

Indicators for GBV Risk Mitigation in Cash Assistance with Supporting Guidance



About the Guide

This guide offers proxy indicators for assessing GBV risks to women¹ in cash interventions. Cash actors can adapt these proxy indicators, which were developed based on operational research that focused on multipurpose cash assistance programmes, according to their context and the structure of their cash interventions. Each indicator is presented below with example questions and user-friendly guidance on how to contextualize, measure, and interpret data to better detect and mitigate GBV risks in cash assistance. Measuring these indicators over time as part of routine monitoring allows cash actors to track trends related to gendered attitudes, beliefs, and social norms held by both men and women² cash recipients, as well as behaviors used by women who receive cash to keep themselves safe.

INDICATOR 1: Percentage of households where women are involved in decision-making on the use of cash transfers³

Domain	Target Respondent	How to Measure	Type of Collection
Attitudes, Beliefs, and Social Norms	<p>Women who are primary recipients of cash assistance</p> <p>Women who are secondary recipients of cash assistance⁴</p>	<p>NUMERATOR: # of households where women are involved in decision-making on the use of cash assistance</p> <p>DENOMINATOR: # of households that received cash assistance</p>	<ul style="list-style-type: none"> • Risk Assessments • Routine PDM • Impact Evaluation • Focus Group Discussions

INDICATOR 2: Percentage of women who have used adaptive measures to mitigate GBV risks when accessing and using cash assistance in the last month⁵

Domain	Target Respondent	How to Measure	Type of Collection
Adaptive Risk Mitigation Strategies	Women who are primary recipients of cash assistance	<p>NUMERATOR: # of women who reported using adaptive measures to mitigate their risk when accessing or using cash assistance in the last month</p> <p>DENOMINATOR: # of women who received cash assistance</p>	<ul style="list-style-type: none"> • Risk Assessments • Routine PDM • Impact Evaluation • Focus Group Discussions

These indicators were developed through a collaboration launched by UNFPA and the Global Women's Institute at George Washington University (GWI) in 2022 to examine GBV risk in relation to cash assistance. The collaboration sought to develop select indicators that could be included in the assessment, design, monitoring and/or evaluation phases of cash interventions for use by non-GBV specialists such as cash, M&E, or sectoral/programme actors. This work builds on ongoing GBV risk mitigation work by UNFPA, the GBV AoR, and across humanitarian agencies.

Given that these indicators are intended to be used by non-GBV specialist staff, it is imperative that they – like any indicators used to detect GBV risk in cash – avoid inadvertent disclosure of recipients' personal experiences of violence.⁶ Proxy indicators are useful in this regard as they enable indirect measurement of complex phenomena that may be challenging or unethical to directly assess.⁷ This guide specifically refers to cash assistance and not vouchers, but the indicators could be tested and explored for use with voucher interventions.

● Development of the indicators

To develop the indicators, UNFPA and GWI analyzed PDM data and conducted field research in two settings. UNFPA first analyzed post-distribution monitoring (PDM) data to uncover trends and gaps in current monitoring tools. To do so, UNFPA reached out to Cash Working Group coordinators in countries where PDMs have been conducted on sectoral or multipurpose cash based on a common PDM template. This provided a useful sample of PDMs that could be analyzed a second time with a GBV lens.

Field research was then conducted in Iraq and Colombia in close collaboration with Cash Working Group coordinators and local and international humanitarian organizations in the two countries, exploring GBV-related risks that women experience with multipurpose or sectoral cash assistance and the mitigation strategies they use to reduce these risks. Iraq and Colombia were chosen based on the availability of their cash coordinators and GBV coordinators, the interest of those memberships to engage in validating the UNFPA/GWI indicators, and the difference in the two settings. [Field research findings](#) were synthesized with cash and GBV actors in participatory validation sessions in both Iraq and Colombia, which directly informed the development of the proxy indicators put forth in this guide.⁸

Two major themes emerged in both research settings. First, assessing the level and type of control that women who receive cash can exert over household expenditures and/or cash assistance emerged as an important signal for the presence of household-level GBV-related risks associated with cash, particularly if women were not the primary recipients of the cash assistance. This insight directly informed Indicator #1. A second common theme across both contexts was that inquiring about women's risk mitigation strategies, rather than asking their opinions about the safety or risk associated with cash, emerged as a more effective way to assess context-specific GBV risks related to cash. This finding directly influenced Indicator #2, which is focused on assessing the presence of active risk mitigation strategies related to cash assistance in a given context.

To further inform and validate the findings from the field research and PDM analysis, UNFPA organized an Advisory Group to provide feedback and support to the research. The Advisory Group was an independent body consisting of representatives from DG ECHO, SDC, USAID | Bureau for Humanitarian Assistance, Cash for Protection Task Team of the Global Protection Cluster, OCHA, UNHCR, UNICEF, WFP, GBV AoR, CALP, GBV Guidelines Reference Group and HHI. The main purpose of the Advisory Group was to provide technical input, review ethical and safety measures, and support uptake strategies. The Advisory Group met throughout the course of a year and provided insightful review and input to the methodologies, to the interpretation of the research findings from the field research, and to the initial report draft. Its role was key to the collective review of the proposed indicators and methodology as well as to the formation of advocacy messages on the integration of GBV risk mitigation into CVA M&E. The Advisory Group will also contribute to the dissemination of the research results.

● The Indicators

Indicator 1: Percentage of households where women are involved in decision-making on the use of cash assistance

Definition

This proxy indicator measures the percentage of households where women actively participate in and have some degree of control over deciding how the cash assistance should be used. It aims to assess the level of women's agency at the household level, specifically concerning financial matters and resource allocation. This indicator is relevant for all delivery mechanisms for cash assistance.

Rationale

Monitoring women's participation in financial decision-making within households is a critical proxy for possible GBV-related risks in relation to cash assistance that women may face at the household-level. Involvement in decision-making on cash assistance usage provides valuable insights into the dynamics within households, as it sheds light on the level of gender equality and the distribution of power among household members. Research has consistently shown that when women have limited or no say in financial matters, they may be at a higher risk of experiencing GBV, as they may have reduced access to resources, have limited ability to negotiate safe and secure spending, and face heightened economic dependence, all of which can create vulnerabilities to abuse.⁹

Field research findings from focus group discussions (FGDs) with women who received cash in Iraq reflected this and shed further light on the criticality of monitoring the level or degree to which women are able to participate in decision-making around cash assistance, especially when men household heads were the direct recipients of cash assistance on behalf of the household. For example, FGD participants in Iraq stated that they and women like them in their community were able to make decisions about how to spend the cash assistance for their household. However, through discussions with women community leaders and local cash and GBV actors it emerged that while women were able to participate in decision-making on how to use cash assistance for their household, they remained constrained in terms of authority and control over significant or pivotal expenditures such as medical care and educational expenses.

The findings from Iraq highlight the importance of monitoring the specific level at which women are able to make decisions around the use of cash assistance. Monitoring participation in decision-making and degrees of power within household decision-making can act as an early warning mechanism for potential GBV risks. If a high percentage of women report they participate in household decision-making on the use of cash assistance, but a low percentage of women report that they can make decisions related to pivotal expenditures, a more accurate picture of the gender power dynamics within households receiving cash assistance is presented. This indicator would provide program implementers with information about household-level attitudes related to women's financial control, and its use could help mitigate potential GBV-risks associated with the implementation of cash interventions.

Example Questions for Indicator¹⁰ #1

1. Who makes the decisions in your home specifically about the use of the cash assistance you receive?

- a. Me
- b. My intimate partner
- c. My intimate partner and I decide together
- d. My intimate partner and I decide on our own
- e. Other men in household, (specify):
- f. Other women in household, (specify):
- g. Someone else, (specify):
- h. Decide some other way, (specify):

2. [For women respondents who selected 'Self', 'Self and intimate partner together' or 'Other women in Household'] Thinking about the last month, how often were you or women members of your household involved in decision-making about how to use cash assistance?

- a. Always
- b. Usually
- c. About Half the Time
- d. Seldom
- e. Never

Suggested Additional Questions for Indicator #1

**Note: The following optional questions are aimed at assessing different dimensions of women's participation in household financial decision-making that cash actors can utilize if and when feasible.*

3. To what degree do you feel that you can make your own decisions regarding these financial expenses if you want to?¹¹

a. Food for household	:	1 = To a very high degree
b. Large items for household (i.e. a cookstove)	:	2 = To a fairly high degree
c. Children's schooling expenses	:	3 = To a small degree
d. Children's medical expenses or medicine	:	4 = Not at all
e. Women's personal expenses (medical, other)	:	9 = Don't know
f. Women's purchases related to their work or livelihoods activities (e.g. machinery, office, materials)	:	
g. Special events (e.g. festivals, weddings, funerals)	:	

4. Since receiving the cash assistance, has decision-making about expenses and savings changed in your household?¹²

- a. Yes
- b. No

5. If yes, how has decision-making about expenses and savings changed in your household?

- a. Open response

6. Who do you believe should make the decisions in your home specifically about the use of the cash assistance?¹³

- a. Me
- b. My intimate partner
- c. My intimate partner and I should decide together
- d. Other men in household, (specify):
- e. Other women in household, (specify):
- f. Someone else, (specify):

Contextualization Guidance

Survey questions for this indicator can be adapted to fit the local context regarding gender norms and household decision-making, or the structure of the cash intervention in question. For example, in contexts where it may not be culturally appropriate or feasible to interview women for cash interventions that target men who are heads of household as the primary recipients, survey questions can be adapted so that they explore men’s attitudes about women’s control over household resources and participation in decision-making, in order to ascertain potential impact and risks posed by cash assistance to women who are secondary recipients of cash.

Analysis and Interpretation Guidance

Disaggregate: Data for this indicator should be disaggregated by age, gender, and disability status at minimum, and by head of household and primary/secondary recipient if and when relevant. If questions regarding whether the woman respondent is the head of household or the primary/secondary recipient of the cash assistance are already integrated into data collection tools, consider disaggregating by those fields to gain deeper understanding of the level of participation in and control of financial decision-making between women who head their own household and women who do not. In general age disaggregation should include adolescents (ages 10-19),¹⁴ adults (ages 20-49), and older and elderly people (ages 50+).¹⁵ Additionally, consider disaggregating by other demographic factors that are collected which may play a role in context-relevant GBV risks, such as: socioeconomic status, marital status, household size, geographic location, education level, or migration status.

Indicator #1: Control over Household Resources	Me		My intimate partner	My intimate partner and I decide together	My intimate partner and I decide on our own	Other men in household (specify)	Other women in household (specify)	Someone else (specify)	Decide some other way (specify)	TOTAL
Who makes the decisions in your home specifically about the use of the cash assistance you receive?	Women	Age 10–19	17	37	10	8	10	20	4	106
		Age 20–49	18	38	20	6	19	19	6	126
		Age 50+	51	50	40	10		2	10	154
		%	13.9	20.2	11.3	3.8	4.7	6.6	1.7	
	Men	Age 10–19	22		15	1	12	14	2	66
		Age 20–49	23	13	15	3		2	4	60
		Age 50+	56	31	10	6			2	105
		%	16.5	7.5	6.4	1.8	1.9	2.5	1.2	
Combined % of Response		30.4	27.7	17.7	5.6	6.6	9.1	2.9	100.0	

Analyze: Summarize answers to use as evidence for the presence of GBV-related risks and the introduction of mitigation measures. First, determine the percentage of households in your sample where women are involved in decision-making on the use of cash assistance. This will provide a broad picture of women’s control over cash assistance in your sample. For example, a high percentage of respondents reporting that they are not involved in decision-making could indicate higher GBV risks. In the mock summary table above, you can see that 13.9% of women respondents reported that they had decision-making authority over the cash assistance in their home, and 20.2% reported their intimate partner had control.

Once this initial figure is calculated, you can analyze the data from Question #2, which aims to assess how often women who reported having decision-making control over the cash assistance in their home were able to exercise that authority in the last month. This is important to enable deeper analysis of the data and discern what women respondents may mean when they attest to participating in household financial decision-making. The mock summary table below shows us that of the women who reported that they or other women had decision-making authority over the use of cash assistance in their household, 25.9% were involved in decision-making on how to use the cash assistance about “half the time.”

Indicator #1: Control over Household Resources	Always			Usually	About Half the Time	Seldom	Never	TOTAL
	[For women who selected 'Self', 'Self and intimate partner together' or 'Other women in Household'] Thinking about the last month, how often were you or women members of your household involved in decision-making about how to use cash assistance?	Women	Age 10–19	0	5	7	14	
		Age 20–49	12	23	12	5	1	53
		Age 50+	14	14	14	6		48
		%	20.0	33.8	25.9	19.6	0.7	100.0

By continuing to track this indicator and particularly responses to the second question over the course of the cash intervention, it is possible to observe whether there are increases or decreases in the average degree of involvement in decision-making, for example from “about half the time” to “usually.” By triangulating these results with other M&E methods, such as focus groups, it is possible to explore reasons for these observed changes and, potentially, whether they may in part be attributable to specific program or context changes.

Indicator 2: Percentage of women who have used adaptive measures to mitigate GBV risks when accessing and using cash assistance in the last month

Definition

This indicator measures the percentage of women who employ adaptive measures to mitigate GBV risks while accessing and/or utilizing cash assistance. Adaptive measures refer to the various context-specific strategies and actions that women may adopt to keep themselves safe and minimize exposure to potential risks in their environment, including GBV-related risks. This indicator is relevant for all cash distribution models. Practitioners are encouraged to adapt the questions and answer options linked to this indicator based on pilot testing and consultations with local communities.

Rationale

Field research findings in Iraq and Colombia both revealed the importance of assessing adaptive risk mitigation measures to detect the presence of GBV risks experienced or anticipated by women who access cash. In both settings, FGDs participants widely stated that cash was a safe assistance modality that carried little to no risks for them or other women like them in their communities. However, when asked about how other women in their community who have access to cash assistance keep themselves safe when they are in transit to the withdrawal or pick-up point, at the withdrawal or pick-up point, out in the community using their

assistance, or back at home, they shared a diverse and finely calibrated set of strategies aimed at reducing their risks, some of which were GBV-related.

Some of the adaptive GBV risk mitigation measures shared by women who received cash in Iraq and Colombia included concealing access to cash from their intimate partners, members of their household, or neighbors; traveling in groups to cash pick-up points; or altering daily routines when spending cash assistance. Monitoring the adoption of measures like these is essential for understanding the complexity of GBV risks faced by cash recipients, especially when the risk of response bias is high. By capturing a context-specific range of adaptive risk mitigation measures, this indicator can provide a comprehensive view of how women navigate their household and community environments to protect themselves while accessing cash assistance.

The inclusion of this indicator in the guidance report is also essential due to the sensitive nature of assessing respondents' feelings of safety and risk related to cash assistance. Survey respondents may be hesitant or reluctant to report if their sense of safety has deteriorated when they have access to cash assistance. Asking about risk mitigation strategies provides a useful, indirect approach to understanding the environments of risk that cash recipients navigate. By evaluating the presence of adaptive risk mitigation measures that women employ when they have access to cash assistance, humanitarian organizations can gain crucial insights into potential GBV risks associated with the structure and design of their cash interventions, and tailor their approach to ensure those risks are mitigated.

Example Question for Indicator #2

Note: the following response options are intended as illustrative examples that should be contextualized to reflect the common risk mitigation strategies used by women in a given setting.

1. How do you or other women like you generally keep yourselves safe when picking up, storing, or using your cash assistance?

Select all that apply.

- a. Travel to the pick-up or withdrawal point with groups of other women
- b. Travel to the pick-up or withdrawal point on safe modes of transport
- c. Travel to the pick-up or withdrawal point at safe times of the day
- d. Visit different withdrawal pick-up points or alternating collection times whenever I need to access my assistance
- e. Travel to use/spend the cash with groups of other women
- f. Travel to use/spend the cash on safe modes of transport
- g. Travel to use/spend the cash at safe times of the day
- h. Alternate the times of day or locations when and where I use my cash assistance
- i. Conceal cash assistance from intimate partner
- j. Conceal cash assistance from other members of household
- k. Conceal cash assistance from neighbors/members of community
- l. I don't do anything
- m. Other (please specify):
- n. No response

Contextualization Guidance

Indicator #2 measures the proportion of women enacting any GBV risk mitigation strategy in relation to their cash assistance. As such, response options should be adapted to reflect the common adaptive risk mitigation strategies used by women, as well as the cash delivery mechanism (e.g. cash in hand, mobile money, bank transfer, or prepaid debit cards) of a given context. Information about context-specific adaptive risk mitigation strategies should be derived from GBV risk assessments or other design-phase assessments.

Question and response options can also be adapted to assess the usage of risk mitigation strategies at different time points in the trajectory of accessing, withdrawing, using, or storing cash. For example, questions can be adapted to inquire about risk mitigation strategies used at the cash withdrawal or pick-up point, or strategies used to mitigate risks when storing cash in the household. Collecting data at this level makes it possible to identify at which points or social levels the cash assistance seems to be relatively safe or even improving women's situation, and which parts of the system may have heightened safety risks. For example, if women overall report feeling safe at the cash withdrawal point, but a percentage of women report feeling unsafe traveling to and from the cash withdrawal point, this provides valuable information that cash and protection actors can use to mitigate potential GBV risks.

Open-ended response options may offer a useful way to document new forms of risk mitigation enacted by women; however, these could lead to inadvertent disclosures of GBV. If open-ended response options are utilized, enumerators must be trained in Psychological First Aid and be familiar with the local referral pathways to be able to respond adequately to any GBV disclosures that may occur.

Analysis and Interpretation Guidance

Disaggregate: Data for this indicator should be disaggregated by age, gender, and disability status at minimum, and by head of household and primary/secondary recipient if and when relevant. In general age disaggregation should include adolescents (ages 10-19), adults (ages 20- 49), and older and elderly people (ages 50+). Consider disaggregating by other demographic factors that are collected which may play a role in context-relevant GBV risks such as: socioeconomic status, marital status, household size, geographic location, education level, or migration status. In addition, disaggregation of data by the social level that respondents' state they are enacting adaptive risk mitigation strategies (e.g. at the level of the intimate partner, household, or community) can be done as a follow up by GBV specialist.

Analyze: Summarize answers to determine if adaptive risk measures are being used, which are the most common, and use as evidence to develop context-relevant mitigation measures. Determine the percentage of women who report employing adaptive measures to mitigate GBV risks when accessing or using cash assistance. For example, in the mock summary table below, you can see that out of the sample of women, 100% reported using adaptive risk mitigation measures, and of those, 23.6% reported concealing their access to cash from an intimate partner, specifically.¹⁶

Indicator #2: Use of Adaptive Risk Mitigation Measures			Travel to the withdrawal point with other groups of women	Travel to the withdrawal point on safe modes of transport	Travel to the withdrawal point at safe times of day	Visit different withdrawal points whenever I need to collect my assistance	Travel to the usage point with other groups of women	Travel to the usage point on safe modes of transport	Travel to the usage point at safe times of day	Visit different locations to use my cash assistance	Conceal cash assistance from my intimate partner	Conceal cash assistance from members of my household	Conceal cash assistance from my neighbours / other members of my community	I don't do anything	TOTAL
How do you or other women like you generally keep yourselves safe when you have access to cash assistance	Women	Age 10–19	3	4	1	4	4	2		3	1	5	1		28
		Age 20–49	5	8		12		6		5	32	4	20		92
		Age 50+	1	4	5	9	3	7	5	11	13	2	15		75
		%	4.6%	8.2%	3.2%	12.8%	3.6%	7.7%	2.5%	9.7%	23.6%	5.6%	18.5%	0.0%	195

● Conclusion

Incorporating the GBV risk mitigation indicators into the assessment, design, monitoring and/or evaluation phases of cash interventions as well as examining these indicators over time as trends emerge can provide a useful picture of GBV risks related to accessing cash assistance. The overall findings generated by these proxy measures should be shared with relevant coordination bodies to allow for triangulation of these and other findings from routine monitoring (such as safety audits) with data from risk assessments and impact evaluations. Collaborative engagement among diverse stakeholders enhances this process, pooling expertise from CVA program staff, protection specialists, gender and GBV experts, and M&E teams to collectively assess risk and prioritize risk mitigation. By proactively monitoring for risks, sharing actionable data, and garnering inter-agency support to address risks, humanitarian actors can effectively reduce GBV risks and promote safer and more inclusive cash interventions for women and others affected by GBV.

For additional guidance and resources on GBV risk mitigation in cash (and voucher) assistance, please refer to the [UNFPA GBV Risk Mitigation in Cash and Voucher Assistance Toolkit](#).

Endnotes:

- 1 In this guide, 'women' is inclusive of older adolescent girls aged 15+.
- 2 The indicators in this guide are meant to assess GBV risks in CVA to those who gender identify as 'women'. However, we realize that the majority of survey tools in this field are formulated to ask demographic questions only on the basis of sex; only a very few have begun incorporating questions to distinguish between sex assigned at birth and gender identity. In this guide we offer basic examples of disaggregating data by the gender identities. If you would like to learn more about how to tailor demographic questions to differentiate between sex and gender, please see Edge Effect's report, [The Only Way is Up: Monitoring and Encouraging Diverse SOGIESC Inclusion in Humanitarian and DRR Sectors](#) for more information
- 3 In addition to deriving from UNFPA and GWI's field research, this indicator was also informed by the following resources: Save the Children's [MPCA Baseline-Endline for Grand Bargain Indicators Template](#); IRC, WRC, and Mercy Corps' [PDM Module: Adapting CBI's to Mitigate GBV Risks, 2018](#); and CARE's [Cash and Voucher Assistance and GBV Compendium, 2019](#)
- 4 Secondary recipients of cash assistance are women or other household members who, while not the primary registered recipients, are part of the beneficiary household the cash is intended to support.
- 5 This indicator was informed directly by [UNFPA / GWI's field research in Iraq and Colombia](#)
- 6 If a recipient discloses their experiences of GBV, please refer to the GBV Pocket Guide developed by GBV Guidelines and GBV AoR. This resource guides practitioners in "how to support a survivor of gender-based violence who disclosed to you in a context where there is no gender-based violence actor (including a referral pathway or GBV focal point) available in your area...[using] global standards on providing basic support and information to survivors of GBV without doing further harm."
- 7 For more information on using proxy indicators for GBV risk assessment, refer to [Interaction's GBV Prevention Evaluation Framework, Module 3: Measurement Considerations](#)
- 8 For more information on the full findings of the field research, please see [Case Study: Exploring GBV Risk Mitigation in Cash in Iraq and Colombia](#).
- 9 McDougal L, Klugman J, Dehingia N, Trivedi A, Raj A. Financial inclusion and intimate partner violence: What does the evidence suggest? PLoS One. 2019 Oct 16;14(10):e0223721. doi: 10.1371/journal.pone.0223721. PMID: 31618219; PMCID: PMC6795492.
- 10 Questions are adapted from Save the Children [MPCA Baseline-Endline for Grand Bargain Survey and Indicators Template](#)
- 11 This question assesses the degrees of financial decision-making power that women have in their households. It is valuable to ask in contexts where existing data sources show conflicting trends related to this outcome. For example, determining whether a woman's 'participation' in financial decision-making means she is tasked with making a modest sum of cash stretch to purchase the food for a large household, or whether she is empowered to decide to allocate funds for her personal or professional expenses or towards schools fees for her daughters, present different signals related to GBV-risks at the household-level.
- 12 Questions 4 and 5, which focus on assessing impacts of cash assistance on women's empowerment outcomes at the household level, would be valuable to ask in contexts where cash actors are interested in understanding the transformative and potentially positive impacts of cash assistance.
- 13 This question would be valuable to ask in contexts where survey participants are predominantly men, such as Iraq, where women's responses might be limited in PDMs and other assessments. Examining men's beliefs surrounding women's participation in financial decision-making can serve as a signal for GBV risk.
- 14 Adolescents below the age of 14 are typically not targeted for cash assistance, but in certain contexts older adolescents aged 15 and above may be. Please see [CPHA's Cash and Voucher Assistance for Child-Headed Households \(CHHs\) and Unaccompanied Children \(UAC\)](#) resource for more information.
- 15 These age ranges align with the [Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming](#)
- 16 It is important to note that a high percentage of women who report that they do not employ adaptive measures does not necessarily mean adaptive measures are not in use. FGDs with women's groups and other relevant stakeholders can yield insight into adaptive measures that might be in use but not reported in PDM responses.