. Around 20 field actors gather during 3 days to identify best practices and lessons learned, but also to agree on a joint national work plan to mitigate GBV risks in CVA. This plan entailed:

1. Finalization and roll-out of key contacts in case of GBV incidents (referral pathways) and the GBV Pocket Guide to all frontline workers. Ensure there is a distinct link with the CVA complaint and feedback mechanisms already in place and that beneficiaries also know the key contacts for GBV response.

2. Capacity building on GBV and endorsement of a code of conduct - for all people involved in CVA (field workers, local administration, payment agents, etc.)

3. Finalization of a list of contextualized questions for focus group discussions with beneficiaries. These questions would support programme teams to identify, with beneficiaries, GBV risks and potential mitigation measures in CVA. 4. Joint CVA-GBV assessment to identify GBV risks in areas where CVA will be/ is used.

5. Advocacy towards donors to ensure that there is at least one key GBV/Gender indicator in all projects using CVA in Burundi.

**TXB (Turquey Cross Border):** the Cash Working Group and the GBV Sub-Cluster established a task force to build bridges between GBV and CVA actors. The task force has focused on strengthening partner capacities to enable systematic referrals from GBV case management to CVA to transition GBV survivors from relief to recovery (2020 and 2021 – ongoing),

*more info* [*here*](https://www.calpnetwork.org/fr/publication/establishing-a-cash-working-group-and-gbv-sub-cluster-task-force-nw-syria-case-study/)***.*** *(For Whole of Syria - check also the guidance note in the case studies folder of the toolkit)*

**MYA (2020):** a guidance note was drafted by GBV and CVA actors in July 2020, outlining 11 minimum actions to be taken when organizations do CVA in Rakhine State. They also drafted a mitigation checklist and a sample of safety related CVA assessment questions.

*The guidance note can be found in the Google folder (under case studies)*

Slide 11 (20 to 30 min)

*In groups or in plenary discuss about the scenario and apply the matrix shared earlier (check the right language for your group!). If needed below 2 additional scenari.*

*If you don’t have much time – choose to fill up only one or two lines (usually people have difficulty to distinguish GBV risks and types, for the sake of the exercise focus on risks).*

* + Scenario 2: You are planning on providing credit cards to displaced populations who live in a densely populated settlement/camp. The recipients are mostly women. They will need to travel outside of the settlement into the town to collect the credit card and purchase items with the card. There are issues with xenophobia. The women of the recipient population are often subject to sexual harassment by local men and by police at security check points.
  + Scenario 3: You are planning to use Mobile money in rural, island areas. The communities are socially conservative. Not all women have their own device, but you have distributed SIM cards. They have assured you that they have access to phones at home through other family members and that mobile agents will help them figure out how to use them.
* 20 minutes for group work
* Present findings / actions to larger group (risks AND mitigation measures)