



Protection Sector Cash Guidance

Last update and endorsement: July 2023

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 rationale, 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 and tools 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 four sections: 1. Introduction to cash for protection (inclusive of both ECA and RPCA), 2. Operational guidance for RPCA, 3. Operational guidance for ECA, and 4. Annexes.

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.¹

Cash for protection/protection cash is an umbrella term used to describe the use of cash-based interventions to achieve specific protection outcomes.² 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.³

¹ "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>

² 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

³ Global Protection Cluster, Protection Analysis Framework, 2021



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.⁴

‘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.**⁵ 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.⁶

Conditional refers to prerequisite activities or obligations that a recipient must fulfil in order to receive assistance.⁷

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.⁸

Cash-in-envelope is a payment made directly to recipients in physical currency (notes).⁹

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.¹⁰

Delivery mechanism means of delivering the cash or voucher transfer (e.g., cash in envelope, cash over counter, ATM card).¹¹

Modality means the form of assistance e.g., cash transfer, voucher, in-kind, service delivery or a combination. It can include direct transfers to household or community level

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 crises 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**

⁴ IASC Policy on Protection in Humanitarian Action, p.15, [IASC Policy on Protection in Humanitarian Action, 2016.pdf](#) ([interagencystandingcommittee.org](#))

⁵ Glossary of terminology for cash and voucher assistance, <https://www.calpnetwork.org/wp-content/uploads/2020/03/calp-glossary-english.pdf> p.7

⁶ Ibid. p.16

⁷ Ibid. p.7

⁸ Ibid. p.16

⁹ Ibid. p.6

¹⁰ Definition from GBV Case Management Guidance, at [GBV case management guidance](#)

¹¹ Glossary of terminology for cash and voucher assistance, <https://www.calpnetwork.org/wp-content/uploads/2020/03/calp-glossary-english.pdf> p.8



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.**¹²

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.**¹³ Therefore, it is not a stand-alone intervention rather it is provided alongside other complementary interventions and should not replace other protection interventions.

<p>Why CBI in GBV programming?</p> <p>There is consensus within the GBV Working Group 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>Why CBI in Child Protection programming?</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>
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¹² 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 \(inter agency standing committee.org\)](#)

¹³ 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



Two-cash models

The protection sector provides cash for protection through two models: Emergency cash assistance (ECA) as a one-time payment, which can for some circumstances and only for non-GBV and child protection cases, be used outside of a case management action plan to prevent, mitigate or reduce the impact of a protection threat or emergency shock, and recurrent protection cash assistance (RPCA) as sustained assistance over a specific period (usually 3-6 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 preventing, mitigating or reducing the impact or high risk of serious and immediate harm due to emergency shock or protection threat.	To meet a protection outcome by preventing, mitigating 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 \$90, provided in either USD or LBP ¹⁴	
Duration & frequency	One-time payment is sufficient to reduce/mitigate harm. Two payments for extremely vulnerable individuals.	Sustained assistance over a specific period (3-12 months) is required to meet the protection need. ¹⁵
Cash plus approach	Alongside a complementary protection response (referral, legal mediation)	Only within case management.
Delivery Mechanism	Cash-in-hand, 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.¹⁶

¹⁴ To be provided at the most competitive rate possible, recognizing partners have access to different exchange rates due to operational agreements with banks and MTOs.

¹⁵ A 12 month provision of cash assistance is exceptionally provided. In 2022, the majority of protection partner RPCA programs are for 3 - 6 months.

¹⁶ 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.).



These may include situations where individuals may resort to harmful coping mechanisms which lead to serious harm such as entering into exploitative personal or work situations, engaging children in child labour, child marriage or resorting to sale and exchange of 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.¹⁷
- The provision of cash as part of a broader protection program and response (example, case management, alongside provision of legal services). In the majority of cases, case management will be the entry point for protection cash provision after an assessment is conducted taking into account the full array of needs of the individual.
- Cash is provided on an individual basis according to the specific protection needs of the individual.¹⁸

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 harmful coping mechanisms, **addressing a protection threat is not the explicit and direct objective of MPCA.**¹⁹

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 harmful coping mechanisms by addressing socio-economic vulnerability and food insecurity through multipurpose cash assistance (MPCA), seasonal cash, and child- and disability 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 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 livelihood sector guidance.
- iii) to respond to the education needs of children through cash-for-education schemes under the Education sector; and,
- iv) 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

¹⁷ 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.

¹⁸ 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.

¹⁹ Cash for Protection Guidelines for Protection Partners, May 2020, Iraq p5.



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 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.²⁰
- **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.**²¹ 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 and 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 the day of disbursement and at a maximum within one week.²²

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.

²⁰ <https://data2.unhcr.org/en/documents/details/64586> this may relate to an individual in need of relocation, eviction or homelessness

²¹ 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>

²² 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.



- **ECA can be provided alongside negotiation provided by a legal actor and/or other adequately trained staff member with the tenant and 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 accommodation (i.e., living with another household or homeless) 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.

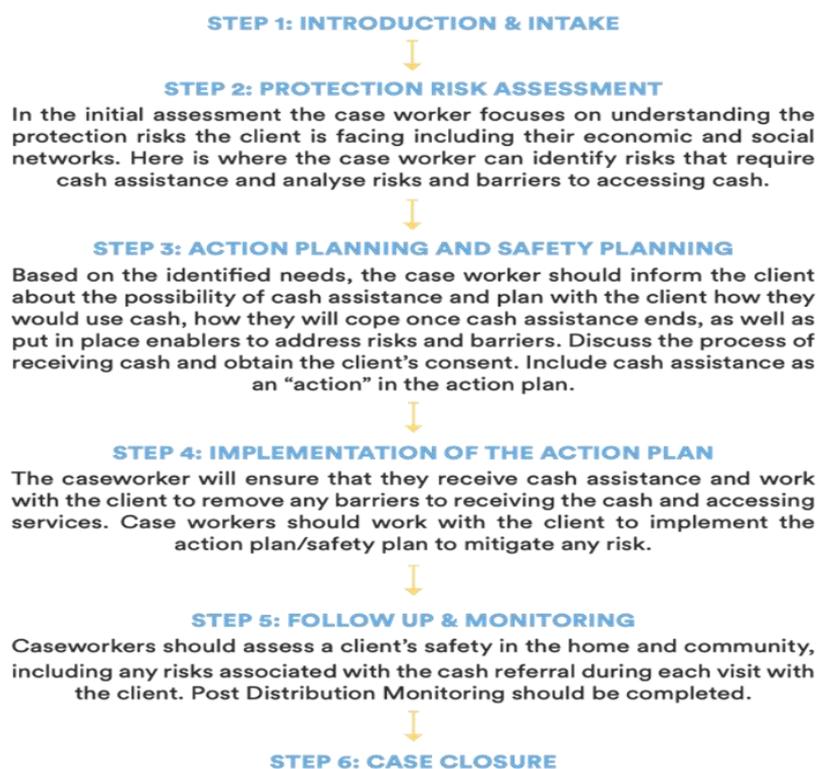
CAUTION

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 here: [LINK](#)*

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.²³



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 you are 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.

²³ 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>



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 other partners regarding referral eligibility as well as with communities in a way which is manageable.** 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 16).

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 harmful coping mechanisms or expose individuals to further risk. For a full overview of the protection risks and mitigation measures identified at each stage of the cash program cycle for provision of RPCA and ECA please see **Annex 1**.

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.

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 \$90. Provided in USD or 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 individual 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 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 harmful 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 aims to 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**,

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>



suitable and as much as possible 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 harmful coping mechanisms (such as worst forms of child labor, forced child marriage or sale and exchange of sex).

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.

Specific considerations for GBV

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:

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.

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

Specific considerations for Child Protection²⁷

Protection cash for households with children at risk aims to prevent families from resorting to harmful coping mechanisms that may subject the children to further risk of exploitation, abuse, violence and/or neglect.

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.

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

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.

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



<p>return to perpetrators. These can also be the case of survivors in Safe Shelter that need to start a new life or those who require temporary support to recover after relocation. In these cases, protection cash can be provided to contribute to the overall objectives of the case management action plan and in complement to other forms of assistance.</p> <p>Prevention of sexual harassment, exploitation, or abuse</p> <p>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:</p> <p>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>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>
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Identification, Counselling & 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 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 vulnerabilities or risk factors 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 individual assessment form in Annex 3.**²⁸

Counselling on cash should be provided throughout the cash for protection process and once the case is likely approved for receipt of cash assistance in order not to raise expectations. Counselling should particularly cover topics of safety and security in accessing, exchanging, and managing cash, how the cash might be able to support the individual/household to address their protection threat and how to access referrals and follow up with service providers where applicable. It is important that the case has been informed about the amount, currency and number of installments of assistance and the **potential risks associated with receipt of cash in USD** including safety risks, risks of exchanging USD to LBP and risks related to payment of goods/bills directly in USD.

Cash Counselling on Currency Preference

There is a risk of theft, fraud and exploitation linked to redeeming assistance in both LBP and USD. There is also a risk of this when exchanging assistance in USD. There are several things you can do to protect

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.



yourself but the decision to receive or withdraw cash for protection in USD and LBP should be taken by you according to your preferences.

Dos:

- Be wary of people trying to scam you for their own profit. If you plan to exchange your assistance from one currency to another, make sure to check the exchange rate before doing so. You can check the rate on this source: [Lira Rate App](#) | [USD to LBP](#) | [Fuel Price Lebanon](#) | [Sayrafa Rate](#) You can also refer to trusted sources such as family members, friends and other channels trusted in your community for support.
- If you are concerned about members of your community seeing you redeem assistance in USD, try to use different redemption points or exchange offices if possible.
- Know where to report safety incidents, fraud and exploitation and any other issue linked to redemption or exchange of cash assistance (in USD or LBP).

Don'ts:

- For safety reasons, avoid withdrawing cash at night and do not count or display your money in public.
- Do not believe anyone who tells you that the USD notes you withdrew from an ATM or MTO branch are not valid or worthless because they are old or damaged. In most cases damaged notes can be exchanged at the MTO or the bank directly. Where you continue to have a challenge please contact the organization/service provider providing you with the cash.

If you are withdrawing assistance from the ATM you can request either USD or LBP but the value of assistance redeemed at LBP can drop quickly in case of fluctuations to the exchange rate. It is important to however recognize that ATM machines can provide USD in \$100 or \$10 notes. No amount below \$10 can be withdrawn in USD but you can withdraw this in LBP.

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. It is also recommended that cash provision for Syrian refugee's should be checked on RAIS and during the panel review prior to approving the cash assistance, where possible to avoid duplication of assistance.

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



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 \$90 per case per month. **The RPCA amount can be provided or withdrawn in USD or LBP.**³⁰ The exact amount should be determined on a case-by-case basis according to the required amount to address the protection threat. The currency where possible should be provided according to the preferences of the individual and circumstances of the case. 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 value 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.

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.³¹

- **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: 1-7 days depending on money transfer office and the partners internal agreements.
- **ATM cards**³²: 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. Where individuals hold an ATM card they can also withdraw this amount at MTOs or in shops.

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**. **Where cash is provided in USD** as per the preferences of the

³⁰ Dual currency provision has been effective as of May 2023. Provision and withdrawal of cash in LBP should be at the most competitive rate possible.

³¹ 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/>

³² This is often through the LOUISE (Lebanon One Unified Inter-Organisational System for E-cards) Platform. The bank used depends on the agency.



beneficiary, risks associated with redeeming and exchanging assistance to LBP should have been previously discussed and assessed. **Selection of delivery mechanisms should be guided by the preferences of the individual and by considerations regarding the urgency of cash delivery.**³³ 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 taking into account the specific circumstances of the case and ensure 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 currency, 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.

- **Ensure meaningful access without discrimination:**

The decision on the delivery mechanism and the assistance currency as much as possible 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

³³ 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.



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).³⁴

- **Participation and empowerment:**

Selection of delivery mechanisms as well as preferred currency, 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, Liban Post, etc.).³⁵ 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, usually the cash is disbursed by the case worker (or protection staff) of the organization providing the cash assistance where there may already be a pre-established relationship with the individual or it may be disbursed by the disbursing agency through MTO or ATM. 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**. It can also be provided through MTO and ATMs according to the needs of the case.

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.

³⁴ <https://data2.unhcr.org/en/documents/details/79144>

³⁵ 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.



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 random and representative sample at the 95% confidence and 10% margin of error.³⁶ PDMs are a process-focused survey that looks at short-term results. It 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 monitor risks related to the provision of cash assistance including related to the currency and delivery mechanism. PDMs should therefore examine recipients' level of satisfaction with the assistance received, including perceptions of safety prior, during and after disbursement; suitability of the cash provision (amount, currency, installments) including the extent to which the assistance met the individual's preferences; 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 first cash payment and the second survey after 3 weeks from the last cash payment.
- Due to fuel implications or other travel challenges 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.

A sample post-distribution monitoring assessment including **core questions** for partners to incorporate into their PDM tools can be found in **annex 6**. If partners are not using the whole sample PDM form, then they are strongly encouraged to incorporate the questions marked '**core questions**' in their PDMs, and it is absolutely necessary for partners to incorporate the questions marked '**sector core cash indicator**' to be able to report on the sector log frame indicators on cash.

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

³⁶ See: Save the Children [multi-purpose cash MEAL Toolkit](#) p.12 and the BAWG PDM Guidance, Lebanon p.5



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.**³⁷ **Informed consent should always be taken prior to collecting data from the individual through any survey/tool.**³⁸

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 and effectiveness of the cash assistance in meeting the protection need primarily 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 for protection sector cash partners

All protection partners providing RPCA should report through Activity Info on three 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).
- **Indicator 3.1.9:** % of persons who are able to safely access protection cash assistance (disaggregated by nationality).
- **Indicator 3.1.12:** % of individuals report that the transfer value is adequate to meet their protection need
- **Indicator for pilot:** % of persons who report to experience harm because of receiving protection cash.

See **Annex 5** for the Protection Cash Core Indicator Reference Sheet and see **Annex 6** for outcome monitoring questions which can be integrated into your outcome monitoring tool.

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 coordination 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).

³⁷ 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/>

³⁸ <https://data2.unhcr.org/en/documents/details/72169> informed consent Inter-Agency template



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, currency, 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 or currency need to be discussed during the relevant coordination forums, in consultation with the relevant actors. Deviation from protection sector cash guidance by way of implementation or transfer value 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 record the provision of protection cash on 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 at sub-national level. In all circumstances partners should report on Activity Info (all community groups) at the end of each month with information about RPCA disbursements.³⁹

Section 3: Operational Guidance for Emergency Cash Assistance

What is ECA?

TOPLINE SUMMARY

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

Transfer value (& currency): *up to \$90. Provided in USD or 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.*

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

³⁹ 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.



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** such as extreme weather incident. **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.⁴⁰ 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 the case management framework for certain non-GBV and Child Protection cases.⁴¹

ECA is provided to cases which meet **three key eligibility criteria:** 1) a clearly defined protection threat or **emergency shock;**⁴² 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 harmful 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

⁴⁰ 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.

⁴¹ 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.

⁴² 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.



	<ul style="list-style-type: none"> Limited family or community support networks.
Cash can prevent or respond to the serious harm	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.

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 harmful 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.⁴³ 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](#)). **For an overview of ECA complementarity with cash-for-rent in response to eviction threat/incident see page 5.**

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 SOPs.⁴⁴ 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.

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.⁴⁵
- 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 GBV survivor has left the perpetrator and requires sexual and reproductive health services).

Specific situations

Medical emergency: In the case of a **medical emergency for Syrian refugees** (covered by UNHCR Referral Care Programme), **ECA can be provided for persons at risk 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.20). The amount paid for the deposit should fall within the ECA limits and align with guidance in the ECA SOPs.

⁴³ 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.

⁴⁴ <https://data2.unhcr.org/en/documents/details/64586>

⁴⁵ Health partners providing ECA may contact NextCare directly to cross-check assistance.



Tests and investigations⁴⁶: 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 equipment⁴⁷: 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).

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 \$90. This amount can be provided or withdrawn in USD or LBP.⁴⁸ The exact amount and currency is to be determined on a case-by-case basis according to need and the preferences of the individual.⁴⁹ 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.

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

⁴⁶ 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.

⁴⁷ 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.

⁴⁸ At the most competitive rate accessible by the partner.

⁴⁹ Last update on 1.1.2022



- 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, including whether provision of ECA should be in LBP or USD 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.

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.

Referral⁵⁰

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

⁵⁰ Refer to the Inter-Agency Minimum Standards and Procedures for Individual Referrals: <https://data2.unhcr.org/en/documents/details/69395>



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 mechanisms for ECA are **cash-over-counter** through an MTO where it does not pose an additional risk, and **cash-in-envelope**, cash handed out directly to the individual by the implementing agency. Both of these mechanisms usually take 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:

- **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 or withdrawal 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

Program Cycle	Protection Principle	Risk	Impact/likelihood	Mitigation Measure
	Meaningful access without discrimination	Cash assessments do not take account of intersectional vulnerabilities including children/persons with disability	•	<ul style="list-style-type: none"> • Cash assessments should capture adequate demographic data on age, gender, disability. To determine whether someone has a disability you should integrate the Short-Set of Washington Group Questions see link here. And you can see the sample cash assessment in the annex 3 and 4. Staff should be trained on use and analysis. For children you can use the child functioning module designed by UNICEF. • To capture age, it is advised that age groups include: 60-69, 70-79, 80+ • To capture gender, it is advised to include persons with diverse gender identify and expression.
	Safety, dignity and avoid causing harm	Provision of cash undermines individual coping capacities and resources	•	<ul style="list-style-type: none"> • Provision of cash should not undermine individual coping capacities and as a result all cash assessments must understand what resources and capacities individuals have to resolve threats and support their individual resources.
	Operational risk	Risk of preferential treatment for certain beneficiaries in case there is a conflict of interest by a staff member conducting the cash assessment.	•	<ul style="list-style-type: none"> • Staff determining whether a case is eligible to receive protection cash must be different to the member of staff who initially identified the case and/or completed the ECA/RPCA assessment form. This is to ensure no conflict of interest and to mitigate any possible exploitation of the case.
	Safety, dignity and avoid causing harm	The safety of the individual is compromised due to their involvement in cash program: <ul style="list-style-type: none"> - individuals without legal status or documentation to redeem assistance - women and adolescent girls living with perpetrator - Unaccompanied children - LGBTQI+ individuals 	•	<ul style="list-style-type: none"> • Any specific details on how the cash can be safely dispersed must be noted in the cash assessment form as well as required mitigation measures, and safety of the individual should be checked during each follow up visit by the caseworker. • Partner cash assessment forms should contain a section which captures the individuals' preferences for receipt of cash (where/when). • Partners put a safety plan in place with the individual and update it during follow up visits. • 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. <i>See the individual eviction guidance note here: LINK</i>
	Meaningful access without discrimination	Risk of duplication of assistance (especially for Lebanese where no cross-checking mechanism exists).	•	<ul style="list-style-type: none"> • Cross-check assistance of the household (only registered Syrian refugees, refugees of other nationalities, stateless persons with file) prior to cash provision on RAIS to inform 'coping capacity assessment' and to check for duplication. See page 4-5 of the guidance for guidance on areas of complementarity and overlap with other cash programs. • Report all provision of cash on RAIS. Partners not currently accessing/reporting on RAIS can reach out to Raffi Kouzoudjian, kouzoudj@unhcr.org for more information on how to start using it. • Engage at regional level in geographic splits and coordination spaces



Identification & Assessment stage	Safety, dignity & do-no-harm	Risk that GBV survivor receiving cash becomes known to perpetrator in household because RAIS reports provision of assistance at HH level. This may be observed by staff from another agency providing assistance and unaware of the cash going to the survivor who then communicates this to HH.	•	<ul style="list-style-type: none"> To explore partners being able to report provision of assistance on RAIS at individual level so the provision of cash is not considered provision of cash to household level.
	Participation & Empowerment (protecting privacy & self-determination)	Risk that communication barriers prevent fully informed consent/assent due to inability to fully understand the cash process (higher risk for persons with visual, hearing, intellectual/developmental disability, serious mental health condition, low literacy).	•	<ul style="list-style-type: none"> All partner staff should always assume people aged 18 and above have the capacity to provide informed consent independently. When seeking informed consent, you must always adapt the way you communicate to the communication needs and preferences of the client. Information should be provided in a transparent, easily accessible form, using clear and plain language, and should be communicated through appropriate means (e.g. visual, audio and easy to read) to improve access for persons with visual, hearing and intellectual impairments. For guidance see here p.15-18 Providing informed consent/assent may require developing forms in accessible formats (such as easy to read), and hiring interpreters in languages, as well as other ways of communication (such as sign language), ensuring that these interpreters have also been trained and have signed a code of conduct that ensures the confidentiality of the information exchanged. Train staff on communication techniques and on best practice steps to gain informed consent/assent with persons/children with disability.
	Safety, dignity, avoid causing harm	Risk that ECA/RPCA used to address eviction threat may lead to increased rent payment requested by property owner and to request of rent in USD	•	<ul style="list-style-type: none"> Cash assessments must capture whether the cash provision is <i>safe, suitable and has sustainable impact</i> (see page 11 of guidance) as much as possible prior to the provision of cash. This means considering risks related to cash provision. Prior to cash provision and in order to receive informed consent/assent risks related to cash provision should be communicated to individual to allow for fully informed decision-making. Concerns related to potential risks should influence the panel review discussion prior to approval. Beneficiaries should be provided with information on how to access partner complaint, feedback and response mechanisms, hotline numbers should be shared. PDM/OM tools should capture risks related to provision of cash. Referral pathways for mediation support between tenant/property owner should be known to staff and staff should be trained to identify and refer cases as necessary.
	Participation & empowerment, accountability	Persons with disability and older persons can face exclusionary and discriminatory practices by staff or by program design through the cash process.	•	<ul style="list-style-type: none"> A participatory approach from the very earliest assessment stage, integrating multi-channel feedback from diverse individuals and groups, can help to prevent some of these practices. Alternative communication materials and specifically adapted communication is required to support equal access and participation Provide information, consult and respond to feedback from affected people in multiple formats, including written, oral and ‘easy to read’ to improve accessibility for people with disabilities, people who are not literate or people who use minority languages Ensure that during the design of the cash program different ages, genders and disability groups are consulted and regularly have opportunity to influence program design.



				<ul style="list-style-type: none"> Disability/Women-led organizations or organizations who work these issues can be key partners in sharing needs, barriers and promoting ways for the cash program to be inclusive and accessible from the beginning.
	Safety, dignity, avoid causing harm, Participation & empowerment	Women and girls, and women & girls with disabilities are universally at heightened risk of GBV and can face greater risk of intended/unintended discriminatory practices	•	<ul style="list-style-type: none"> Ensure that communication on the cash program includes information on GBV pathways, access points for disclosure and whistleblowing. GBV pathways are updated and shared frequently. Staff are trained on safe identification and referral of individuals at risk of GBV
	Accountability, Safety, Dignity and avoid causing harm, Conflict Sensitivity	Perceived aid bias and discrimination by those not receiving cash leads to risk of abuse, harassment, and violence for cash recipients.	•	<ul style="list-style-type: none"> Common and transparent messaging is key to communicating with communities on protection cash so that individuals perceive the eligibility criteria to be fair. Protection cash is provided in LBP or USD according to the preferences of the individual and based on a risk assessment to ensure safe and timely use of the assistance. A conflict sensitivity analysis (identifying the enablers and dividers) should take place prior to the set-up of the program to design the program in a way which reduces aid-perception bias and the potential for harassment or abuse as result of receiving cash. See page 6 for 2022 conflict sensitivity guidance and links.
Delivery Mechanism Cash-over-counter via Money Agents	Meaningful access without discrimination	Access to cash assistance provided through FSPs may be disrupted by closures, municipal restrictions on the movement of refugees, growing social tensions and/or refugees self-restricting movement due to lack of documentation.	•	<ul style="list-style-type: none"> Agencies to map availability of FSPs in their areas to ensure accessibility. This includes a do no harm assessment related to accessing outlets (e.g., presence of checkpoints). Prior to recipients withdrawing assistance, confirm with the FSP branches their functionality and liquidity. In case FSPs are not accessible for an extended period, partners should identify alternative cash disbursement modalities to ensure access to assistance for PoC. Any access restrictions should be monitored on a regular basis and should be flagged with Inter-Agency at the field level to support advocacy efforts.
	Operational	Money agents do not have adequate liquidity to disperse cash.	•	<ul style="list-style-type: none"> All cash actors to shortly do a mapping of current financial service providers used, pros and cons and explore which options should be pursued in different regions. Based on this, develop a contingency plan and identify alternative FSPs.
	Operational	High handling fees (10% of transaction fee) are imposed by banks transferring funds from bank to FSP due to lack of available LBP	•	<ul style="list-style-type: none"> Partners should as much as possible aim to maximize their value for money and negotiate with banks/FSP. Alternative FSP should be sought. Sharing challenges through cash coordination forums to collectively address such challenges is promoted.
	Meaningful access without discrimination	Markets are no longer accessible or functional.	•	<ul style="list-style-type: none"> Consider providing in-kind assistance directly to the recipient. Coordinate with local authorities/municipalities to enable safe movement of (I)NGO personnel, if restrictions on movements are in place. In the event of complete movement restrictions, inform UNHCR immediately. In emergency cases, assistance could be delivered through other actors that are present in the field such as health, WASH or shelter actors. Other actors should not be provided with details of the case, and the recipient's informed consent should be sought.
	Meaningful access without	The intended recipient is temporarily unable to access FSPs due to illness, injury or other reasons.	•	<ul style="list-style-type: none"> Discuss with the intended recipient whether there is a trusted adult proxy/caregiver who can collect the assistance on their behalf from the designated FSP.



Office (OMT, Liban Post)	discrimination, participation, and empowerment			<ul style="list-style-type: none"> • Check if the proxy/caregiver can move to buy what they require if not provide in-kind assistance instead of cash. • Consideration must be given to the gender of the affected person and caregiver and whether there is any history of abuse/exploitation (only for case management agency). • Only use a 'caregiver' or proxy to receive the assistance after receiving informed consent from the intended recipient. Agencies should also consider potential risks for the proxy/caregiver as outlined in this Annex. • Agencies should verify immediately with the recipient if cash assistance was received.
	Safety, dignity, avoid causing harm	Sharing personal data of clients with third parties such as the FSP, potentially putting them at risk of violence, detention, or discrimination.	•	<ul style="list-style-type: none"> • FSP selection includes verification of their data protection measures and the contract specifies what measures should be in place to ensure the safe collection, registration, storage, transfer and disposal of beneficiary's data. • When collecting personal data, informed consent must be sought. This is only possible if staff explain fully the risks involved with sharing their personal data. • Secure filing of both soft and hard copies of the assessment forms must be always ensured; this includes the use of password protection for all soft-copies and locked storage cabinets for any hard-copies. See data protection guidance here: UNHCR Protection of Personal Data of Persons of Concern • You can maintain confidentiality as you provide services by making sure that you collect, store and share your client's information according to strict data protection policies. This includes only sharing information on a need-to-know basis to allow your client to access a service or receive support in line with their action plan.
	Meaningful access without discrimination	Request by FSPs for additional documentation from beneficiaries to withdrawal assistance.	•	<ul style="list-style-type: none"> • Agencies to clearly specify in their agreement with service providers the documentation required and to monitor any challenges that are related to administrative measures imposed by FSPs
	Meaningful access without discrimination	Lack of official ID document prevents access to receiving cash through FSP	•	<ul style="list-style-type: none"> • Discussion with the FSP on requirements prior to signing agreements • Use a proxy if applicable • Look to alternative forms of documentation which can substitute for ID however if this is not possible, using a different delivery mechanism should be explored to ensure provision of cash assistance
	Safety, dignity, avoid causing harm; accountability for affected populations	Beneficiaries have complaints or grievances about payment and are unable to submit them including risks related to harassment, tension, SEA, fraud and corruption during cash collection	•	<ul style="list-style-type: none"> • Cash payments staggering over different time periods • Prior to agreement ask FSP company staff to conduct PSEA and Fraud training as part of the contract. • Complaint and Feedback Mechanism should be in place. Staff should inform beneficiaries of these mechanisms prior to cash collection. • Monitoring tools should have questions incorporated to capture risks (PDMs, satisfaction survey) and to measure beneficiary satisfaction with the FSP
	Meaningful access without discrimination	Persons with disability or older persons cannot access inaccessible FSP points to withdraw cash increasing risk that they will ask someone else for support.	•	<ul style="list-style-type: none"> • Partners must check that FSPs are physically accessible prior to selection of the FSP • Where not accessible, partners must make reasonable accommodations to support access whether by assistive devices or changing modality to cash in envelope.



	Safety, dignity, avoid causing harm, Accountability	Risk of sexual exploitation and abuse, fraud and corruption	•	<ul style="list-style-type: none"> • Ensure SEA and Fraud risks are managed, including through female or mixed gender teams providing cash/in-kind assistance to female recipient • See last column for mitigation measures.
	Safety, dignity, avoid causing harm	Risk of stigmatization or further risk of harm because of cash delivery	•	<ul style="list-style-type: none"> • Frontline staff should call in advance to agree on a time which is suitable for the recipient. Identify a confidential setting in which the assistance can be delivered to ensure it doesn't undermine their safety. This is particularly important when providing cash in informal settlements or collective shelters where privacy is limited. • Women/girls residing alone should be visited by female staff member • If feasible, utilize community spaces or other safe spaces which can be a point of safe and confidential delivery. This should be done taking all measures to avoid gatherings of people i.e., schedule appointments with recipients one-by-one.
	Meaningful access without discrimination	Markets are no longer accessible, or functional or recipient/proxy are unable to access the markets	•	<ul style="list-style-type: none"> • Consider delivery of in-kind items as last resort. • Risk assessments should ensure a 'do no harm' / conflict sensitive approach i.e. avoid distribution of items in public settings (which could create intra-community tensions). Distributions of in-kind assistance should be based on clearly communicated criteria and ideally occur in a confidential setting.
	Meaningful access without discrimination	Humanitarian agencies may have limited access to field locations	•	<ul style="list-style-type: none"> • Personally identifiable information or sensitive protection information regarding specific cases requiring ECA/RPCA should not be shared with local authorities, but agencies should seek the support of Inter-Sector colleagues to coordinate with the local municipality / authorities. • In <i>urgent cases</i> and where access is not feasible, seek to provide cash or in-kind assistance through other actors if they are present in the location. Other actors should not be provided with details of the case, and the recipient's informed consent should be sought. This will only be in exception. • Immediately flag to the sector where humanitarian actors do not have access for cash/in kind delivery, for advocacy/mediation. • Clear protocols and safeguards need to be established if money (or in-kind assistance) is provided by a third party. • If the assistance is provided on medical grounds (i.e., hospitalization) and access to both the family and the hospital is not possible due to movement restrictions, partners are to seek to enhance their coordination with contracted hospitals to accept promises of future payments when mobility is limited
	Safety, dignity, avoid causing harm	Theft or asking for commissions on providing cash assistance	•	<ul style="list-style-type: none"> • Segregation of duties once applicable • Establishing proper Complaint and Feedback Mechanism • Having proper documentation in place (receipts with multiple signatories)
	Meaningful access without discrimination	Older persons and persons with low literacy may be less familiar with operating ATM machines. This means they are more likely to experience errors when using the machine.	•	<ul style="list-style-type: none"> • Counselling sessions on ATM usage should be adapted in communication formats/skills & interpreters should be on site to assist. • Options to use alternative delivery mechanism should be in place



Delivery mechanism: ATM cards	Meaningful access without discrimination	Persons with physical, visual disability may not be able to access redemption sites to withdraw cash assistance. This is likely to lead them to ask others to exchange cash on their behalf. This is also case for women (more likely to ask others to support them/withdraw cash at redemption sites than men. ⁵¹)	•	<ul style="list-style-type: none"> • Counselling lines should be in place to explain risks around this to these individuals • Options for alternative delivery mechanism should be in place (cash in hand)
	Safety, dignity, avoid causing harm	Insecurity for refugees when retrieving cash at risk of verbal and physical abuse and harassment. Risk of SEA at/on way to ATMs	•	<ul style="list-style-type: none"> • Stagger distribution dates and increase number of ATM sites • Make sure that regional distribution of BLF redemption sites is equal, increase number in low access areas • See mitigation measures last column.
MEAL & Accountability	Accountability, participation & empowerment	MEAL tools are not inclusive of the needs of PWSN including persons with disability, older persons, single headed households, persons with chronic illness and as a result don't capture risks they may face at each stage of the process. This means that programs continue to result in harm for parts of the case load.	•	<ul style="list-style-type: none"> • Integrate questions on protection risks into MEAL tools • Disaggregate data by age, gender, disability (using WGQ, see first row of the PRA for more details). • Train reporting officers to identify such risks and generate trends for ease of analysis by managers
	Accountability	MEAL staff are not able to safely respond when risks related to cash intervention is raised (harassment, abuse, SEA etc.)	•	<ul style="list-style-type: none"> • MEAL enumerators should be trained on referrals, referral pathways and communication skills in order to respond sensitively and safely where risks are disclosed
	Accountability	CFM are not responsive, not accessible. This means problems not addressed in timely manner and feedback not provided which may violate feelings of safety and dignity.	•	<ul style="list-style-type: none"> • Consult with different age, gender, disability groups on most appropriate way for them to share feedback and complaints and to receive information on the program.
	Accountability to Affected Populations, Safety, dignity and avoid causing harm	CFM staff on hotlines especially for agencies using ATM card as form of delivery are not well trained to a) adequately classify the 'type of complaint' (lost pin/swallowed card etc.) leading to unnecessary delays in the recovery of assistance and b) to identify cases at risk and refer them.	•	<ul style="list-style-type: none"> • Hotline staff must be trained on safe identification and referral, referral pathways and have access to counselling lines in case individuals are in distress/at risk • Staff must be trained on how to classify complaints adequately and trends related to adequate classification, response times should be monitored and reported on to help improve quality of service and understand which individuals is at greater risk. •
	Accountability, safety, dignity & avoid causing harm	Cash recipients face risk of sexual exploitation and abuse (SEA) through cash programming, particularly at-risk groups including women, girls and women and girls with disability.	•	<ul style="list-style-type: none"> • Continually re-conduct risk assessment and mitigation measures as the situation evolves to capture emerging risks of SEA. Protection against SEA must be considered in all parts of the program cycle. • Train staff and partners on PSEA and child safeguarding, including on referral pathways including on the Inter-Agency PSEA SOP. See the PSEA Taskforce for more information and find here: PSEA IEC materials

⁵¹ Chameleon cash report



				<ul style="list-style-type: none">• Feedback and response mechanisms should include SEA reporting channels and beneficiaries are trained on them.• Ensure that staff working the hotline are fully trained on safe, ethical and appropriate referrals and that quality GBV and CP response services are already in place
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Annex 2 – Transfer Value Rationale

The protection cash transfer value of \$90 was calculated based on the average cost incurred to address three common emergency shocks and protection threats in May 2022 as outlined below. This amount is to be provided in LBP or USD depending on the preference and risks related to the case. Due to inflation, the sector re-calculated the cost incurred in May 2023 according to the same rational and noted an increase from \$90 to \$133 as noted below, however due to programmatic and contextual reasons the sector will maintain the \$90 transfer value. Last update was July 2023.

<p>Safety Threat: Cost for GBV survivor to leave home (case, May 2023):</p> <p>Transportation: 1,275,105 Health: 1,786,549 Rent: 6,323,782 Urgent NFI: 3,618,735 Communication: 522,058 Total: 13,526,226</p> 	<p>Extreme weather: Loss of shelter & NFIs (May 2023):</p> <p>Transportation: 1,275,105 Temporary shelter: 6,323,782 Health: 1,786,549 Urgent NFI: 4,464,635 Communication: 522,058 Total: 14,372,129</p> 	<p>Eviction: loss of shelter (May 2023):</p> <p>Transportation: 1,275,105 Temporary shelter: 6,323,782 Communication: 522,058 Urgent NFI: 1,751,343 Total: 9,872,288</p> 
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The below table provides a breakdown of costs in LBP per item. Costs are calculated using reference points from the monthly GOL Consumer price index as of May 2023 and UNHCR Protection Monitoring average costs for Q2 (April, May, June 2023). The average exchange rate for May 2023 of 94,415 LBP/1 USD was used to determine the USD value.

Transportation	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 for one month at the CPI/monthly rate of 1,275,105 LBP (May 2023)
Health	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 one month based on the CPI/monthly amount of 1,786,549 (May 2023).
Urgent NFI	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 using May 2023 costs.
Communication Costs	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. Telecommunication costs have increased. Cost for phone line and credit for one month is from UNHCR protection monitoring data. 522,058 LBP / Monthly.
Temporary Shelter	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. UNHCR Protection Monitoring data has been used to calculate the rental payment. 6,323,782 LBP / Monthly.



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: <input type="checkbox"/> Akkar <input type="checkbox"/> North Lebanon <input type="checkbox"/> Mount Lebanon <input type="checkbox"/> Beirut <input type="checkbox"/> South <input type="checkbox"/> El Nabatieh <input type="checkbox"/> Bekaa <input type="checkbox"/> Baabek-Hermel	Initial source of information used to fill this assessment: <input type="checkbox"/> Household visit <input type="checkbox"/> Protection face- to- face interview <input type="checkbox"/> Phone interview <input type="checkbox"/> 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: <i>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:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the individual already under case management? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part 3 – Bio Data of Individual

Full name:	Phone number:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Do you share this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (dd/mm/yyyy):	Alternate phone number:
	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"/> 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	Specific needs (incl. disabilities, chronic illness)
Are there any other extended family members sharing the same house with this family? <input type="checkbox"/> No <input type="checkbox"/> Yes How many? Are those members financially dependent?			
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>			
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		<input type="checkbox"/> Actual <input type="checkbox"/> Risk of



	Demolition (or partial demolition) of shelter Other _____	
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
GBV	GBV 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"/> GBV 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

Factors which may support the individual/household respond to the specific protection threat. Where possible, partners should cross-check assistance through RAIS.

Access to humanitarian assistance?

(tick all that apply)

- Emergency Cash Assistance (one-off)
- Protection Cash Assistance Program (PCAP under UNHCR)
- Multi-Purpose Cash Assistance (MPCA)
- Child-focused grant
- Food Cash or In Kind
- Seasonal/winter assistance
- Cash for rent assistance
- Shelter rehabilitation/in-kind

Harmful coping capacities

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

Livelihoods Coping Strategies⁵²

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?

- Involved school children in income generation
- Accepted high risk jobs
- Begged
- Withdrew children from school for financial reasons

⁵² These indicators correspond with those used in the VASYR.



- Legal services
- Cash for Education
- MHPSS support
- Other _____

Are any of the adult family members currently working?

- Yes, please list how many _____
- No
- Occasionally, please list the name(s): _____

What is the average income of the household per month?

If none, what are the reasons?

- No jobs available
- Medical condition/disability/mental illness prevents work
- Part time/full time Care work
- Lack of legal residency
- Not willing for cultural reasons
- Not willing due to previous harmful or negative experience or exploitation
- Other _____

Do you receive any support from friends and relatives?

- No
- Yes / occasionally

If yes, what kind of support?

- shared food
- financial support
- transportation
- Childcare / support for other family members in need of specific care
- Other _____

- Marriage of a child under 18 for financial reasons
- Went untreated for chronic illness/serious medical condition
- Bought food on credit
- Took on / increased debt
- Sold household assets / personal goods
- Other _____

Food coping strategies

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?

- Reduced number of meals eaten per day
- Reduced portion size of meal
- Restricted consumption of adults for children to eat
- Restricted consumption of female family members
- Sent some family members to eat elsewhere

Narrative description of Case

Detailed description of protection threat/incident *If not previously shared during the case management intake/assessment please be specific about the protection incident. Note any underlying factors that have contributed to the protection threat. For GBV 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, GBV, 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> <p>What amount is recommended and with what justification?</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.	
After review of the case, do you approve recurrent cash for protection (under case management)?	<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 review of the case, do you approve the recommended amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No
AFTER APPROVAL: RISK MITIGATION PLAN FOR DISBURSEMENT	
Delivery Modality: <i>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.</i>	
<input type="checkbox"/> Cash in Envelope (only usually used when specific risks are identified) <input type="checkbox"/> Money Transfer Offices (BoB, OMT etc) <input type="checkbox"/> ATM <input type="checkbox"/> ATM card in shop <input type="checkbox"/> Bank letter <input type="checkbox"/> In Kind (only exceptional circumstances)	
Would you prefer to receive cash in LBP or USD? (Please check that they <i>consider any safety concerns they might face if they receive cash in USD</i>)	
<input type="checkbox"/> LBP <input type="checkbox"/> USD	
Do you know how and where to exchange the cash assistance from USD to LBP? (Check that they are able to access an exchange office and refer to page 12 for dos and don'ts in exchanging cash and provide the appropriate guidance)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any specific considerations to be noted for safe delivery? (i.e, use of proxy, specific time and place for delivery, small denomination notes, accessibility supports required etc.)	
<input type="checkbox"/> No <input type="checkbox"/> Yes (please describe) _____	
After discussion with the client about the cash currency, is cash to be provided in USD or LBP?	<input type="checkbox"/> USD <input type="checkbox"/> LBP



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 protection cash such as RPCA.

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, RPCA)	<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
- E. **Does the POC prefer to receive cash in USD or LBP? Are they able to exchange their assistance from USD to LBP at an exchange office?** (Make sure to provide counselling on potential risks and provide guidance on exchanging cash, see p. 12).

Delivery modality

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

Part 4 – Approval



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 3.1.9

% 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 8 in PDM: Overall did you feel safe while:

WHILE GOING TO RECEIVE THE CASH ASSISTANCE?

SIGNIFICANTLY SOMEWHAT NOT AT ALL

WHILE WAITING FOR THE CASH ASSISTANCE?

SIGNIFICANTLY SOMEWHAT NOT AT ALL

WHILE RETURNING AFTER RECEIVING THE CASH ASSISTANCE?

SIGNIFICANTLY SOMEWHAT NOT AT ALL

WHILE EXCHANGING THE CASH ASSISTANCE FROM USD TO LBP? (If applicable)

SIGNIFICANTLY SOMEWHAT NOT AT ALL N/A

WHILE SPENDING THE CASH ASSISTANCE IN USD OR LBP? (if applicable)

SIGNIFICANTLY SOMEWHAT NOT AT ALL

Options:

A. Yes (answered significantly for all questions)

B. No (answered somewhat and not at all)

NUMERATOR: Number of respondents that answer “Yes” = those who responded significantly to all counts.

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

Output 3.1 - Indicator 3.1.12

% OF INDIVIDUALS REPORT THAT THE TRANSFER VALUE AMOUNT IS ADEQUATE TO MEET THEIR PROTECTION NEEDS



SECTOR	Protection Sector
INDICATOR DESCRIPTION	
DEFINITION: This indicator helps the protection sector take evidence-based decisions about the appropriateness of the transfer value ceiling amount. This will be monitored by the sector to inform sector advocacy.	
TOOL: Question: To what extent was the amount of cash you received sufficient to meet your protection needs? Options: A. ADEQUATE B. SOMEWHAT ADEQUATE C. INADEQUATE D. PREFER NOT TO ANSWER	
NUMERATOR: Number of respondents that answer 'ADEQUATE' OR 'SOMEWHAT ADEQUATE'	
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	

Output XXX - FOR PILOT (ADDED AUGUST 2023)

% OF PERSONS WHO REPORT EXPERIENCING HARM AS A RESULT OF RECEIVING CASH

SECTOR	Protection Sector
INDICATOR DESCRIPTION	
DEFINITION: This indicator helps the protection sector to understand whether provision of cash is leading to any safety risks (process) or negative protection outcomes (impact) for persons of concern. This will also support to identify whether any additional risks are observed when providing cash in USD.	
TOOL: Question: Overall, did you perceive any harm as a result of receiving cash? Options: • YES • NO	
NUMERATOR: Number of respondents that answer 'YES'	
DENOMINATOR: Number of respondents	
UNIT OF MEASURE: Percentage (%)	
DISAGGREGATED BY: Nationality, currency LBP/USD	
SUGGESTED DATA COLLECTION METHOD: Household visit or phone call	
SUGGESTED DATA SOURCE: Outcome monitoring or post-distribution surveys	

Annex 6: Sample Post-Distribution Monitoring Form⁵³

Section 1: General Information	
When to complete	This form should be completed, if not for the majority of cases within case management, for at least a random and representative sample (95% confidence and 10% margin of error). ⁵⁴ If providing RPCA, ideally administer twice; the first survey 3 weeks from the second cash payment and second survey three weeks after the last cash payment.
Who should complete it	Case workers should not conduct PDM interviews on the cases under their responsibility. However, confidentiality and do no harm issues must be thoroughly considered if staff outside the case management

⁵³ This form was adapted from DRC Lebanon Internal Protection Cash PDM.

⁵⁴ See Save the Children Guidance [multi-purpose cash MEAL Toolkit](#) p.12 and BAWG PDM guidance for Lebanon p.5.



	<p>team are involved as they should receive training on basic concepts of GBV, Gender, Child Protection and guiding principles of GBV prevention and response as well as their agency complaint & feedback mechanisms including on PSEA and fraud. For sensitive cases such as GBV survivors it can be recommended for another trained GBV case worker or case management supervisor not assigned to the case to conduct the PDM.</p>
<p>Purpose of the form</p>	<p>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 minimised further harm. To record the beneficiary's feedback on the level of satisfaction with the quality of assistance including their perceptions of safety prior, during and after disbursement, suitability of assistance in addressing the protection need, and to identify areas of improvement. If partners are not using the whole form, then they are strongly encouraged to incorporate the questions marked 'core questions' in their PDMs, and it is necessary for partners to incorporate the questions marked 'sector core cash indicator' to be able to report in activity info.</p>
<p>Section 2: Introduction</p>	
<p>Hello, my name is I work with <i>[insert organization]</i> an independent humanitarian organization which provides services based on need. If you are willing, we would like to ask you some questions about your satisfaction with the quality of our cash services. The survey usually takes up to <i>[insert duration]</i> minutes to be completed. Your participation is voluntary and if at any time you feel uncomfortable, we are able to stop the interview or 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 <i>[organisation]</i>. However, we hope that you will participate since the information you will provide will assist us in monitoring our project and improving its delivery in the future.</p> <p>Do you have any questions? Do you agree to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Section 3: Administration <i>To be filled by the case worker or the staff conducting the assessment prior to the meeting.</i></p>	
<p>Caseworker/staff conducting assessment:</p>	
<p>Area:</p> <p><input type="checkbox"/> Akkar <input type="checkbox"/> North Lebanon <input type="checkbox"/> Mount Lebanon <input type="checkbox"/> Beirut <input type="checkbox"/> South <input type="checkbox"/> El Nabatieh <input type="checkbox"/> Bekaa <input type="checkbox"/> Baabek-Hermel</p>	<p>Date of filling this assessment: Click here to enter a date.</p>
<p>Type of Cash Assistance:</p> <p><input type="checkbox"/> Recurrent Protection Cash Assistance (RPCA) <input type="checkbox"/> Emergency Cash Assistance (ECA)</p>	<p>When is the PDM done, after the first or last installment?</p> <p><input type="checkbox"/> First installment <input type="checkbox"/> Last installment</p> <p>What is the total number of installments the individual should receive by the end of assistance?</p> <p><input type="checkbox"/> 1 month (ECA) <input type="checkbox"/> 2 months (ECA) <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months (only exceptional cases)</p>



	What currency? <input type="checkbox"/> LBP <input type="checkbox"/> USD
Section 4: Bio Data of Individual (only collect information not previously obtained to avoid repetition)	
4.1. Case Code (case management) / full name (outside of case management)	
4.2. Gender <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Other <i>If other, please specify:</i>	4.3. Date of Birth (dd/mm/yyyy):
4.4. UNHCR number (if applicable)	4.5. Nationality: <input type="checkbox"/> Lebanese <input type="checkbox"/> Syrian <input type="checkbox"/> PRL <input type="checkbox"/> PRS <input type="checkbox"/> Stateless <input type="checkbox"/> Migrant <input type="checkbox"/> Refugees of other nationalities <i>If other, please specify:</i>
4.6. Do you have difficulty seeing, even if wearing glasses? <input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	
4.7 Do you have difficulty hearing, even if using a hearing aid(s)? <input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	
4.8 Do you have difficulty walking or climbing steps? <input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	
4.9. Do you have difficulty remembering or concentrating? <input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	
4.10. Do you have difficulty with self-care, such as washing all over or dressing? <input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	
4.11. Using your language, do you have difficulty communicating, for example understanding or being understood? <input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all <input type="checkbox"/> Refused <input type="checkbox"/> Don't know	
Section 5: Cash Counselling	
5.1. Before receiving the cash were you informed about why you are receiving the cash assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
5.2. Before receiving cash, were you informed about the following: Amount of assistance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Currency of assistance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Number of Instalments <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
5.4. Were any potential risks associated with you receiving cash assistance discussed with you before receiving the assistance (including related to the delivery mechanisms, receiving cash in USD, exchanging USD to LBP, or use of the cash assistance)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
5.5 If yes, did the case worker help you to address these difficulties?	



Yes No Don't know

Section 6: Collecting the Cash Assistance

6.1 How did you receive the cash?

MTO ATM Cash in envelope ATM card in shop Bank letter

6.2 How much cash did you receive for your last installment?

_____ LBP / _____ USD

6.3. Is this the amount you were informed about during counselling?

Yes No I was not counselled

6.4 If no, do you know why you may have received a different amount of money? (tick the correct box)

MTO personnel asked for money in exchange to benefit from the assistance other than fees incurred by the MTO staff member from the organization asked for money in exchange to benefit from the assistance Family member/caregiver or proxy asked for money Community member asked for money Local authorities asked for money Counselling by the case worker that the amount changed Other: If other, please specify

6.5. Who collected the money?

Myself Trusted family member, relative, friend, neighbour community leader Community volunteer
 Other: *If other, please specify who:*

If you did not collect the money (i.e., other than myself) can you explain why?

The MTO/ATM is not accessible for persons with disabilities (i.e., infrastructure, stairs) Self-restriction of movement
 No time Did not know how to withdraw the money (i.e., use the card/go to the MTO) Place of withdrawal is far
 No money to pay transportation Lack of documents Unable to read instructions to withdraw money Other: *If other, please specify.*

6.6 Did you (or the person who collected the cash) face any challenges while collecting the cash assistance? (core question)

Yes No don't know

6.7 If yes, please select all the challenges you faced? (core question)

- MTO agent refused to provide the cash assistance
- Safety/Security restrictions (e.g., movement restriction, ...)
- Lack of documentation to travel to the MTO / ATM
- Lack of documentation requested by the MTO (*see question 6.9*)
- Physical barrier (e.g., inaccessible building, inaccessible writing formats...)
- Physical, verbal, or psychological violence or harassment by MTO / ATM personnel (*please note whether it was reported and to whom*)
- Physical, verbal, or psychological violence/harassment by humanitarian staff
- Physical, verbal, or psychological violence/ harassment by community members
- Theft
- Lack of liquidity of available notes
- Receiving cash in unsafe location
- MTO/ATM did not provide the full amount
- I received a poor-quality USD note that I could not use
- Long waiting time



- Far distance of MTO/ATM due to transportation costs
- Refusal to sell certain items (ATM card in shop)
- Charged higher prices (ATM card in shop)
- Shop owner requested for the PIN code (ATM card in shop)
- Inability to provide smaller USD notes
- Other: *If other, please specify*

6.8 If challenges were reported related to the MTO/ATM, from which branch did you receive the cash?

6.9 What kind of documentation did the MTO ask for you to be able to *collect* the cash assistance?

Section 7: Exchanging/Spending the Cash Assistance

7 Did you receive cash in USD or LBP? (core question) USD LBP

7.1 Did you exchange part or the whole cash assistance amount from USD to LBP?

- Yes, all Yes, part No, none

7.2 If yes, where did you exchange the cash?

- Bank MTOs (e.g., Western Union, OMT...)
- Money exchange companies Persons exchanging money on the street
- Family members/relatives Other:

7.3 Did you face any challenges or risks while exchanging the cash assistance from USD to LBP?* (sector core cash indicator)

- Yes No Don't know

7.4 If yes, what are the challenges? (core question)

- Poor quality of the USD note not accepted for exchange
- Exploitation due to lower exchange rate provided
- Theft Physical violence
- Verbal harassment Discrimination/not treated well by exchanger
- Exchanging cash in unsafe location
- Inability to receive smaller USD notes if applies
- Other: *If other, please specify:*

7.5 Overall whether in USD or LBP how did you use the cash assistance?

- Food Health costs (incl. medicine)
- Rent Utilities and bills
- Debt repayment Assets for livelihoods
- Education costs (school fees, materials, transport)
- Transport (access services, see friends)
- Household Items (kitchen items, mattresses, blankets etc.)
- Winter supplies (fuel, wood...)
- Clothes/Shoes
- Hygiene Items Communication
- Legal documentation Lawyer support for legal proceedings
- Savings (partially) Other: *If other, please specify:*

7.6 Who made the decision on how to spend the cash assistance?

- Myself Spouse Parents Children Other:
- If other, please specify:*

7.7 Did you pay in USD directly for any services or goods?

- Yes No Don't know

7.8 If yes, what did you directly spend USD on?

- Food Health costs (incl. medicine)
- Rent Utilities and bills
- Debt repayment Assets for livelihoods
- Education costs (school fees, materials, transport)
- Transport (access services, see friends)
- Household Items (kitchen items, mattresses, blankets etc.)
- Winter supplies (fuel, wood...)
- Clothes/Shoes
- Hygiene Items Communication
- Legal documentation Lawyer support for legal proceedings
- Savings (partially) Other:



7.7 If yes, did you face any challenges while spending USD?

Yes No Don't know

7.8 If yes, what are the challenges?

No small USD notes available for change Poor quality of the USD note not accepted Exploitation due to lower exchange rate provided Theft Physical violence Verbal harassment Sexual harrassment Discrimination/not treated well Other: *please specify:*

7.9 Overall, have you faced any of the following challenges after your receipt of cash assistance in USD? (core question) (read out the list)

Property owner increased rent Tension with neighbors/community members Tension within the household Tension with local shop Termination from work Previously received community support was withdrawn reduced negotiating power with community incl. property owner strong disapproval/stigma from the community Other. *Please specify:*

Please include additional explanation for type of challenge experienced for analysis purposes (Free text)

Section 8: Safety

8. Overall, did you feel safe: (sector core cash indicator)

while going to receive the cash assistance?

significantly somewhat Not at all

while waiting for the cash assistance?

significantly somewhat Not at all

while returning after receiving the cash assistance?

significantly somewhat Not at all

while exchanging the cash assistance from USD to LBP?

Significantly Somewhat Not at all N/A

while spending the cash assistance in USD or LBP?

Significantly Somewhat Not at all

If any of the above are somewhat or not at all, please explain why?

Sector Cash Indicator Calculation Guidance (Sector core cash indicator 3.1.9): Did you feel safe receiving the cash assistance? Yes (if all above marked significantly) No (if any of the above marked somewhat or not at all)

Sector Cash Indicator Calculation Guidance (Sector core cash indicator): Overall, did you perceive or experience any harm as a result of receiving cash? Yes No

Section 9: Community Feedback Mechanism (CFM)

9.1 Are you aware of how to report complaints and feedback on the cash assistance you received?

Yes No (If no, explain your organizations complaint and feedback mechanism)

9.2 Additional Comments

Outcome Monitoring

Section 10: Impact of Cash Assistance in Responding to Protection Risk/Incident



This section looks at the impact of cash assistance. It is important to understand whether cash assistance was effective at addressing the protection risk defined in the cash assessment. Therefore, case managers should link outcome monitoring findings to the specific protection risk that cash assistance sought to address.

<p>10.1 To what extent did the cash assistance you receive contribute to addressing your protection situation? On a scale of 1 to 3 (1 = not at all, 2 = somewhat, 3 = significantly) [Sector core cash indicator]</p> <p><input type="checkbox"/> Significantly <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all</p>	<p>If somewhat or not at all, why?</p>
<p>10.2S To what extent do you feel an improved feeling of safety and dignity after benefitting from the cash assistance? <i>(Improved feeling of safety and dignity could be defined as improved freedom of movement; reduced level of violence; better access to services, livelihoods, etc)</i></p> <p><input type="checkbox"/> Significantly <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all</p>	<p>If somewhat or not at all, why?</p>
<p>10.3 To what extent was the transfer value adequate to meet your protection need? <i>On a scale of 1 to 3 (1 = not at all, 2 = somewhat, 3 = significantly) [sector core cash indicator]</i></p> <p><input type="checkbox"/> Significantly <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all</p>	<p>If somewhat or not at all, why?</p>