



Cash with purpose:
Supporting survivors of sexual and gender-based violence in Tigray, Northern Ethiopia

CASE STUDY
Ethiopia Red Cross Society & Finnish Red Cross
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1. INTRODUCTION:

Why cash? Why now?

1.1 Conflict, vulnerability and the need for dignified support

In the aftermath of the conflict in Tigray, Ethiopia, countless women and girls were left facing severe economic hardship. Many were survivors of sexual and gender-based violence (SGBV), navigating the complex physical, emotional and financial consequences. With traditional support systems overstretched, critical gaps in survivor services remained unaddressed. To fill these gaps and offer a pathway to recovery rooted in dignity and choice, the Ethiopian Red Cross Society (ERCS), with support from the Finnish Red Cross, launched a cash-based response. Building on earlier efforts by the International Committee of the Red Cross [1], this initiative aimed to meet both urgent and medium-term needs by giving women survivors the flexibility to prioritize what mattered most to them.

As part of a wider emergency operation targeting over 55,000 people affected by the conflict in the South Eastern Zone, including Mekelle, the programme delivered multipurpose cash assistance to 2,508 individuals, alongside livelihoods and medical support for survivors of SGBV. The approach not only addressed immediate vulnerabilities but also created space for recovery, reintegration and renewed agency.

1.2 Purpose of this case study

This case study captures the impact of the cash assistance programme on survivors of SGBV. It highlights key changes in their lives, shares personal stories of recovery and reflects on lessons to inform future programming.

The findings are based on a one-week data collection exercise, which included interviews with Red Cross and Red Crescent Movement staff, partner associations, Government officials and cash assistance recipients. In total, 43 female and 5 male recipients of cash assistance participated, of which 10 individuals reported that they or a household member have a disability. The interviews were complemented by a desk review of key programme documents, including monitoring reports.

[1] During the conflict, the ICRC supported safe houses, including the rehabilitation of a shelter in Mekelle, to address gaps in services for women affected by sexual violence. It also provided vocational training, livelihood support and medical care, while collaborating with ERCS on community outreach to strengthen survivors' access to services.

2. THE APPROACH: Laying the groundwork for inclusion and protection

2.1 Building safe pathways for survivors

Prior to this intervention, neither the Finnish Red Cross nor the ERCS had extensive experience providing direct services to survivors of SGBV. However, following needs assessments in late 2023 and early 2024, the Finnish Red Cross allocated dedicated funds to support a survivor-centred response in Tigray.

The pilot initiative supported food costs for 300 women in safe houses, provided business start-up capital to 100 survivors and delivered multipurpose cash assistance to 175 survivors living outside the safe house. This marked a significant step forward in both National Societies' efforts to build technical capacity in managing sensitive protection issues like SGBV. To further strengthen the response, ERCS also hired a dedicated Protection, Gender and Inclusion Officer to ensure technical quality and coordination.

While the pilot initiative included multiple forms of support, this case study focuses specifically on the cash transfers for SGBV survivors that were proposed as a follow-up to the pilot. Implemented by ERCS with support from the Finnish Red Cross and funded by the Finnish Ministry for Foreign Affairs, this cash-based assistance aimed to provide both immediate relief and support for longer-term recovery. The assistance took two forms: multipurpose cash for immediate needs and conditional business start-up support to promote recovery and self-reliance. The latter specifically targeted women survivors of SGBV, including those currently or recently housed in safe shelters. The assistance was integrated with other support services offered by the safe house such as psychosocial care, vocational training and referrals to medical care.

Recognizing the additional barriers faced by persons with disabilities, the programme was also designed to advance disability inclusion. ERCS aimed to strengthen its capacity to deliver inclusive support by integrating disability inclusion minimum standards, conducting staff training and collaborating with local organisations of persons with disabilities (OPDs). These efforts specifically included inclusive community engagement in beneficiary targeting and physical accessibility improvements in the safe house.

By embedding both protection and inclusion principles into its programming, the ERCS demonstrated a growing commitment to delivering more responsive and dignified assistance to those most affected by violence and exclusion.

2.2 Who was reached and how

Identifying the most vulnerable, especially survivors of SGBV and persons with disabilities, required careful balancing of trust, safety and community ownership.

For the multipurpose cash assistance, ERCS Tigray branch established diverse community selection committees to identify households most affected by conflict and drought. The process emphasized local leadership and was widely viewed as fair and inclusive by the community. The multipurpose cash assistance also aimed to support survivors of SGBV. To ensure confidentiality and safeguard their well-being, this targeting was not carried out through the community selection committees. Instead, ERCS collaborated with the Tigray Women's Bureau, which was already working with survivors at the community level and had established ways to reach them. Through its local structures, the Bureau discreetly identified survivors, who were then included in the broader cash distribution alongside other eligible recipients.

For conditional business start-up support, SGBV survivors were identified through the Mekelle safe house which is managed by the Tigray Women's Association. Given the sensitivity, recipients were selected directly by safe house staff under strict confidentiality protocols. The conditions for receiving cash support were: 1) residence in the safe house, 2) completion of vocational training, and 3) development of a business plan demonstrating commitment. While UNFPA also provided similar support, it reached only a limited number of women. The ERCS intervention sought to bridge this gap by extending support to a greater number of survivors, ensuring that more women had the opportunity to rebuild their lives.

Unlike the National Society's usual practice of directly leading the targeting process, this approach placed trust in community structures and partners. Since ERCS did not yet have direct contact with survivors, working through the Tigray Women's Bureau and Women's Tigray Association who already engaged with survivors at the community level was seen as the safest and most appropriate way to reach them. The names of the survivors included were not known, with ERCS identifying them only through codes to safeguard confidentiality. It is also important to highlight that some women were able to access ERCS cash support due to well-functioning referral pathways between the hospital, safe house and the Red Cross. Effective coordination among service providers is essential to ensure that survivors receive timely support and do not fall through the cracks.

3. WHAT CHANGED:

Transforming support into long-term resilience

3.1 Restoring dignity and autonomy through multipurpose cash assistance

Recipients of multipurpose cash assistance used the funds to cover urgent needs such as food, rent, school supplies and healthcare. Many described the support as life-saving, arriving at a moment of acute vulnerability. The unconditional nature of the assistance was particularly valued, as it allowed individuals to make independent decisions based on their priorities — enhancing both dignity and resilience.

Some women emphasized that receiving cash meant they could meet essential needs without “resorting to begging, borrowing or other harmful coping strategies”. The flexibility of the support eased immediate financial pressure and created space for emotional and economic recovery.

For some women, the assistance was transformative. It restored a sense of autonomy and agency, enabling them to make financial decisions for the first time. This shift not only improved their self-worth but also strengthened their role within the community. A few women used the cash to launch or expand small businesses, such as selling eggs, marking a first step toward long-term financial recovery and social reintegration.

These outcomes highlight the potential of linking multi-purpose cash assistance with livelihood support to enhance longer-term impact.

3.2 Seeds of recovery

The conditional cash assistance provided to survivors of SGBV offered more than just financial relief, it became a turning point in many women’s journeys toward recovery, autonomy and social reintegration.

Recipients of the start-up capital used the funds to establish small businesses that reflected both their skills and the needs of their communities. Women launched ventures such as poultry farming, tea and coffee kiosks, small retail shops and traditional food preparation. Some joined forces to pool resources and operate as cooperatives, increasing their earning potential and resilience to market shocks.

Collective strength and transformation

Thirteen women survivors came together after receiving business start-up support from the Red Cross. Pooling their resources and determination, they formed a cooperative and launched a spice grinding business. With their first cash grant, they purchased a spice mill, began buying raw spices from the local market and selling freshly ground blends at a profit.

Their success quickly grew. They reinvested their earnings to buy a second mill and rent a dedicated workspace. Today, they not only sell in the market but also supply restaurants and hotels. Operating in shifts, each woman has built her own client base. They now dream of expanding further, perhaps even opening their own restaurant.

Beyond the business itself, the group has formed a powerful support network. The women have built close friendships, caring for each other's children and offering emotional support during difficult times.

The women speak with pride about being able to contribute to their communities and support their families. The income is sustainable, the work gives them purpose, and the experience has restored their confidence. *"We are so grateful to the Red Cross for believing in us"* one member shared. *"Thanks to that first opportunity, we are back on our feet and building something of our own."*



Journey to recovery and self-reliance

After enduring unimaginable hardship, including displacement and sexual violence, a young woman began to rebuild her life with the support of the Red Cross and a strong community network. Identified by Ayder Hospital's one-stop center and referred to a safe house, she spent several months recovering while being pregnant and separated from her first child who had been raised by her parents.

Upon leaving the safe house, she returned to an IDP camp and took up work in a university campus kitchen while caring not only for her own child but also for her sister's. Feeling overwhelmed and uncertain about the future, she sought help from the Women's Association, who connected her to the Red Cross. Because of the ERCS' flexible criteria to supporting protection cases, she was able to join the cash assistance programme and received 30,000 birr top up start-up capital.

"I didn't know what to do with the money at first," she recalls. "Some said I should use it for nice clothes, others for food. I was stressed and unsure." Yet the IDP community rallied around her, encouraging her to start a small poultry business. She used part of the cash to buy chickens and, with the help of her neighbours, built a chicken enclosure and began selling eggs.

She built her knowledge without having had access to formal training, learning as she went. Her confidence grew with every step. *"I am very happy that I can work and improve my life. I now have a business mind"* she says proudly. She plans to expand from 50 to over 200 chickens and has already approached the Women's Affairs Bureau to request land for further expansion. Her dream is to grow her business to 1,000 hens and employ 5–6 others, including teaching her son.



"I feel proud of myself, but I also want to thank the Red Cross. Without their support, I would still be living in an IDP tent. Now I can stand on my own and rejoin the community with confidence."

Across interviews, women expressed a deep sense of pride in becoming self-reliant. Many described the start-up cash as a "life changer" — a rare opportunity to take back control after years marked by violence, displacement or marginalization. For some, it was the first time they had earned an income independently or been able to contribute financially to their households.

The support also had ripple effects. Women reported being able to send their children to school, pay for medical expenses and even begin saving for the future. Some saw rapid business expansion within just months, showing strong entrepreneurial spirit and market awareness. Their testimonies highlighted how economic empowerment reinforced psychological healing, restored dignity and strengthened their standing in the community.

Despite these successes, women also noted ongoing challenges: inflation, market access and occasional questioning from others about the source of their money. However, their determination to sustain and grow their businesses was evident and many expressed a desire for further training or mentorship to expand their ventures.

In short, the business start-up support did more than seed income, it planted hope, restored confidence and set foundation for a new chapter in these women's lives.

4. REACH AND INCLUSION: Progress made and gaps remaining

4.1 Inclusion of persons with disabilities

The programme demonstrated a clear and intentional focus on disability inclusion, with meaningful efforts made from the outset. This included reserving a portion of the multipurpose cash allocation for reasonable accommodation, involving persons with disabilities in community selection committees, and partnering strategically with the Tigray Women with Disabilities Association to ensure expert guidance on accessibility and inclusive practices. This collaboration was a particularly positive and, for ERCS, relatively new element of the project. Tigray Women with Disabilities Association contributed by supporting training sessions and advocating for the inclusion of women and girls with disabilities, which helped strengthen awareness and improve accessibility within the project.

"The Red Cross came to us. They were the first ones. In that, the Red Cross took a huge step towards inclusion compared to others. They gave us the chance to consult on how to include people with disabilities," noted a representative from the Women with Disabilities Association, highlighting the proactive approach taken by the ERCS in engaging disability rights actors.

Several respondents confirmed that individuals with disabilities were selected as multipurpose cash recipients, indicating that inclusion was actively considered during targeting. The assistance enabled recipients to meet essential needs and ease economic dependence on others, significantly improving their daily lives. A dedicated budget for accessibility-related adaptations was also set aside, allowing the programme to respond flexibly to specific needs as they emerged.

However, barriers remained particularly within the safe house services for survivors of SGBV. Despite dedicated efforts in the project to improve accessibility for diverse types of disabilities, such as sign language training and the provision in the budget for assistive devices and accessibility, the infrastructure and staffing remained inadequate to meet the needs of women survivors with disabilities. "The Red Cross was the first one to ask why there are no women with disabilities in the safe house. I told them it's because their needs are not addressed. There are no toilets for people with mobility restrictions. Women with hearing impairments didn't get appropriate treatment. They didn't talk to anyone, and no one talked to them. It's traumatic. They refused to go." shared a member of Tigray Women with Disabilities Association.

While the initial provision of sign language training was appreciated, only one trained staff member remained, and safe house staff stressed the need for further training, especially in interpreting legal procedures for survivors with hearing impairments. These services were currently neither available nor affordable for the safe house to purchase externally.

There was also no evidence that women with disabilities had been included in the vocational training programmes offered in the safe house. One woman shared that she had been excluded due to mental health challenges, pointing to gaps in psychosocial understanding and inclusive practice. Moreover, since completion of vocational training was a prerequisite for accessing business start-up support, this criterion further limited opportunities for survivors with disabilities to benefit from the initiative.

Finally, the commitment to disability inclusion varied across partners. In some cases, it was perceived as a resource-intensive “add-on” rather than a core component of the response. As one respondent noted, a sense of competition over limited resources may have undermined more sustained, inclusive programming.

Together, these findings point to both promising entry points and persistent gaps. While the programme took important steps toward inclusion, the structural and attitudinal barriers facing women with disabilities require deeper, long-term investment to ensure equity in access and outcomes.

4.2 Community voices and social dynamics

The success of any humanitarian intervention hinges not only on direct assistance but also on how it is perceived and experienced within the broader community. In the case of Tigray, community dynamics played a significant role in shaping the outcomes of the cash assistance programme.

Overall, feedback from multipurpose cash recipients pointed to strong community acceptance of the support provided by the ERCS and its partners. The use of community-based selection committees was widely appreciated. Many cash recipients expressed confidence in the fairness of the targeting process, emphasizing that the committees reflected the makeup of their communities and included diverse voices (elders, religious leaders, women and persons with disabilities). In a context where needs far exceeded available support, the transparency and inclusiveness of the process contributed to a sense of legitimacy. "People saw who got the support, and they agreed it went to the right people. That helped prevent jealousy or complaints," noted one respondent.

In one community, women survivors who had received multi-purpose cash faced mistrust and suspicion from others in the community. This may have stemmed from limited awareness of the programme's purpose, the integration of survivors into general targeting or prevailing gender norms that challenge women's control over cash. The situation highlights the importance of context-sensitive targeting, clear communication and proactive community engagement to prevent backlash and misunderstanding.

Social stigma surrounding SGBV remains a significant barrier to inclusion and reintegration. While some survivors reported being treated with empathy and respect, others faced judgment and chose not to disclose the reason they were receiving support —underscoring the need for confidentiality and tailored, survivor-sensitive approaches in programme design and delivery.

Despite these challenges, the intervention appears to have shifted some perceptions at the community level. The visible recovery of women who launched small businesses or improved their household conditions with the support of cash grants challenged prevailing assumptions about survivors' roles and potential. Their resilience, determination and growing economic contributions began to reshape their social standing, offering an entry point for broader dialogue on dignity, inclusion and recovery.

In addition to the cash assistance, the project also involved volunteer-led community outreach to raise awareness about SGBV and challenge stigma. However, due to time constraints, the impact of these efforts was not explored in depth as part of this case study.

5. LESSONS FROM THE FRONTLINES

5.1 What worked well

- Timely support met urgent needs – Multipurpose cash assistance was widely described as lifesaving, arriving at a critical moment when recipients were at their most vulnerable. For many, it was not just helpful, it was the difference between survival and further harm.
- Improved psychosocial wellbeing and self-worth – The support enhanced recipients' autonomy and decision-making power, allowing them to meet their families' needs on their own terms. Many described regaining a sense of purpose, preserving their dignity and avoiding harmful coping mechanisms as a result.
- Flexible use respected recipients' agency – The flexibility in how recipients could use the cash was consistently appreciated. Most commonly, funds were spent on food, medicine and education, but the freedom to choose allowed individuals to make decisions based on their own priorities, reinforcing their sense of dignity and control.
- Coordinated support through existing structures – Dedicated efforts were made to coordinate with government, service providers and local partners to ensure survivors of SGBV were included in the cash response. Support was delivered through existing referral and assistance systems, avoiding parallel structures and promoting a more holistic, sustainable approach.
- Complementary action within the Movement – Coordination among Movement partners ensured continuity of support for SGBV survivors at a time when many humanitarian actors were scaling down. Years of dedicated investment by ICRC in addressing SGBV and supporting existing services created a strong foundation, enabling ERCS to step in and sustain efforts as ICRC reduced its presence.
- Dedicated efforts to advance disability inclusion – The programme demonstrated a clear commitment to disability inclusion, with a dedicated budget allocated from the outset. This intentional focus not only shaped inclusive implementation but also created space for new partnerships and awareness-raising efforts at community and institutional levels. Importantly, it also increased the participation of people with disabilities.
- Community-based targeting increased trust and acceptance – In areas where community members were actively involved in the selection process through diverse and inclusive committees, the targeting was seen as transparent and fair. This participatory approach helped build trust and minimized tensions within the community.

5.2 What needs rethinking

- Payment delays created uncertainty – Some delays in disbursing business start-up grants were reported, mainly due to additional verification steps by the ERCS. While such checks are understandable, it is essential to ensure proactive and timely communication with both implementing partners and recipients to maintain trust and safeguard the organization's credibility.
- Survivors need longer-term support beyond emergency relief – For sustainable recovery, cash assistance must be complemented by longer-term livelihood and psychosocial support. This includes access to skills training, trauma-informed care and financial literacy initiatives. Some women reported being excluded from government vocational training programmes because they had already received Red Cross assistance highlighting gaps in coordination and a missed opportunity to sequence and layer services for lasting impact. Without follow-up support, there is a risk of relapse into vulnerability.
- Accessibility and disability inclusion require greater attention – Disability inclusion must be more systematically integrated across all stages of programme delivery, particularly in ensuring that adaptations are meaningful and their effectiveness monitored. This includes accessible communication, mobility support and feedback mechanisms tailored to diverse needs. It also requires meaningful participation in all project activities, identifying and mitigating barriers to inclusion, and deeper collaboration with OPDs.
- Clear roles and responsibilities are essential for holistic support – Even stronger coordination is needed between ERCS, the Women's Affairs Bureau, OPDs and other actors such as ICRC. Clearly defined roles and responsibilities are vital to avoid duplication and ensure coherence. Joint planning and resource sharing can foster more holistic and durable solutions.
- Safe identification of survivors depends on strong internal capacity – ERCS made a thoughtful and context-appropriate decision to partner with organizations experienced in supporting SGBV survivors. While this approach ensured immediate access to those most at risk, relying solely on external partners for identification also posed challenges. Going forward, targeting should be coordinated with relevant health and protection actors but with greater direct involvement of ERCS now that its internal capacity has grown.
 - To support this shift, ERCS should develop and adopt standard operating procedures (SOPs) for identification and responding to individual protection cases, and review its data protection protocols to ensure alignment with national standards. Upholding confidentiality and survivor safety must remain central to all protection interventions, and adequate staffing with SGBV expertise is essential to enable ERCS to take on a stronger role in identification and follow-up.

6. CLOSING REFLECTIONS

This case study illustrates the transformative potential of cash assistance when paired with protection and recovery services. For many survivors, it marked a turning point toward healing and independence. With sustained investment and inclusive design, the impact can go even further.

Cash, when delivered in a survivor-centred, confidential and inclusive manner, is not only a tool for meeting urgent needs but also a catalyst for restoring dignity, rebuilding livelihoods and strengthening resilience. Linking cash to complementary services such as psychosocial support and vocational training creates pathways for sustainable recovery that go beyond short-term relief.

The experience in Tigray also highlights the importance of trust and partnerships. Collaboration with government actors, women's associations and OPDs was key to safely reaching survivors and tailoring support to diverse needs. Strengthening these partnerships, while continuing to build the internal capacity of the ERCS, will be essential for scaling up protection-sensitive cash programming.

At the same time, the lessons remind us that one-off interventions are not enough. Survivors need longer-term support, accessible services and opportunities to rebuild their lives in safety and dignity. Addressing stigma, advancing disability inclusion and ensuring coordination across sectors must remain priorities in future programming.

Ultimately, this response in Tigray demonstrates that "cash with purpose" can be a powerful bridge from crisis to recovery. By investing in approaches that place survivors at the centre, humanitarian actors can help transform assistance into resilience and immediate relief into lasting hope.

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Photos: Finnish Red Cross



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