



Protection Sector Cash Guidance

Last update and endorsement: May 2022.

The sector recognizes the importance in the current context of heightened tensions and socio-economic deterioration for an *effective, coordinated, conflict-sensitive, and safe* cash response. As such, this guidance was developed in response to the need for consistency among protection partner cash practices and to bring these within the scope of protection sector guidance.

The protection sector has two models of cash for protection assistance: **recurrent protection cash assistance (RPCA)** and **emergency cash assistance (ECA)**. This guidance aims to provide a minimum standard of intervention for protection partners providing RPCA and/or ECA. It provides clarification on the implementation of this assistance, with a view to promote a common understanding and to harmonize key aspects of cash practices across **protection, child protection and Gender-Based Violence (GBV) partners**. In particular, the guidance will:

- Clarify protection sector cash terminology including to define the rational, definition and objectives of RPCA and ECA
- Outline the scope of its application and its complementarity with other assistance and services including other cash-based interventions (CBI) in Lebanon
- Provide operational guidance for its implementation (eligibility and targeting, modality, delivery mechanisms, monitoring and evaluation) and minimum standards for coordination

As such, these standards are not intended to replace internal standing operating procedures of agencies. The guidance acknowledges best practices and lessons learnt by protection partners in response to rising protection needs related to the multiple crises confronting the country as well as international guidelines.

This guidance is divided into three sections: 1. Introduction to cash for protection (inclusive of both ECA and RPCA), 2. Operational guidance for RPCA, and 3. Operational guidance for ECA.

Section 1: Introduction to Cash for Protection

1. Rationale, Definition & Objectives

Rationale

The protection sector recognizes that people's ability to cope and sustain their way of living has been severely compromised by the compounded crisis in Lebanon (financial, socio-economic, health, COVID19) and has resulted in complex protection needs across displaced Syrian, Lebanese and Palestine refugee populations, as well as migrants and refugees of other nationalities. In this context, **persons at heightened risk of experiencing an imminent protection risk or incident (violence, coercion, exploitation, abuse and deliberate deprivation) due to an emergency shock or an accumulation of risk factors, are unlikely to recover safely without support.** As a result, protection partners use protection cash in combination with other activities and services to provide a layer of protection – reducing a person's susceptibility to and exposure to a protection threat – to support an individual to reactivate their positive coping strategies and to regain a level of safety which supports their longer-term recovery. Cash is also a flexible and responsive mechanism for the delivery of assistance, which can be more effective than in-kind assistance, and enables persons at risk to cope with their situation with dignity and self-reliance.



Definition & Objective

Protection cash is an intervention where cash is used as **one of several modalities for a protection response**. **Protection cash is an umbrella term used to describe when cash is designed to meet a specific protection outcome on the basis of an individual case.** It aims to achieve this by reducing a person’s vulnerability to a threat through increasing their capacity to cope. It is both a responsive and remedial action which means it can be used **to contribute to preventing a protection risk from occurring or to stopping a protection incident from unfolding, as well as to reduce the impact of a protection incident and to restore a person’s capacity to live a safe and dignified life.**¹

Protection cash has proved to be **most effective at achieving a protection outcome when embedded within a case management response and/or part of a broader package of assistance.**² Therefore, it is not a stand-alone intervention rather it is provided alongside other complementary interventions and should not replace other protection interventions.

Why CBI in GBV programming?	Why CBI in Child Protection programming?
<p>There is consensus within the SGBV Task Force about the positive impact of the integration of cash assistance within GBV case management 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. Cash assistance delivered in the framework of case management means providing cash directly to survivors for the purpose of supporting them to meet their essential needs related to their case action plan and to recover from their experiences of violence including accessing services and/or to mitigate GBV risks. All cash assistance delivered in the context of GBV case management must align with a survivor-centered approach and adhere to the GBV guiding principles of safety, confidentiality, dignity and self-determination, and non-discrimination. There will also be circumstances where provision of cash may not be a suitable or effective intervention to address a GBV incident. Cash assistance should be integrated into the case management process and delivered alongside parallel services such as psychosocial support and referral, rather than as a standalone activity. In Lebanon different GBV partners are implementing this approach with success.</p>	<p>As a result of the increasing child protection needs in Lebanon due to the deteriorating socio-economic situation, sector partners are designing and implementing programs including cash for protection elements integrated into child protection case management. These programs aim to address mainly complex child protection risks, including child labour, street connected children, child marriage and other risks that require a comprehensive response package through case management. It is important to note that cash for protection is not a stand-alone support to the family but a complementary form of assistance that is being provided in parallel with other case management interventions. To ensure linkages to other services, cash assistance is provided usually alongside other educational or child protection activities (or formal school where applicable). The support that is given to the child can also be linked with further in-kind support, which can include safety equipment, registration in vocational training centers, psychosocial support, referrals to specialized services as needed, and other actions that will ensure a comprehensive action plan is in place to ensure the child’s wellbeing is met.</p>

Two-cash models

The protection sector provides cash for protection through two models: Emergency cash assistance (ECA) as a one-time payment which can be used outside of a case management action plan to prevent or respond to an

¹ See definitions for response and remedial actions in the IASC Protection Policy 2016, p.31 at [IASC Policy on Protection in Humanitarian Action, 2016.pdf \(inter agency standing committee.org\)](https://www.interagencystandingcommittee.org/2016.pdf)

² Cash and voucher assistance for protection; taking stock, Global Protection Cluster, 2020, here: https://www.womensrefugeecommission.org/wp-content/uploads/2020/08/GPC_Stock-Taking_2020_ENGLISH.pdf



emergency shock in order to mitigate serious and immediate harm, and **recurrent protection cash assistance (RPCA)** as sustained assistance over a specific period (usually 3-12 months) as part of a broader protection response within case management to prevent or respond to a protection threat.

	Cash for Protection	
	Emergency Cash Assistance (ECA)	Recurrent Protection Cash Assistance (RPCA)
Objective	To meet an immediate protection outcome by addressing or reducing the impact or high risk of serious and immediate harm due to emergency shock .	To meet a protection outcome by addressing or reducing the impact or high risk of serious harm because of a protection threat .
Qualification	Unrestricted	
	Unconditional	Conditional within case management
Transfer Value	Up to 1,400,000 LBP ³	
Duration & frequency	One-time payment is sufficient to reduce/mitigate harm. Two payments for extremely vulnerable individual.	Sustained assistance over a specific period (3-12 months) is required to meet the protection need. ⁴
Cash plus approach	Alongside a complementary protection response (referral, legal mediation)	Only within case management.
Delivery Mechanism	Cash-in-hand (in exception cash-over-counter)	Cash-in-hand, Cash-over-counter, ATM Card

2. Scope of Application

Scope of protection cash (RPCA and ECA)

Protection cash assistance is not designed to meet basic needs alone and should not be used as a blanket response. It is designed with the specific and primary aim to address or reduce a person's *exposure or susceptibility* to an imminent protection threat including a sudden emergency shock. These guidelines do not draw an exhaustive list of protection threats; however, it should be noted that protection cash can be used to address protection threats related to a person's life, physical safety, psychological well-being, liberty, dignity and other fundamental human rights.⁵

These may include situations where individuals may resort to negative coping mechanisms which lead to serious harm such as entering into exploitative personal or work situations, using child labour, child marriage or resorting to survival sex etc.

Categorizing factors of a cash for protection intervention are:

- The direct linkage between the cash modality used and the protection outcome is critical. This is the key indicator. Therefore, where meeting basic needs is the primary objective of the program, and achieving protection outcomes is secondary, the use of cash is not considered directly linked to the protection outcome and is not considered a 'cash for protection' program.⁶

³ As effective on 1.1.2022 by MOSA.

⁴ A 12 month provision of cash assistance is exceptionally provided. In 2022, the majority of protection partner RPCA programs are for 3 -6 months.

⁵ Cash for Protection Guidelines for Protection Partners, May 2020, Iraq p4. Furthermore, these may include, *inter alia*, incidents or risks related to deprivation of life (killing), physical violence (physical assault and abuse, etc.), gender-based violence (rape, sexual assault, physical assault, psychological abuse, deprivation of resources etc.), denial of liberty (arbitrary or unlawful arrest and detention, abduction and kidnapping, enforced disappearance, human trafficking etc.).

⁶ The sector recognizes that in some instances an individual or household's basic needs must be met as a prerequisite to achieving a protection outcome.



- The provision of cash as part of a broader protection program and response (example, case management, alongside provision of legal services)
- Cash is provided on an individual basis according to the specific protection needs of the individual.⁷

These characteristics differentiate cash for protection from other CBI programs such as those designed to address other sectoral objectives (education; food security and agriculture; livelihoods; shelter; and water, etc.)⁵ as well as socio-economic vulnerabilities through Multi-Purpose Cash Assistance (MPCA). MPCA aims to address socio-economic vulnerabilities instead of specific protection risks or incidents. While MPCA may contribute to improving the overall situation, well-being, and resources of the concerned individual/household to mitigate negative coping mechanisms, **addressing a protection threat is not the explicit and direct objective of MPCA.**⁸

Complementarity with other cash-based-interventions (CBIs) in Lebanon

Both RPCA and ECA are designed to be complementary to other forms of CBI and in-kind assistance and services including those which aim to provide medium-term interventions. Other sector CBIs are not mutually exclusive with RPCA or ECA because they are used to meet other sectoral objectives:

- i) to meet basic needs and mitigate negative coping mechanisms by addressing socio-economic vulnerability and food insecurity through multipurpose cash assistance (MPCA), seasonal cash, and child-focused grants under the Basic Assistance sector and food assistance under the Food Security and Agriculture sector. Social safety-net assistance programs (SSN) also exist targeting vulnerable Lebanese under the prevue of the Government of Lebanon (GOL) including the Daem/Ration Card, Emergency Social Safety Net Program (ESSN) and the National Poverty Targeting Program (NPTP).
- ii) to support access to livelihoods cash for work projects are provided for Syrian refugees and Lebanese individuals willing to engage in labor intensive projects with non-Lebanese participation in line with terms and conditions applied by Lebanese laws and regulations.
- iii) to respond to the education needs of children through cash-for-education schemes under the Education sector; and,
- iv) to meet shelter needs and to address shelter vulnerability through cash-for-rent for emergencies and non-emergency situations under the Shelter sector. It is important to note that there are instances where ECA and RPCA can be used to prevent, mitigate, or reduce the impact of an eviction threat, incident, or situation of homelessness and as such there must be strong coordination between protection and shelter partners. Specific situations where ECA and RCA are complementary to cash for rent are detailed on page 5.

An individual/household can receive protection cash as well as other sector cash and in-kind assistance either one after the other or simultaneously:

- The protection partner should ensure that **no other provision of cash assistance is addressing the specific protection threat identified. However, ECA or RPCA may complement other forms of assistance including cash assistance that is being provided for a purpose other than preventing or**

⁷ The sector acknowledges that provision of cash for the individual as part of the case management action plan may result in benefiting the wider household.

⁸ Cash for Protection Guidelines for Protection Partners, May 2020, Iraq p5.



responding to the specific protection threat or shock. For example, a household may receive cash-for-rent or MPCA but still require ECA to respond to a distinct protection threat which emerges.⁹

- **Wherever possible, protection partners should refer individuals requiring medium-term assistance to meet basic needs to the appropriate sector or social safety net scheme where possible to avoid use of protection cash for basic needs.**¹⁰ Such assistance can be used alongside ECA/RPCA and is likely to complement the positive impact of ECA/RPCA by ensuring it is directed to addressing the protection threat or shock. However, where referrals for sustainable assistance are not possible and particularly in instances where the protection threat or multiple vulnerabilities impact the individual's ability to meet their basic needs this can be taken into account when considering whether to provide ECA or RPCA as well as the most appropriate transfer value and duration of assistance.
- **Individuals receiving other forms of CBI or in-kind assistance are unable to overcome their socio-economic or shelter vulnerability due to their specific protection profile or circumstance,** should be referred to protection partners to conduct a more in-depth protection assessment. Protection partners can identify a range of services which, when provided together with the specific CBI may more effectively address the specific protection threat.
- **Avoid duplication of assistance:** Prior to provision of ECA or RPCA all protection partners must cross-check assistance on RAIS (registered/recorded Syrian refugees, refugees of other nationality, stateless individuals) and should report provision of cash within one week.¹¹

There are situations where partners can use ECA and RPCA to respond to eviction threats, incidents and situations of homelessness which can complement cash-for-rent assistance:

- **ECA can act as a temporary bridging device to medium-term assistance where delaying assistance may result in serious harm.** Delays may arise where an agency has received the referral but not yet approved the assistance, where assistance has been approved but the cash disbursement period takes time due to the delivery mechanism (i.e., use of ATM card), where the property owner does not accept cash-for-rent retroactive payments but only immediate provision of ECA to reduce conflict, where the individual/household may require temporary private accommodation for protection reasons or other.
- **ECA can be provided alongside mediation between the tenant/property owner** to support the individual to remain in the shelter and where one or two payments are sufficient and will have sustainable impact.
- **After an eviction incident, ECA can be provided to aid relocation** (i.e., transportation to shelter unit, temporary alternative accommodation) and prior to an individual/household being able to benefit from cash-for-rent in their new accommodation (if it is in line with cash-for rent eligibility criteria).
- Where risk of eviction is driven by inability to pay rent due to socio-economic vulnerability, **protection partners should first refer to shelter partners for cash for rent services to prevent, respond or reduce the impact of risk of eviction** (in line with shelter partner eligibility criteria detailed in the shelter sector cash-for-rent guidance – *link to be added*). However, **provision of RPCA, specifically to prevent, mitigate or reduce the impact of the eviction threat or incident,** can be provided where:
 - **Referral for cash for rent may not be possible** – individual lives in informal settlement or sub-standard shelter (residential and non-residential buildings) or temporarily lives without

⁹ <https://data2.unhcr.org/en/documents/details/64586>

¹⁰ Referrals are not accepted for MPCA, or food assistance provided by UNHCR or WFP. However, there may be a small number of NGO who are providing such assistance and able to respond to a limited number of protection partner referrals. This information is available in the Inter-Agency Service Mapping: <https://www.activityinfo.org/app#database/ck3ee6my46>

¹¹ To avoid harm where tracking systems reflect assistance provision at a household level, partners must be cautious not to communicate all assistance received by the household to all household members to avoid a situation where there may be provision of assistance to an individual within the household within a Case Management response (especially for GBV case management) of which the partner may not be aware of.



- accommodation (i.e., living with another household) or there is no coverage by shelter partners – and where the individual/household is at risk of eviction or has been evicted.
- **Individual is within case management and as such has already been identified as a person at heightened protection risk due to multiple vulnerabilities** beyond socio-economic
 - **Serious harm would happen without immediate response** – based on an analysis of the scale of loss and the extent of harm
 - **ECA is insufficient to mitigate the protection threat** and a more sustainable form of assistance is required
- Prior to eviction, ECA or RPCA should in most cases be used alongside legal mediation with the property owner but where eviction deviation fails ECA or RPCA can support the individual/household whilst finding alternative accommodation solutions.

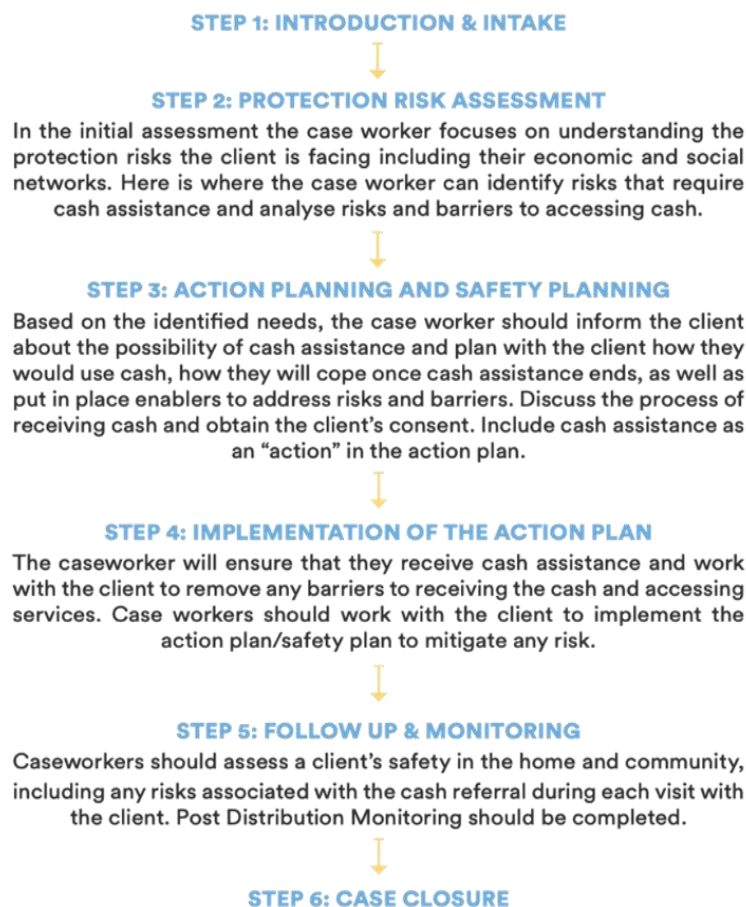
CAUTION

Prior to use of both ECA and RPCA to mitigate eviction, partners must consider the eviction type and the eviction notice period to uphold a do-no-harm approach and to support in prioritization of assistance. In instances where risk of and/or incidents of exploitation, harassment, physical or psychological violence is perpetrated by the property owner or neighbor, a referral for cash-for-rent or use of RPCA to mitigate the eviction may perpetuate the protection risk/incident and in such situations, partners may be encouraged to abandon eviction deviation efforts and proceed to support relocation upon consent of individual. *See the individual eviction guidance note [to be published soon].*

A case management approach

RPCA is designed to be used **in combination with other services and forms of assistance and as part of a case management approach**. This approach acknowledges that a **combination of activities used together can more effectively mitigate/address or reduce the impact of a protection threat** (ex., Protection cash paired with legal services to address eviction threat) and in this respect cash can contribute to the overall outcome of the case management action plan. **ECA has also proved more impactful alongside a combination of other services** and the vast majority of protection, child protection and GBV actors indeed provide ECA within case management or alongside a complementary response. See the overview of how RPCA or ECA can be incorporated into the case management process.¹²

¹² Figure 8, 'Using cash in protection case management', Your Guide to Protection Case Management, UNHCR-IRC, p. 45, <https://reliefweb.int/sites/reliefweb.int/files/resources/Your%20Guide%20To%20Protection%20Case%20Management.pdf>



Conflict sensitivity and do-no-harm

Both RPCA and ECA are cross-population tools provided based on protection needs alone. **To ensure assistance is delivered in line with a conflict sensitive and inclusive approach**, partners aim to ensure that protection needs of all communities, (Syrian refugees, Palestinian Refugees from Syria, Palestinian Refugees from Lebanon, refugees of other nationalities, stateless, and Lebanese) **are adequately identified and responded to**. Furthermore, RPCA and ECA have the potential to **reduce the burden on overstretched community support networks** and can act as a **preventative tool to maintain social stability at community level**.

Given the current context of increasing vulnerability and inter-group tensions in Lebanon, the development phase of protection cash interventions should include key conflict sensitivity considerations to reduce the perception of aid bias as well as any potential implications of scapegoating or the use of assistance on operations and access more broadly. Even if setting up your program quickly quality project design and conflict sensitivity processes are still important. As a starting point, a thorough analysis and needs assessment which incorporates conflict sensitivity elements should be carried out.

Most importantly partners must:

1. Consider the context of conflict in which you are operating
2. Understand the interaction between the context and your actions; and,
3. Act upon this understanding to improve impact on social stability.



It is also important for cash practices across partners to standardize and coordinate aspects of their RPCA and ECA programs (transfer value, frequency, duration, eligibility criteria, cash core indicators, geographical coverage) through adherence to sector cash guidance and engagement in coordination forums at the regional and national levels. Ensuring a common and transparent approach to messaging is key to communicating with communities. Within this, it is essential to transparently communicate regarding eligibility criteria so that the process is perceived and experienced as fair. Partners must ensure **robust monitoring, reporting and evaluation of ECA and RPCA to ensure these channels adequately identify risks** at each stage of the cash programming cycle in a timely manner (see page 14).

Protection principles should be mainstreamed through each stage of the project cycle and are integrated throughout this guidance. Provision of cash should not undermine individual coping capacities, create dependency, exacerbate negative coping mechanisms or expose individuals to further risk. For a full overview of the protection risks and mitigation measures identified as each stage of the cash program cycle for provision of RPCA and ECA please see **Annex 1 [to be added]**.

For more guidance on conflict-sensitivity in Lebanon, please refer to the Lebanon-specific conflict sensitivity guidance notes which can be accessed here:

- [Getting Started with Conflict Sensitivity in Lebanon](#): This aims to provide partners with practical tips for getting started with conflict sensitivity within the unique context of Lebanon.
- [Conflict Sensitivity throughout the Project Design Cycle in Lebanon](#) - aims to provide partners with conflict-sensitive learning and tools to be applied during a project's preparatory phase, specifically to promote conflict-sensitive beneficiary outreach, needs assessment, and follow-up throughout the project design cycle.
- [Conflict-Sensitive Procurement, Recruitment, and Accountability in Lebanon](#) - aims to provide partners with conflict sensitive learning and tools to be applied to procurement of supplies and services, hiring of staff, and accountability systems within the organization.

Key Terminology

Cash-based interventions is a collective term used to refer to the provision of cash transfers or vouchers given to individuals, households, or community recipients, not to governments or other state actors.¹³

Cash for protection/protection cash is an umbrella term used to describe the use of cash-based interventions to achieve specific protection outcomes.¹⁴ Within cash for protection different cash models can exist.

Protection Risk is the actual or potential exposure of the individual or household to violence, exploitation, abuse, coercion, and deliberate deprivation.¹⁵

Protection Outcome is the reduction of protection risk. The reduction of risks, occurs when threats and vulnerability are minimized and, the capacity of affected persons is enhanced.¹⁶

¹³ "This excludes remittances and microfinance in humanitarian interventions (although microfinance and money transfer institutions may be used for the actual delivery of cash). The terms 'cash' and 'cash assistance' should be used when referring specifically to cash transfers only". See, Glossary for CaLP Terminology for Cash and Voucher Assistance, at: <https://www.calpnetwork.org/wp-content/uploads/2020/03/calp-glossary-english.pdf>

¹⁴ Global Protection Cluster Task Team on Cash for Protection, Taking stock of cash and voucher assistance to achieve protection outcomes in the protection sector in humanitarian settings, July 2020, p.3, at: https://www.globalprotectioncluster.org/wp-content/uploads/GPC_Stock-Taking_2020_ENGLISH.pdf

¹⁵ Global Protection Cluster, Protection Analysis Framework, 2021

¹⁶ IASC Policy on Protection in Humanitarian Action, p.15, [IASC Policy on Protection in Humanitarian Action, 2016.pdf](https://www.interagencystandingcommittee.org/)



‘Cash plus’ or complementary programming is a term which refers to programming where different modalities and/or activities are combined to achieve objectives. Complementary interventions may be implemented by one agency or by more than one agency working collaboratively. **This approach can enable identification of effective combinations of activities to address needs and achieve programme objectives.**¹⁷ For example, an individual may not be able to address their protection incident unless their basic needs are first met, in this case cash for basic needs may be provided in addition to cash for protection.

Unconditional transfers are provided without the recipient having to do anything in order to receive the assistance, other than meet the targeting criteria.¹⁸

Conditional refers to prerequisite activities or obligations that a recipient must fulfil in order to receive assistance.¹⁹

Unrestricted transfers can be used as the recipient chooses i.e. no effective limitations are imposed by the implementing agency on how the transfer is spent.²⁰

Cash-in-envelope is a payment made directly to recipients in physical currency (notes).²¹

Cash-over-counter a cash transfer which can be cashed out by the recipient at agents’ vendors (Money transfer officer/agent) financial service provider).

Case management is a structured method for providing help to an individual whereby they are informed of all the options available to them and the issues and problems they face are identified and followed up with in a coordinated way, with emotional support provided throughout the process.²²

Delivery mechanism means of delivering the cash or voucher transfer (e.g., cash in envelope, cash over counter, ATM card).²³

¹⁷ Glossary of terminology for cash and voucher assistance, <https://www.calpnetwork.org/wp-content/uploads/2020/03/calp-glossary-english.pdf> p.7

¹⁸ Ibid. p.16

¹⁹ Ibid. p.7

²⁰ Ibid. p.16

²¹ Ibid. p.6

²² Definition from GBV Case Management Guidance, at [GBV case management guidance](#)

²³ Glossary of terminology for cash and voucher assistance, <https://www.calpnetwork.org/wp-content/uploads/2020/03/calp-glossary-english.pdf> p.8



Section 2: Operational Guidance for Recurrent Protection Cash

TOPLINE SUMMARY

Purpose: *to prevent, mitigate or reduce the impact of a protection threat*

Transfer value & currency: *Up to 1,400,000 LBP*

Duration: *3 months – 12 months. 12 months only in exceptional circumstances*

Mechanism of delivery: *Cash-in-envelope, cash-over-counter, ATM card*

Timeframe for delivery: *1-2 days cash in envelope, 3-7 days cash-over-counter, 3-4 weeks ATM card*

Monitoring: *A representative sample for post-distribution monitoring and outcome monitoring.*

Eligibility Criteria & Targeting

Reoccurring Protection Cash Assistance (RPCA) is provided to cases under case management which meet three key eligibility criteria: 1) a clearly defined protection threat; 2) protection specific vulnerabilities, and 3) limited coping capacities to overcome the threat/incident. Cases must be assessed in a holistic manner in relation to these three aspects.

1. **Protection Threat:** The individual/household is at risk of, or has been affected by, a clearly identified protection threat for which a cash-based intervention may contribute to prevent, mitigate or reduce the risk of harm or support their recovery out of this situation. Specific protection threats include violence, exploitation, coercion, abuse, neglect, deliberate deprivation, or severe forms of discrimination. For an individual/household to be eligible for RPCA, there must be a clearly identified protection threat, for which the provision of cash assistance would provide a suitable response.²⁴ In the Lebanon context, such protection threats may include physical and psychological violence (both inter and intra-communal), sudden forced eviction, exploitation, abuse, the erosion of legal protections, severe restrictions of movement or discrimination resulting in the inability to meet critical needs.
2. **Protection specific vulnerabilities:** Cases assisted with RPCA are individuals who have an accumulation of risk factors due to their specific characteristics or circumstances which as a result of their environment increases their susceptibility or exposure to a specific protection threat or increases the likelihood and impact of experiencing harm as a result. As detailed in the sample assessment form (Annex 3) and depending on the specific individual's risk and protective factors, this may include individuals such as survivors of torture, religious minorities, persons with disabilities due to physical or attitudinal barriers, GBV survivors or female headed households who may be more susceptible to exploitation or safety threats, street connected children, children with specific educational needs or older persons who are unable to care for themselves and have no caregiver etc.²⁵
3. **Limited coping capacities:** All persons who receive RPCA are those who lack the existing coping capacity to independently overcome the protection threat identified or recover from harm. This includes those with

²⁴ For example, a child is having behavioral issues and the parents are having trouble handling their child. In this case, cash does not solve the problem. The child and household may benefit more from case management, psychosocial support and/or parenting classes rather than cash

²⁵ For more details on identification of persons at heightened risk see: Your guide to protection case management (UNHCR-IRC), p. 6
<https://reliefweb.int/sites/reliefweb.int/files/resources/Your%20Guide%20To%20Protection%20Case%20Management.pdf>



limited access to livelihoods, humanitarian assistance or community level support. For the member of staff completing the assessment form, the livelihoods and food coping strategies adopted by the individual/household should be considered as well as the positive coping capacities. It is important to note if the individual/household is or is highly likely to be exposed to *secondary protection risks* (i.e., through adopting negative coping strategies such as child labor) in order to respond to the protection threat.

Furthermore, **an individual/household's receipt of other forms of CBI and in-kind assistance or services as identified during the assessment phase will positively influence their coping capacity with regards to the protection threat.** This must be taken into account when considering provision of RPCA as well as when defining the transfer amount and duration of assistance (see 'positive coping capacities' in sample assessment form Annex 3).

Prior Considerations before use of cash:

RPCA is provided to cases under case management which meet the three above key eligibility criteria, however prior to providing RPCA, the individual assessing the case must determine if the assistance is **safe, suitable and has a sustainable impact**. Case workers must assess any risks associated to cash provision during each follow up visit with the case.

Safe: Cash should not create new risks, exacerbate existing risks, or perpetuate a recurring cycle of risk due to the transfer. Any specific details on how the cash can be safely dispersed should be noted in the assessment form and during follow up visits.

Sustainable impact: Every effort should be made to ensure that the impact of RPCA is able to holistically address the protection needs identified when provided alongside a wider range of protection services. In the case that needs are 're-current' or would extend beyond the timeframe of RPCA, referrals or advocacy should be made for longer term support at the earliest possible moment. Partners should take into account situations where non-provision of cash may lead to further harm.

Suitable: Cash will address the individual/household's protection needs effectively or will do so when paired with other services to which the individual/household will be referred.²⁶

RPCA should only be provided in cases where a one-off payment of Emergency Cash Assistance (ECA) would be insufficient to address the identified protection risk (even when provided in conjunction with other services). Unlike all cases provided with ECA, cases which receive RPCA **are strongly recommended to be under case management.** RPCA must form a component of an ongoing case management action plan to ensure protection needs are addressed. For example, RPCA would be used where it is highly likely that a protection threat would escalate into severe and ongoing harm without longer term support and/or where the individual/household risks resorting to negative coping mechanisms (such as worst forms of child labor, forced child marriage or survival sex).

²⁶ One approach to determine whether cash may be an effective tool to mitigate/address the protection threat is to consider what the root cause of the protection threat is. For example, if parents consider it more important for their children to learn a skill than to study in formal education, cash may not effectively address the problem and other interventions may be more impactful.



This overview of the eligibility and targeting criteria complements the sample assessment form in Annex 3 to support protection partners conduct eligibility assessments for RPCA.

<p>Specific considerations for GBV</p> <p>In GBV protection cash aims at mitigating risk of gender-based violence, including to intimate partner violence, sexual harassment, exploitation or abuse in the longer term. A non-exhaustive list of some practical examples of where RPCA might be used in the context of Lebanon are:</p> <p>Removal from abusive situation: The GBV survivors decide, as part of their case management action plan, to remove themselves from an abusive situation and require financial assistance to pay for an alternative accommodation and cover basic needs.</p> <p>Prevent return to abusive situation: Survivors, already removed from an abusive situation, who are not able to cope economically and risk to be exposed to further incidents of GBV or to be forced to return to perpetrators. These can be also the case of survivors in Safe Shelter that need to start a new life.</p> <p>Prevention of sexual harassment, exploitation, or abuse Women head of households harassed by landlords: in the context of the financial and economic crisis several women head of households found themselves deprived of the means to pay rent, either because they lost their job or because of an increase in rental price following the devaluation of the lira. There are several reports of women heads of households being requested for sexual favors by landlords in exchange for rental payment</p> <p>Women harassed by employers: Women find themselves unable to leave the abusive situation and quit the job because they are in need to work and cover basic needs until they find an alternative job/source of income.</p>	<p>Specific considerations for Child Protection²⁷</p> <p>Protection cash for households with children at risk aims to prevent families from resorting to negative coping mechanisms that may subject the children to further risk of exploitation, abuse, violence and/or neglect.</p> <p>RPCA for child protection concerns is only to be provided after a) a comprehensive assessment is conducted b) an action plan has been put in place with the participation of the child involved and the respective caregiver/s which addresses the child’s best interest in parallel with Law 422/2002, and c) commitment to the plan from both the child and the relevant caregiver/s is ensured. The cash for protection, if not provided in a monitored and precise manner, may cause further harm, exploitation, and/or dependency.</p> <p>When RPCA is provided to address child protection concerns, it should never be a stand-alone support provided to the child and family, but a complementary form of assistance integrated with case management including referrals to specialized services.</p> <p>The relevant case management agency following up on the child protection concerns must properly assess whether a RPCA can prevent, and address child protection risks of an individual child. Specific considerations to be aware of:</p> <ul style="list-style-type: none"> - Household’s dependency on children’s involvement and subjection to harmful coping strategies to meet basic household needs - The mental health situation of household because of inability to meet needs - The mental health situation of the children because of household’s overall stress <p>Further considerations need to be taken for unaccompanied children where the child is the only breadwinner and children supporting elderly or vulnerable caregivers (in case children are the direct recipients of cash). For more information, please see the box on page 16.</p>
---	---

Identification & assessment

Cases provided with RPCA may be identified through multiple channels, including direct field identification, self-referrals, referrals from agencies, and existing hotlines. It is strongly recommended that all cases provided

²⁷ Extracted from more specific guidance on child protection cash for children as discussed with the child protection working group



with RPCA are under case management to ensure that the provision of RPCA is part of a broader action plan to address protection needs. Assessments for RPCA should be completed by caseworkers, or protection staff within the agency. Assessments should capture a clearly defined protection threat, the relevant protection sensitive vulnerabilities and coping capacities. All RPCA assessments should detail how the cash intervention will be used to respond to the identified protection threat. **It is strongly recommended that partners providing RPCA use the sample assessment form in Annex 3.**²⁸

Referral²⁹

Referral is a means of ensuring the most holistic approach to complex protection needs. Referrals to other internal or external service providers are initiated, if additional needs are indicated in the assessment and the individual provides their fully informed consent to be referred to another service provider. **Best practice indicates that cash-based interventions are best-placed to achieve protection outcomes when supported by complementary interventions.**

Determination of eligibility

Staff determining whether a case is eligible to receive RPCA must be different to the member of staff who initially identified the case and/or completed the RPCA assessment form. This is to ensure no conflict of interest and to mitigate any possible exploitation of the case. It is recommended that agencies use a panel of their members to approve RPCA cases, with at least one ‘external party present to assess the case’ from outside the program; for example, a MEAL colleague or program staff from another unit.

Cases which require further clarification from the case worker may be ‘put on hold’ and sent back to the case worker for further details. In the event the case is not approved for the provision of RPCA, the decision may be appealed by the caseworker by re-submitting the case to the panel with additional information.

Individuals who have received RPCA in the past and had their case closed may at a later stage be identified as eligible to receive RPCA if a new protection threat is identified, and if the provision of cash assistance be safe, suitable and have a sustainable impact.

Modality

Transfer Value

The RPCA amount should not exceed the sector ceiling of 1,400,000 LBP per case per month. The exact amount can be determined on a case-by-case basis according to the required amount to address the protection threat. The RPCA amount should be provided in LBP only. The transfer value was calculated based on the average cost incurred to address three common protection threats. See Annex 2 for an overview of the transfer rationale. In instances where meeting basic needs is a prerequisite to addressing the protection threat, and in the absence of alternative referral mechanisms, this will be taken into account by partners when deciding the RPCA amount and duration.

The transfer value amount should be reviewed on a regular basis (a minimum of 6 months from date of endorsement) and according to financial and economic changes in the country.

²⁸ Sector-wide use of the sample assessment in Annex 3 alongside standard core cash indicators will allow the analysis of standard reference points across partners to support analysis and advocacy and support consistent practices.

²⁹ Refer to the Inter-Agency Minimum Standards and Procedures for Individual Referrals: <https://data2.unhcr.org/en/documents/details/69395>



Frequency and duration of assistance

Protection partners implementing RPCA have shown that provision of cash for a minimum of 3 months and exceptionally a maximum of 12 months can contribute to addressing the protection threat and promoting recovery if it is well integrated into a case management action plan and/or a comprehensive service package of assistance.

Delivery Mechanisms

Guiding Principles and Considerations for Selection of Delivery Mechanism for RPCA: In Lebanon, the following different types of delivery mechanisms are used by protection partners dispersing RPCA.³⁰

- **Cash-in-envelope:** Cash handed out directly to the individual/household by the implementing agency. Timeframe: 1-2 days (depending on internal procedures of partners).
- **Over-the-counter:** Cash transfer which can be cashed out by the recipient at agents' vendors (Money Transfer Officer). Timeframe: 3-7 days depending on money transfer office.
- **ATM cards³¹:** Cash transfers through ATM cards. Timeframe: 4-5 weeks. In instances where immediate assistance is required ECA can be used to bridge this time-period.

Decisions on how to deliver protection cash should be made on a **case-by-case basis** and should be tailored to the **specific circumstances of each case**. **Selection of delivery mechanisms should be guided by the preferences of the individual and by considerations regarding the urgency of cash delivery.**³² The following principles and key considerations should guide the decision-making process on the most appropriate delivery mechanism:

- **Prioritize safety, dignity and avoid causing harm:**

Respecting and prioritizing the safety of the recipient should be the primary consideration for decision-making on the most appropriate delivery mechanism. **Continually re-conduct risk assessments and plan mitigation measures** as the situation evolves that takes into account the specific circumstances of the case and ensures that the delivery mechanism does not expose the recipient to any (further) harm. To effectively mitigate risk, **always consult recipients on risks associated with cash disbursement and plan accordingly with them on their preferred delivery mechanism, location for receiving cash, timing and mode of communication**. Consideration should be particularly taken regarding beneficiaries living in Informal Settlements and other locations with minimal privacy such as collective shelters (with reduced field visits, frontline staff conducting visits for cash disbursement might raise questions in communities). **Whenever applicable identify another disbursement modality following a risk assessment**. Risk assessments need to consider **risks related to sexual abuse and exploitation (SEA)** and required management strategies, for example, for some individuals, travel to and from cash meeting points/FSPs may increase such risks, while for others, distribution at home may increase risk (particularly for women and girls who live alone); **data protection and required documentation** implications require partners to check the data protection regulations of FSP used for cash-over-the-counter and should only be used if the recipient has given prior consent to share their information with the third party (FSP) and is able to provide the required documentation (e.g., ID). All necessary steps should be taken to uphold the confidentiality of the cash recipient's data.

³⁰ Adapted from: 'Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners' (May 2010), p20. <https://gbvguidelines.org/en/documents/cash-voucher-assistance-and-gbv-compendium-practical/>

³¹ This is often through the LOUISE (Lebanon One Unified Inter-Organisational System for E-cards) Platform. The bank used depends on the agency.

³² Individual/household often know best how to keep themselves safe, and therefore beneficiary preference for the cash delivery modality is important and should be weighed against other considerations as much as possible.



- **Ensure meaningful access without discrimination:**

The decision on the delivery mechanism needs to be guided by specific access considerations of recipients and should be taken on a case-by-case basis. This includes considering 1) any specific access barriers linked to the individual characteristics or circumstances of the recipient, including related to their age, gender, disability and diversity factors (ex. documentation barrier such as legal residency, RPCA disbursement for women/girls residing alone should be conducted by a female staff member, cash-in envelope modality should be considered for individuals with limited mobility (i.e.: elderly at risk, persons with disabilities) ; and 2) any access restrictions linked to external factors which may cause harm including the presence of checkpoints, roadblocks, and distance to service delivery points and associated financial barriers to access. Potential access restrictions need to be carefully monitored should circumstances change for recipients. Recipients should be provided with relevant and up-to-date information regarding access to service delivery points as well as opening hours/functionality of service delivery points in the case of service delivery through FSPs. Should cash-over-the-counter be chosen as the delivery mechanism, FSP selection should be guided by meaningful access considerations for recipient access and data protection. In instances where immediate assistance is required due to an **emergency event** cash-in-envelope can be a more effective mechanism.

- **Accountability:**

Accountability for RPCA recipients will be ensured by the protection partner providing RPCA alongside **the setting of an inclusive and accessible complaint, feedback and response mechanism** (CFRM) that is known and understood to each recipient. Relevant information on available CFRM should be provided to each recipient of RPCA at the earliest moment and crucially partners must **tailor information on Sexual Exploitation and Abuse (PSEA) to individuals at higher risk** (such as adolescent girls, women with disability etc) so that they are aware of existing CFRM and know how to report misconduct. The protection partner providing RPCA should also put in place necessary **fraud prevention measures** and ensure that recipients are aware of it (see Inter-Agency Minimum Standards on Complaint and Feedback Mechanisms).³³

- **Participation and empowerment:**

Selection of delivery mechanisms as well as preferred location and timing of disbursement of RPCA should be guided by prior consultation with the recipient of cash. The preference of the recipient should be taken into account to avoid causing harm and to support the recipient's empowerment process.

Guiding Questions for Selection of Delivery Mechanism:

1. **Who is receiving the assistance:** Whenever possible, RPCA should be disbursed to the individual/household that it is intended to support. If the intended beneficiary cannot receive the assistance in person, partners can ask them to select a trusted proxy who can receive the cash or in-kind assistance on their behalf. If a proxy is relied upon, they should sign a receipt and a follow up call should be made to the beneficiary within 48 hours to ensure they have received the assistance.
2. **How will the assistance be provided:** For high-risk protection cases the preferred modality to be used for the delivery of RPCA is cash-in-envelope. If better suited to the recipient as well as the organization providing the assistance, RPCA can also be provided over the counter (OMT, BoB,

³³ <https://data2.unhcr.org/en/documents/details/79144>



- Liban Post, etc.).³⁴ In which case a receipt system and strong monitoring and evaluation mechanism needs to be in place.
3. **Who is delivering the assistance:** In principle, cash should be disbursed by the case worker (or protection staff) of the organization providing RPCA where there may already be a pre-established relationship with the individual. However, it is important that the staff who identified or assessed the case should not be the same staff member determining eligibility of the case, usually this is determined by the supervisor.
 4. **Where to provide the assistance:** Depending on the recipient and the organizations capacities, on potential restriction of freedom of movement and access barriers, and on the evaluation of the risks associated, cash can be disbursed in person by the relevant staff focal point to the beneficiary at the organization’s premises, at the recipients’ place or another safe/convenient place **as agreed upon with the recipient at a prearranged time and date.**

Specific considerations on provision of RPCA to children / UASC

- No child under the age of 15 years old should receive “in-kind” or cash support directly. A suitable caregiver should be identified together with the child’s participation and best interest taken into primary consideration. The caseworker should provide the child’s needs by purchasing them or paying the receipts or the costs directly.
- Unaccompanied minors (UAM) and child headed households under the age of 15 should be asked to identify an adult in their community they trust to receive the form of cash support. This should be accompanied by regular monitoring and follow up visits.
- For a child over 15 years old and in need of cash support, a comprehensive analysis of their situation and monitoring should be carried out. Justification should be mentioned in the assessment form in order to ensure the best interest of the child; approval from the supervisor (program manager) should be granted. It is preferable to provide in-kind support rather than cash-in-hand whenever possible.
- A clear case management plan should be in place to identify the aim and use of the cash assistance.

Monitoring, Reporting and Evaluation

Protection partners providing RPCA should ensure appropriate **monitoring, reporting and evaluation** mechanisms are in place as part of their accountability efforts to ensure the assistance provided is appropriate, meets the needs of recipients and does not expose recipients to harm. The design of these tools should be considered at the design phase of the program to ensure they are directly **linked to the specific purpose of the RPCA** and that they consider the **safety, suitability, and sustainable impact of the cash provision**; and, that they adequately **consult and capture the experiences and perceptions of recipients from diverse age, sex and disability profiles through disaggregated data.**

Post Distribution Monitoring (PDM)

To maintain quality provision of RPCA, partners conducting RPCA should conduct PDMs, if not for the majority of cases within case management, for at least a representative sample of the total number of individuals receiving cash assistance. PDM should aim to ensure that the cash is appropriately tailored to meet the recipients’ protection needs in a timely manner and that the introduction of cash assistance has minimized further harm. PDMs should therefore examine recipients’ level of satisfaction with the assistance received, including perceptions of safety prior, during and after disbursement; suitability of the

³⁴ INGOs should check the data protection regulations of FSP used. In all instances personally identifiable information of beneficiary information should only be shared in line with general data protection regulations and with the fully informed consent of beneficiaries.



cash provision including the extent to which the assistance is effective at addressing the protection need; identifying any specific challenges related to the delivery mechanism; and recipients' knowledge of the I/NGOs complaint, feedback, and response mechanisms.

PDM surveys should be conducted during or coinciding with follow up Case Management Meetings as per the following occurrence/frequency:

- Twice: the first survey after 3 weeks from the second cash payment and the second survey after 3 weeks from the last cash payment.
- Due to fuel implications/ COVID-19 or other travel restrictions the PDM might be conducted through a Phone Survey.
- Sample: Representative of the case load. However, risks associated with RPCA should be checked by the caseworker during each follow up visit with the case and similarly, caseworkers can consider whether the assistance is being effective.

Confidentiality and Do No Harm issues must be thoroughly considered if staff outside the case management team are involved in the PDM process as PDM surveys should be administered by trained case management staff. However, if the process involves “non-protection” staff, such as Cash and MEAL staff, they should receive training in advance on the basic concepts of Gender, GBV, Child Protection and the guiding principles for GBV prevention and response. Staff should also be trained on their agencies CFRM including PSEA processes, and on fraud prevention measures. **Case workers should not conduct PDM interviews on the cases under their responsibility.**³⁵

Outcome Monitoring (OM)

OM focuses on the outcomes rather than the outputs and process of the intervention which should be captured in the PDM. The questions must be linked to the intended purpose of the cash assistance in first instance because it is intended to demonstrate the extent to which the assistance has supported in achieving a protection outcome - whether through reducing protection threats or vulnerabilities or strengthening coping mechanisms.

Therefore, to measure the sustainable impact of cash assistance on protection outcomes, outcome monitoring should be conducted after recurrent cash assistance has ended. The case management action plan and the cash assessment form serve as the baseline for the outcome monitoring and therefore, OM tools should be designed to connect to these tools.

Protection sector cash core indicators which all protection partners should report on

All protection partners providing RPCA should report through Activity Info on two core cash indicators linked to the protection sector logframe to support collective monitoring, learning and adaptation.

- **Indicator 3.B:** % of persons receiving protection cash assistance (ECA or RPCA) who report it contributed to addressing their protection risk/incident (disaggregated by nationality).

³⁵ PDM Module, developed by Women's Refugee Commission, IRC and Mercy Corps: Two Guidance notes with related tools “Adapting CBIs to Mitigate GBV Risks” and “Guidance for GBV Case Management services on Monitoring Cash referrals for survivors of GBV” <https://www.womensrefugeecommission.org/research-resources/mainstreaming-gender-based-violence-considerations-cash-voucher-assistance/>



- **Indicator 3.1.10:** % of persons who are able to safely access protection cash assistance (disaggregated by nationality).

See **Annex 5** for the Protection Cash Core Indicator Reference Sheet

Coordination

Coordination among agencies that operate RPCA programmes aims to support the harmonization of aspects of these programmes, to prevent duplication of services and to fill gaps in service provision. The **mapping** of these actors and **frequent coordination** on their **geographical areas of coverage, types of target population, and types of protection threats addressed** is crucial to ensuring the effective use of human and financial resources and to achieving impact. This is particularly important in the absence of a reporting mechanism for Lebanese, stateless and migrant communities. Such discussions are to take place at **field and national level in dedicated coordination forums** (i.e regular Protection Working Groups, Protection Core Group, ad-hoc ECA Task Force meetings where available). To facilitate coordination, **partners are strongly encouraged to update the Inter-Agency Service Mapping** with information about their RPCA programmes to support referral to/from these services and to support the mapping of services.

A harmonized approach gives a coherent message to beneficiaries that RPCA aims to provide the same support and solution, regardless of the agency that issues it. A harmonized approach among partners with regards to **the rationale for the RPCA amount, duration of assistance, eligibility criteria and messaging about RPCA** is imperative to achieving a conflict-sensitive approach which avoids tension within and between communities. Furthermore, in order to avoid potential conflict and avoid causing harm including to mitigate exploitation, **protection cash actors need to be sensitive to differences in assistance programmes for vulnerable Lebanese, refugees, migrants and other groups.** Adjustments and changes to the assistance amount, need to be discussed during the relevant coordination forums, in consultation with the relevant actors and authorities. Deviation from protection sector cash guidance by way of implementation or assistance amount, such as the provision of cash above the maximum ceiling set by the sector, has the potential in the existing context to cause harm.

All protection cash partners must report on the core protection cash indicators detailed in **Annex 5**.

Recording on RAIS and Activity Info

In order to cross-check assistance partners should update RAIS (for registered/recorded Syrian refugees, refugees from other nationalities and stateless individuals), while for Lebanese and migrant communities at present partners must rely on self-reporting until a reporting mechanism is devised and on a **clear geographical division** of partners. In all circumstances partners should report on Activity Info (all community groups) at the end of each month with information about RPCA disbursements.³⁶

³⁶ Partners can contact the relevant PRT, CP, GBV sector coordinator should you not already be reporting your assistance on RAIS and need access to do so.



Section 3: Operational Guidance for Emergency Cash Assistance

TOPLINE SUMMARY

Purpose: *to mitigate, prevent or respond to an emergency shock or protection threat*

Transfer value (& currency): *up to 1,400,000 LBP*

Duration: *one-time cash payment*

Mechanism of delivery: *Cash-in-envelope*

Timeframe for delivery: *1-2 days cash-in-envelope only.*

Monitoring: *A representative sample for post-distribution and outcome monitoring.*

What is ECA?

Rationale

In the event of a sudden emergency incident (loss of head of household, exposure to violence, eviction, extreme weather condition) people’s normal expenses increase due to sudden and unexpected outgoings, or their income is suddenly lost which compromises their ability to cope and sustain their way of living. People who experience such an event require support to recover safely. ECA provision in these circumstances provides a layer of protection – to reduce a person’s *susceptibility* to and *exposure* to a threat - while they reactivate their coping strategies and regain a level of normalcy.

Objective

ECA aims to prevent, mitigate or reduce the likelihood or impact of a protection threat (such as violence, abuse, exploitation, coercion, and deliberate deprivation) **or an emergency shock that exposes an individual/household to serious harm. The primary objective of ECA is therefore to meet a protection outcome by reducing a serious harm or risk of harm.**

ECA is a flexible cross-population cash modality which is only a one-time intervention. It is not intended to assist individuals to meet their basic needs as a result of their socio-economic vulnerability; unless the inability to meet basic needs would result in serious and immediate harm and undermines fundamental human rights and for where an immediate referral for MPCA or Livelihoods assistance cannot be made.³⁷ ECA can address instances where **socio-economic vulnerability interacts with and/or exacerbates a protection risk that makes it unlikely the person will be able to cope with the sudden emergency or protection threat.**

Eligibility & Targeting

Emergency Cash Assistance (ECA) is a **flexible cross-population cash modality** which can either be provided to cases under case management or outside of a case management framework.³⁸

³⁷ For cases requiring longer term sustainable support, or assistance to meet basic needs, protection actors should refer cases to other sector for sustainable services (incl. Livelihoods, Food Security, Shelter). However, ECA may act as a temporary bridging mechanism before such services are provided in cases where the immediate needs are critical, and if unmet would result in serious harm.

³⁸ The majority of protection partners, and all child protection and gender-based-violence partners provide ECA as part of a broader case management action plan, however, use of ECA to respond to eviction or emergency health needs is often outside of a case management response.



ECA is provided to cases which meet **three key eligibility criteria**: 1) a clearly defined protection threat or **emergency shock**;³⁹ 2) limited coping capacities due to specific vulnerabilities, and 3) a **one-time payment** of cash is highly likely to prevent, mitigate or reduce the likelihood and the impact of the threat or emergency shock.

<p>Emergency shock/protection threat posing serious risk of harm</p>	<ul style="list-style-type: none"> ● Risk of abuse and exploitation, including sexual abuse and trafficking. ● Legal and physical safety related risks (incl. due to severely damaged or lost shelter, risk of homelessness, threats to person) ● Risk of child labour and worst form of child labour (WFCL) ● Risk of sexual and gender-based violence including child marriage. ● Risk of coercion ● Risk of family separation ● Risk of lack of access to justice or assistance (child in conflict with law, legal assistance) ● Risk of discrimination ● Risk of resorting to negative coping mechanisms ● Risk of deterioration of serious medical conditions ● Risk of aggravated MHPSS issues;
<p>Limited coping capacities due to specific vulnerability</p>	<p>Individual/household with limited coping capacity may include those with:</p> <ul style="list-style-type: none"> ● Specific characteristics and circumstances which may impact their ability to cope in the Lebanon context, including persons with disabilities, older persons at risk, female-headed households, new arrivals. ● Severely limited personal financial resources / lack of access to income ● Limited family or community support networks.
<p>Cash can prevent or respond to the serious harm</p>	<p>A one-time payment must be able to prevent or respond to the risk or serious and direct consequence of harm. If ECA is used to respond to risk of harm, the risk must be highly likely to occur.</p>

Prioritization

For emergency situations, ECA eligibility can be affected both by the scale of the loss or extent of the damage that an individual/household experiences because of the emergency, and what parallel services/assistance are being provided by partners to mitigate the shock. Such assistance may include shelter assistance, core relief items, or MPCA to address sustained socio-economic hardship. This should be taken into account as support received will contribute to the individual/household’s ability to positively cope with their situation. Likewise, where such assistance is required but not being provided referrals should be made to complement provision of ECA.

On eviction response

For eviction cases, priority will be given to individuals that are already evicted and homeless and those that are evicted or at threat of eviction who may be specifically vulnerable to its negative impacts resulting in serious harm or risk of harm as a result of specific characteristics or circumstances such as and depending on the case, female headed households, single women and widowers, older persons and persons with disability.⁴⁰ In case the eviction threat results from unpaid debt, ECA will only cover the period of unpaid debt relating to a specific protection incident. *(See individual eviction guidance note for more details – link to be added shortly)*

For an overview of ECA complementarity with cash-for-rent in response to eviction threat/incident see page 14.

³⁹ Examples of an emergency shock may include loss of head of household, access to emergency safe shelter, fire, extreme weather, collective and individual evictions in specific circumstances and new arrivals.

⁴⁰ ECA for refugees at threat of eviction will only be provided if mediation with the landlord has failed and ECA will solve the issues with the landlord for the coming months.



Note on ECA for medical costs

Protection partners should avoid using ECA to cover additional medical tests and check-ups that are covered as part of the Inter-Agency Health SOPs⁴¹. ECA provided by health partners for medical cases is provided with the primary objective of meeting a health outcome. Whereas ECA provided by protection partners for medical cases is provided with the primary objective of **meeting a protection outcome** and as such should only be provided when directly linked to a clearly defined protection risk/incident (see examples and lessons learnt by protection partners at the end of this section).

As a general rule, **ECA may be used to assist in covering medical costs only in exceptional instances and provided the following three criteria are met:**

- 1) ECA contributes to fully cover the costs
- 2) The case was cross-checked by email/phone with the relevant Field Office Public Health Unit focal point. The purpose of cross-checking is to ensure the intervention is medically warranted and to avoid duplication.⁴² (Find contact details here).
- 3) Where inability to cover a medical bill is linked to a clearly defined protection risk or incident (example. a case worker assesses that due to a households' inability to cover a medical bill, a child has been withdrawn from school and engaged in WFCL; or a case requires a PCR test to be able to access a safe shelter).

Specific situations

Medical emergency: In the case of a **medical emergency** (covered by UNHCR Referral Care Programme), **ECA can be provided for individuals/households who cannot afford to pay the deposit** requested by the hospital for admission. These include cases with compound or multiple intersecting vulnerabilities (as per the protection criteria checklist on p.4). The amount paid for the deposit should fall within the ECA limits and align with guidance in the ECA SOPs.

Tests and investigations⁴³: medical tests are generally not covered by ECA. However, on an exceptional basis protection partners may provide ECA to cover medical testing if they are necessary for either:

- 1) The Exceptional Care Committee to make a decision about an intervention or a resettlement case, or
- 2) the preparation for an intervention that has already been approved by UNHCR Referral care programme.

Medicines and medical equipment⁴⁴: medication and medical equipment is generally not covered by ECA. However, ECA could be considered to support the provision of medicines/medical equipment if required for a medical intervention which is already approved by UNHCR Referral Care Programme but is either not covered (certain prosthetic materials) or needs to be obtained outside of the normal process (i.e. certain rare medicines such as coagulation factors).

PCR tests: ECA can be used to cover PCT tests under certain circumstances

- In the event that a PCR test is necessary for admission to a non-medical facility where the person must be admitted due to protection need (ex. Entry to safe shelter) and is not covered by UNHCR Referral Programme (Syrian refugees)

⁴¹ <https://data2.unhcr.org/en/documents/details/64586>

⁴² Health partners providing ECA may contact NextCare directly to cross-check assistance.

⁴³ Tests and investigations done when a person is admitted to hospital are covered by the UNHCR referral care program policy. Tests and investigations done as an out-patient are approved for coverage only exceptionally and even then the center where the investigations are done might not agree to the referral care program's payment modalities.

⁴⁴ Whilst at present ECA may be of little impact for cases requiring medical equipment due to the cost, it is suggested this remains due to the dynamic current situation in Lebanon.



ECA should not be used to prevent unethical practices, such as the detention of patients or bodies for failing to pay hospital bills and hospitals' refusal to admit patients. All such practices should be immediately raised to the field office public health and protection focal point. In such instances, ECA should only be provided exceptionally after the case is flagged to those relevant focal points and after all possible measures have been taken (ex. legal mediation).

Modality

ECA is a one-time cash payment that cannot exceed 1,400,000 LBP. The exact amount is to be determined on a case-by-case basis according to need.⁴⁵ Strong justification and written approval must be granted by a protection officer or a senior management officer for the exceptional provision of a second payment. The ECA assistance amount is to be provided in Lebanese pound.⁴⁶

See Annex 2 for an explanation of the ECA transfer value rational and specific reference points.

Delivery Mechanism

Please refer to the delivery mechanism section of the operational guidance for RPCA to find guiding principles and questions for selection of delivery mechanism for ECA, page 14.

See Annex 1 for the risk matrix specific to delivery mechanisms.

Procedures for ECA provision

Identification

Individuals in need of ECA may be identified by any of the following:

- UN Agencies, INGO, NNGO,
- Case management partners,
- Inter-agency partners,
- Self-identification through hotlines
- Feedback, complaint and response mechanisms (including self-referral via hotlines)
- Outreach Volunteers, and
- Community self-management structures.
- Internal referrals

Once identified, the case may be referred to a partner with an ECA programme through an inter-agency referral form (individual referrals).

Assessment

Protection partners providing ECA assistance must ensure that an ECA assessment form (which takes into account a protection risk assessment) is completed for each case. The assessment should include detailed information on the case – bio data, a short description of the emergency/protection situation, an explanation for how the case meets the ECA criteria and how the ECA will prevent or respond to the emergency situation. It also should assess whether the provision of ECA may lead to any unintentional harm, and to what extent any risks arising from ECA will be mitigated. Refer to **annex 4** for a sample set of questions for ECA assessments.

⁴⁵ Last update on 1.1.2022

⁴⁶ Due in particular to financial constraints on humanitarian actors, to conflict sensitivity and to safety of recipient considerations.



Agencies are responsible to uphold data protection principles; particular care must be taken in relation to beneficiaries' personally identifiable information (PII) and protection sensitive information. Information should be collected on a strictly **need to know basis, and not disclosed to third parties without the beneficiaries fully informed consent.** Secure filing of both soft and hard copies of the assessment forms must be ensured at all times; this includes the use of password protection for all soft-copies and locked storage cabinets for any hard-copies.

Referral⁴⁷

Referral is a means of ensuring the most holistic approach to complex protection needs. Referrals to other internal or external service providers are initiated, if additional needs are indicated in the assessment and the individual provides their fully informed consent to be referred to another service provider. **Best practice indicates that cash-based interventions are best-placed to achieve protection outcomes when supported by complementary interventions.**

Fully informed consent must always be provided by the beneficiary in order for the referral to proceed. As well as any other needs for which a referral or (exceptionally) case management may be required. In the instance that an assessed individual/household is not eligible for ECA, the case should be referred to other relevant forms of assistance, following the appropriate referral pathways.

Approval

The approval of the ECA assessment along with the amount to be disbursed should be reviewed and approved by a senior staff member within the organization providing ECA assistance. For some partners it will be the Protection Officer, Manager or the Protection Coordinator, in other organization it could be the senior program officer, or any senior management position related to the project activities. In some specific circumstances further, prior approval may be required according to specific agency SOP and/or partnership agreements.

Example of Good Practice

The staff member who identified and assessed the case should not be involved in determining the eligibility for ECA assistance. Based on best practices shared by partners, one recommendation for conducting the ECA approval process may be that **decisions on eligibility are undertaken by a panel of 2-3 senior protection staff.** However, if a case is not approved for ECA assistance the case worker/protection staff who assessed the case may 'appeal' and provide the panel with further information on the protection risk and/or how cash will be utilized to mitigate the risk.

Disbursement

Agencies should aim to deliver ECA within 48-72 hours from identification. This has proved a realistic and feasible time frame for protection partners.

The main delivery mechanism for ECA is **cash-in-envelope:** cash handed out directly to the individual by the implementing agency. **This usually takes between 1-2 days** (depending on internal procedures of partners). Beneficiaries receive ECA directly from the issuing partner upon signing of a receipt. This receipt will be kept by the ECA partner. A copy of this receipt will be given to the beneficiary for their record. **Information on the I/NGOs complaints and feedback mechanisms should be shared during the ECA disbursement.**

Only in exceptional circumstances:

⁴⁷ Refer to the Inter-Agency Minimum Standards and Procedures for Individual Referrals: <https://data2.unhcr.org/en/documents/details/69395>



- Where cash-in-envelope cannot be provided, ECA can be provided **over the counter** (cash transfer which can be cashed out by the recipient at money agents' vendors. This usually takes 3-7 days depending on the money agent office.
- **Only where it is absolutely necessary, partners may elect to purchase goods/services on behalf of the beneficiary to the value of one ECA payment**, because the provision of cash secures greater autonomy and dignity of the recipient. Exceptions will be determined on a case-by-case basis where: a) there are security risks involved in the handover of cash; b) the recipient is unable to safely spend cash c) goods/services are unavailable in place of residence; or d) there is a risk of misuse of cash by another member in the household (i.e., deprioritizing the needs of the intended recipient). Such a decision should be based on **a risk assessment that concludes that risks associated with cash assistance outweighs its benefits and should therefore be provided in kind**. The risk assessment should take individual, community, and location specific factors into consideration. For guidance on unaccompanied children or child headed households please see page 16.

Some items should **never** be provided as in-kind assistance under ECA. This includes:

- Medicine (partners can never buy medicine through this program -even if there is a doctor's prescription)
- Cigarettes
- Alcohol

Monitoring, reporting and evaluation

See RPCA section on monitoring, reporting and evaluation on page 16.

Coordination

Collective Emergencies: additional approval required for use of ECA for collective emergency situations

In the case of an emergency event or situation which requires a collective response for a large number of individuals/households (i.e., Beirut Blast, Tleil Explosion, collective eviction, extreme weather incident, onward movement survivors) **and for which in-kind assistance does not cover all the emergency needs**, prior to any provision of ECA, protection partners must **coordinate and consult with the relevant Field Office Protection Sector Coordinator**. Prior approval must be sought from the Field Officer Protection Sector Coordinator and MOSA before distribution of ECA in such situations, for which ECA is only provided on an exceptional basis.

Please refer to the RPCA coordination section on page 18.

Annexes:




Annex 1 - Protection Risk Matrix for Protection Cash

In process of drafting to be added.



Annex 2 – Transfer Value Rationale

The protection cash transfer value of 1,400,000 LBP was calculated based on the average cost incurred to address three common emergency shocks and protection threats.

<p>Safety Threat: Cost for GBV survivor to leave home (case, Sept 2021):</p> <p>Transportation: 112,439 Health: 442,010 Rent: 647, 554 Urgent NFI: 647,554 Communication: 57,5000 Total: 1,785,148</p> 	<p>Extreme weather: Loss of shelter & NFIs (Sept 2021):</p> <p>Transportation: 112,439 Temporary shelter: 609,281 Health: 442,010 Urgent NFI: 657,315 Communication: 34,050 Total: 1,855,095</p> 	<p>Eviction: loss of shelter (Sept 2021):</p> <p>Transportation: 112,439 Temporary shelter: 609,281 Communication: 34,050 Total: 755,770</p> 
--	--	--

The below table provides a breakdown of costs in LBP per item. ECA cost is calculated using reference points from the monthly GOL Consumer price index and VASYR 2021 as of August 2021.

<p>Transportation</p>	<p>Transportation needs increase during an emergency shock or protection threat; finding temporary alternative shelter, transporting belongings, finding safe place to live. The transportation cost has been calculated at three-months the CPI/monthly rate of 40,000LBP (August 2021). The total figure of 112,439 aims to account for the lift of fuel subsidies in September 2021.</p>
<p>Health</p>	<p>Health costs are required for emergency shocks; GBV survivors cost of reproductive health must be covered to ensure quick access; extreme weather incident often results in incurred health costs (i.e burns, hypothermia etc.). Health costs have been provided at a lump sum of two months the CPI/monthly amount.</p>
<p>Urgent NFI</p>	<p>Basic NFI are needed in response to emergency shock or protection threat: extreme weather incident where belongings are destroyed/damaged; sudden flight due to safety threat where individual leaves NFI behind. Cost calculated based on CPI/monthly for basic items.</p>
<p>Communication Costs</p>	<p>Communication is paramount for response to emergency and communicating with cases. Women, adolescents, and other high-risk groups do not always have access to devices. Phone line (7,500LBP) credit (50,000LBP). Remains at 1.5 exchange rate.</p>
<p>Shelter</p>	<p>Temporary shelter is often required in response to emergency shock or protection threat: as individual finds alternative short- or long-term accommodation either due to flight or destroyed shelter or eviction. Individuals who flee from shelter for safety reasons often must be more selective in their shelter arrangements to keep safe. Therefore, the CPI/monthly rent rate for 'adequate' standard shelter has been used.</p>



Annex 3 - Sample Assessment Form for RPCA

Informed Consent

Hello, my name is _____ and I work for [organisation] which is an independent humanitarian organisation which provides services to persons on the basis of need.

If you are willing, I would like to ask you some questions about your specific needs and the needs of your household members. The purpose of these questions is to help me understand how [organisation] may be able to support you and your family. However, because [organisation] can only support a limited number of persons, I cannot guarantee that this assessment will lead to assistance. If I can refer you to another organisation for services, I will take your informed consent before sharing any of your details.

The interview will take approximately 15 minutes. At any time if you feel uncomfortable, we are able to stop the interview and we can skip any questions which you do not feel comfortable to answer. You are free to ask me not to record any information you share. The information you share with me will be kept confidential and stored in a safe place at [organisation]. Details of your case will be shared with my colleagues to see how we can support you. If at any time you would like [organisation] to delete or modify any of the information you have shared today you can contact us on [provide contact]

Are you OK for us to begin the interview?

Is there anything you would like me to clarify before we begin?

Part 2 – Administration

Caseworker or staff conducting assessment:

Mode of Identification:

Area:

- Akkar North Lebanon
 Mount Lebanon Beirut
 South
 El Nabatieh
 Bekaa
 Baabek-Hermel

Initial source of information used to fill this assessment:

- Household visit
 Protection face- to- face interview
 Phone interview
 Other, specify _____

Date of filling this assessment:

[Click here to enter a date.](#)

Date of receipt of referral / identification

Caseworker name (if referred):

Position:

No Duplication with Other Available Services:

Has this been verified by cross-checking on RAIS or other relevant databases to ensure protection cash is not currently being received and/or other forms of assistance which might overlap: Yes No

Is the individual already under case management?

- Yes No

Part 3 – Bio Data of Individual

Full name:

Phone number:



		Do you share this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to mention		Alternate phone number:	
Date of Birth (dd/mm/yyyy):		UNHCR Number (if applicable):	
Nationality: <input type="checkbox"/> Syrian <input type="checkbox"/> Palestine Refugee in Lebanon (PRL) <input type="checkbox"/> Palestine Refugee from Syria (PRS) <input type="checkbox"/> Lebanese <input type="checkbox"/> Stateless <input type="checkbox"/> Migrant worker <input type="checkbox"/> Refugee of other Nationality (RON) <input type="checkbox"/> Other_____			
Household Details			
Is the primary recipient the Head-of-household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Details of other household members			
Age	Gender	Relationship to primary recipient	Disability
<p>Are there any other extended family members sharing the same house with this family? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>How many?</p> <p>Are those members financially dependent?</p>			
<p>Part 1 - Protection Threat Cash Assistance is Intended to Address <i>Protection threats include violence, coercion, deliberate deprivation, abuse, or neglect. This may include specific situations which render a person at risk of harm.</i></p>			
Protection Threat	Subcategory of Protection Threat		
Physical or psychological violence including abuse, assault	Physical violence from property owner/employer Physical violence in the home Psychological violence from property owner/employer Psychological violence in the home Intra/inter-communal violence Generalised insecurity directly impacting individual / household Killing Torture, cruel, inhuman, and degrading treatment Other_____		<input type="checkbox"/> Actual <input type="checkbox"/> Risk of
Deprivation of liberty	Primary income earner or head of household detained (in last 6 months) Abduction or kidnapping Deportation Other_____		<input type="checkbox"/> Actual <input type="checkbox"/> Risk of



Deprived access to basic needs and services (food, water, health)	Severe restrictions of freedom of movement Severe barriers (discrimination, lack of documentation) when accessing basic services due to profile Isolation/quarantine due to disease outbreak Lacks financial resources to obtain critical medical needs (lifesaving & urgent) Destruction/loss of property Denied access to justice Other _____	<input type="checkbox"/> Actual <input type="checkbox"/> Risk of
Imminent eviction threat/incident	Eviction by property owner Collective eviction by local authority/property owner Eviction due to inter/intra-communal tension Demolition (or partial demolition) of shelter Other _____	<input type="checkbox"/> Actual <input type="checkbox"/> Risk of
Exploitation	Work conditions pose imminent threat to safety/dignity Trafficking in persons Other _____	<input type="checkbox"/> Actual <input type="checkbox"/> Risk of
Child at risk	Child at risk of not attending school Child engaged in Worst Forms of Child Labour Early marriage Family separation Other _____	<input type="checkbox"/> Actual <input type="checkbox"/> Risk of
SGBV	SGBV survivor relocation Exit from safe shelter Reproductive health / Clinical management of rape services Denial of family life	<input type="checkbox"/> Actual <input type="checkbox"/> Risk of

Part 2- Protection Specific Vulnerabilities

Individual characteristics or circumstances of individual/household members which in the Lebanon context render them less able to cope with the protection threat identified in part 1

<input type="checkbox"/> Pregnant & lactating women <input type="checkbox"/> Person with chronic illness <input type="checkbox"/> person with critical medical condition <input type="checkbox"/> Older person at risk (unable to care for self & no caregiver) <input type="checkbox"/> Single parent / grandparent / caregiver <input type="checkbox"/> Female-headed household <input type="checkbox"/> Disability (visual, hearing, speech, physical, mental) <input type="checkbox"/> Lack of access to legal documentation / valid residency <input type="checkbox"/> Mental illness	<input type="checkbox"/> SGBV survivor <input type="checkbox"/> Family member in detention <input type="checkbox"/> Unaccompanied or separated child <input type="checkbox"/> Child head of household <input type="checkbox"/> Child engaged in worst forms of labour <input type="checkbox"/> Child spouse /parent <input type="checkbox"/> Child carer <input type="checkbox"/> Child with specific education needs <input type="checkbox"/> LGBTQI at risk of physical safety concerns <input type="checkbox"/> Lebanese stateless (with lack of legal documentation) <input type="checkbox"/> Torture survivor with psychological and/or physical impairment <input type="checkbox"/> Other Click here to enter text.
--	--

Part 3 – Coping Capacities

Positive coping capacities

Negative coping capacities



<p><i>Factors which may support the individual/household respond to the specific protection threat. Where possible, partners should cross-check assistance through RAIS.</i></p>	<p><i>Specific coping capacities which undermine the individual/household ability to respond to the specific protection threat and have potential to expose them to secondary protection risks</i></p>
<p>Access to humanitarian assistance? <i>(tick all that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Emergency Cash Assistance (one-off) <input type="checkbox"/> Protection Cash Assistance Program (PCAP under UNHCR) <input type="checkbox"/> Multi-Purpose Cash Assistance (MPCA) <input type="checkbox"/> Child-focused grant <input type="checkbox"/> Food Cash or In Kind <input type="checkbox"/> Seasonal/winter assistance <input type="checkbox"/> Cash for rent assistance <input type="checkbox"/> Shelter rehabilitation/in-kind <input type="checkbox"/> Legal services <input type="checkbox"/> Cash for Education <input type="checkbox"/> MHPSS support <input type="checkbox"/> Other _____ <p>Are any of the adult family members currently working?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, please list how many <input type="checkbox"/> No <input type="checkbox"/> Occasionally, please list the name(s): <p>What is the average income of the household per month? _____</p> <p>If none, what are the reasons?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No jobs available <input type="checkbox"/> Medical condition/disability/mental illness prevents work <input type="checkbox"/> Part time/full time Care work <input type="checkbox"/> Lack of legal residency <input type="checkbox"/> Not willing for cultural reasons <input type="checkbox"/> Not willing due to previous negative experience or exploitation <input type="checkbox"/> Other_____ <p>Do you receive any support from friends and relatives?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes / occasionally <p>If yes, what kind of support?</p> <ul style="list-style-type: none"> <input type="checkbox"/> shared food <input type="checkbox"/> financial support <input type="checkbox"/> transportation <input type="checkbox"/> Childcare / support for other family members in need of specific care 	<p><u>Livelihoods Coping Strategies</u>⁴⁸</p> <p><i>During the past month, did anyone in your household have to engage in the following activities because there was not enough food to meet basic needs?</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Involved school children in income generation <input type="checkbox"/> Accepted high risk jobs <input type="checkbox"/> Begged <input type="checkbox"/> Withdrew children from school for financial reasons <input type="checkbox"/> Marriage of a child under 18 for financial reasons <input type="checkbox"/> Went untreated for chronic illness/serious medical condition <input type="checkbox"/> Bought food on credit <input type="checkbox"/> Took on / increased debt <input type="checkbox"/> Sold household assets / personal goods <input type="checkbox"/> Other _____ <p><u>Food coping strategies</u></p> <p><i>During the past seven days, did anyone in your household have to engage in the following activities because there was not enough food to meet basic needs?</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Reduced number of meals eaten per day <input type="checkbox"/> Reduced portion size of meal <input type="checkbox"/> Restricted consumption of adults for children to eat <input type="checkbox"/> Restricted consumption of female family members <input type="checkbox"/> Sent some family members to eat elsewhere

⁴⁸ These indicators correspond with those used in the VASYR.



Other _____

Narrative description of Case

Detailed description of protection threat/incident *If not previously shared during the case management in-take/assessment please be specific about the protection incident. Note any underlying factors that have contributed to the protection threat. For SGBV and CP cases, please abide by the confidentiality requirements and do not provide details about the incident itself but rather about the consequences, the impact, and the needs of the survivor or child.*

Describe how protection specific vulnerabilities (mentioned above) and/or limited coping capacity increases the risk of harm

How will cash assistance be used to support a protection outcome?

Please tick the relevant protection outcome below and include a brief description of how cash will achieve this outcome. Specifically note what is the intended purpose of the cash assistance (i.e. to cover transportation costs to access needed)

- Stop/mitigate/reduce impact of violence, coercion, deprivation, abuse, or neglect
- Restore dignity after the occurrence of violence, coercion, deprivation, abuse, or neglect
- Mitigate/prevent reliance on harmful and dangerous coping mechanisms
- Address/mitigate social exclusion/structural discrimination faced by specific groups
- Respond to urgent lifesaving need or critical risk to basic human rights (incl. high risk of eviction)

Key Pre-Conditions Prior to Recommending Cash Assistance:

Safe

Sustainable Impact

Suitable

Other Services Received / Referred

	Already Received	Referred	Name of Agency providing service/ referred to
Legal assistance or mediation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water, Sanitation & Hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Multi-Purpose Cash Assistance (MPCA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Protection Cash Assistance Program (PCAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Food Assistance / Nutrition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical / Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Mental Health and Psychosocial Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child Protection, SGBV, Protection Case Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Livelihoods	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other – Click here to enter text.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recommendations based on above assessment					
<p>Do you recommend provision of recurrent protection cash (under case management)?</p>					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months
ELIGIBILITY REVIEW by Approving Manager/Committee					
Name/Positions reviewing assessment:			<input type="checkbox"/> Approve <input type="checkbox"/> Reject <input type="checkbox"/> On hold		
Date of review:					
Approved cases Please provide a brief rationale					
On hold If on hold, note further details of the case required					
Rejected cases Please provide a brief rationale					
Was the rejection discussed with the case manager and/or referral focal point?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If an appeal was launched, please revise the form per new or relevant information and resubmit for eligibility review.					
<p>After review of the case, do you approve recurrent cash for protection (under case management)?</p>					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months
AFTER APPROVAL: RISK MITIGATION PLAN FOR DISBURSEMENT					



Delivery Modality:

Caseworker/frontline staff assessing the case is to discuss with the recipient any potential risks around the receipt of the cash assistance and identify how such risks can be mitigated. Please indicate the recommended delivery modality considering principles of confidentiality, dignity, preference of client, and safety.

- Cash in Envelope (To be used as default for those under case management, unless otherwise preferred)
- Money Agents Office (BoB, OMT etc)
- ATM Card

Any specific considerations to be noted for safe delivery?

(i.e. use of proxy, specific time and place for delivery, small denomination notes etc.)

- No
- Yes (please describe) _____

Annex 4 – Sample Assessment Form for ECA

Part 1 – Consent to release information (read with person of concern before s/he signs)

The agency, _____, has clearly explained the procedure of ECA and referral that will be made to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information to the specified service provider/s for the specific purpose of providing assistance to my household and/or myself.

Part 2 – Basic Bio Data (Head of Household or main person interviewed) and person in charge of the assessment

Assessment date:	Staff name:	Position:
Beneficiary name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	UNHCR Registration No (if applicable):
Date of Birth (dd/mm/yyyy) and place of birth	Present Address Home visit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone number: Do you share this number with others: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location [GPS code for collective emergencies]		

Part 3 – Description of Emergency Situation: purpose of ECA and justification for recommended action

1. **Describe the emergency/ incident which has resulted in a protection risk or shock**
For example - how did this protection incident occur? (i.e., sudden shock, accumulation of factors)
2. **Describe the vulnerabilities of the individual/household which expose them to the protection risk / exacerbate risk of harm?**
What vulnerabilities does the individual/household have which limits their ability to respond to the threat/protection risk? (i.e., individual lacks legal residency, single parent with children, inability to access services or work due to disability, has a chronic medical illness)?
3. **Describe the coping mechanisms of the individual or household:**



For example – does the individual/household have limited coping mechanisms? (i.e. lack of access to livelihoods, high levels of debt, caring for older person or person with disabilities).

Part 4 – Intended Use of Cash to Mitigate Serious Harm and the expected protection outcome

Describe how cash assistance can solve or mitigate the emergency situation or the protection risk:

1. *What is the expected protection outcome?*
2. *What specific output will cash provide?*
3. *How does that output contribute to the expected protection outcome?*
4. *What measures are or will be in place to ensure the protection risk doesn't reappear once the cash assistance ends?*

Highlight other complimentary services that they are engaged with/have been explored (noting that cash should be part of a holistic response).

Outline the proposed use of cash: *Include amount needed, timeframe, and where cash will be going to alleviate the protection concern.*

If the assessment shows that one time cash assistance is not enough, please do not provide the cash but refer the case to agencies that have longer term project such as PCAP.

Part 5 – Additional service(s) that the recipient of ECA needs to be referred to

Service	Referred to (with fully informed consent)	Organisation name	Date
Food assistance (e-card etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
MPCA or other cash-based intervention (cash for rent, PCA)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Health/medical	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Eviction prevention (strategic litigation, mediation)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
WASH	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Legal	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Psychosocial Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Livelihood	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Resettlement	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Case management	<input type="checkbox"/> Yes <input type="checkbox"/> No		
MHPSS	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other –	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part 6 – Risk Mitigation Plan:



Please ensure that the below are considered and explained:

No Duplication or Conflict with Other Available Services:

- A. *Have they or are they currently benefitting from any other form of cash or in-kind assistance? If yes; how do these factor into their current cash needs? For what duration?*
- B. *Has this been verified by cross-checking the ECA recipient on RAIS or other relevant databases? If no, why not?*

Safety, access, and non-dependency:

- C. *What cash delivery modality is appropriate in terms of access and safety? (Considering principles of confidentiality, dignity and safety).*
- D. *Is there need for onward referral? Is a one-off payment sufficient to address the protection concern? If not, please refer the case to a case management agency or other relevant assistance/service provider*

Delivery modality

- E. *Has the recipient been consulted about the delivery modality (yes/no)*

Part 4 – Approval

This assessment was revised by:	
Name and Surname	
Job title	
Date	
<input type="checkbox"/> Approval	<input type="checkbox"/> Rejection
If rejection, please provide rationale:	
Signature:	
Approved amount to be paid (up to a maximum of 1,400,000LBP):	
Provide an explanation in case of rejection and if the amount approved is different from the recommended one (please express amount in LBP):	

Annex 5 - Protection Cash Core Indicators Reference Sheet (Jan 2022)

OUTCOME 3 - INDICATOR B

% OF PERSONS RECEIVING PROTECTION AND EMERGENCY CASH ASSISTANCE WHO REPORT IT CONTRIBUTED TO ADDRESSING THEIR PROTECTION RISK/INCIDENT

SECTOR	Protection Sector
LCRP PROTECTION LOGFRAME	Outcome 3:



Women, girls, men and boys in all their diversity live with dignity and are resilient to shocks.

INDICATOR DESCRIPTION

DEFINITION:

This indicator looks at whether protection and emergency cash assistance provided under the protection sector is successful at addressing individual protection needs.

It is measured through a scale. A similar formulation of this indicator has been piloted by SGBV partners in Lebanon in 2021 in relation to SGBV specific protection risks. In 2022, the protection sector will receive feedback from partners on this indicator.

TOOL:

Question: Did the cash assistance you received contribute to addressing your protection situation? On a scale of 1 to 3 (1 = not at all, 2 = somewhat, 3 = significantly)

OPTIONS:

- 1. significantly
- 2. somewhat
- 3. not at all

NUMERATOR: Number of respondents that answer ‘significantly’ or ‘somewhat’

DENOMINATOR: Number of respondents

UNIT OF MEASURE: Percentage (%)

DISAGGREGATED BY: nationality

SUGGESTED DATA COLLECTION METHOD: Household visit or phone call

SUGGESTED DATA SOURCE: Outcome monitoring surveys

OUTPUT 3.1 – INDICATOR 3.1.10

% OF PERSONS WHO ARE ABLE TO SAFELY ACCESS PROTECTION/EMERGENCY CASH ASSISTANCE

SECTOR	Protection Sector
LCRP PROTECTION	Output 3.1
LOGFRAME	Protection, CP and GBV services, including mental health and psychosocial services, are available, accessible, safe and informed by women, men, girls and boys in all their diversity.

INDICATOR DESCRIPTION

DEFINITION:

The indicator for quality, protection mainstreaming, and AAP was developed by ECHO. The original indicator looks at safety, access, accountability, and participation.

Safety is measured while going and waiting to receive assistance and coming back from after receiving assistance. For further guidance see [DG ECHO Pilot Protection Mainstreaming Indicator Practical Guidance](#).

The indicator is also part of the required process indicators in the [Grand Bargain Cash Workstream list](#) of indicators for multi-purpose cash (MPC) programmes, endorsed by USAID and used in the Lebanon Basic Assistance sector.

The protection sector recognizes that moments of safety take place through the programs selection process and surveys not only on receipt of assistance and recommends partners to further collect such information.

TOOL:

Question: Did you feel safe while receiving the assistance? The question should cover safety **while receiving cash assistance at home** or going to receive assistance, waiting for assistance and coming back home after receiving assistance.

Options:

- A. Yes
- B. No



NUMERATOR: Number of respondents that answer “Yes”

DENOMINATOR: Number of respondents

UNIT OF MEASURE: Percentage (%)

DISAGGREGATED BY: Nationality

SUGGESTED DATA COLLECTION METHOD: Household visit or phone call

SUGGESTED DATA SOURCE: Outcome monitoring or post-distribution surveys