



## Mitigating GBV for Cash-based Interventions in Humanitarian Settings in Rakhine State Guidance Note: July 2020

**Purpose of this note** is to provide information on the minimum actions that must be undertaken by organizations undertaking cash-based interventions (CBIs) in Rakhine State, Myanmar so as to mitigate gender-based violence (GBV) risks and avoid doing harm. This document was developed by the GBVSS, PWG and FLS covering central Rakhine in consultation with MIAG partners covering the northern townships.

**Why?** As stated by the IASC, GBV risk mitigation is required of all humanitarian actors for all programmes under collective responsibility<sup>1</sup>. GBV exists in every society worldwide and is exacerbated in emergencies. All humanitarian assistance can impact on GBV risks, both for the positive (such as reducing household tensions related to daily survival and negative coping mechanisms like early marriage and survival sex) and the negative (such as theft or assault when moving with assistance, and increasing resource control tensions in the home) and these can differ depending on whether assistance is provided in-kind or with a CBI (where assistance may for example be easier to hide, but also easier to steal or use for wrong purposes).

In Rakhine State, there is a shift towards using CBIs, or a combination of in-kind and CBI modalities in at least some locations. This has prompted discussions on protection mainstreaming in these activities based around an assessment of the risks and how they can be mitigated, as well as the opportunities for risk reduction and how they can be maximized. This is based on a sound understanding of social norms including gender dynamics within the household which play an important role in shaping how cash and food is managed within the family in terms of responsibilities and control over resources. This guidance note therefore provides key information on what measures must be undertaken to mitigate GBV risks that might arise from CBIs.

**GBV in Myanmar:** Gender-based violence (GBV) is a term used to describe any harmful act that is perpetrated against a person's will, and is based on socially ascribed norms. It knows no social, economic or national boundaries. GBV undermines the health, dignity, security and autonomy of its survivors. Violence against women and girls is one of the most prevalent human rights violations in the world and yet is the most silent. In Myanmar, impunity for GBV is exacerbated by underlying gender

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<sup>1</sup> Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action (GBV Guidelines), 2015, available at <https://gbvguidelines.org/en/>; Handbook for Coordinating Gender-based Violence Interventions in Emergencies (GBV AoR of the Global Protection Cluster 2019), available at <https://gbvaor.net/>.

inequality. According to Myanmar Demographic Health Survey 2015/2016<sup>2</sup>, 13% of women have experienced physical violence, 1% have experienced sexual violence, and 2% have experienced both physical and sexual violence. Overall, 16% of women age 15-49 have ever experienced physical or sexual violence. Among ever-married women age 15-49 who had experienced sexual violence, 56% reported their current husband and 43% reported a former husband as the perpetrator. It is important to note that these statistics do not give us the true picture of GBV in Myanmar as GBV is generally under reported in many cases.

**Who is the guidance note for?** The note is developed for use by actors providing CBIs in camps, non-formal IDP sites, other camp-like settings and villages in Rakhine State. It is recommended that such support should be provided in collaboration with protection actors.

**How?** GBV mitigation for CBIs include the following key components: (i) to ensure that CBIs do not cause or increase the likelihood of GBV, (ii) to proactively seek to identify and take actions to mitigate GBV risks in the environment and in the entire CBI programming cycle and (iii) to proactively facilitate and monitor vulnerable groups' safe access to services.

### **Minimum Standards/Key Considerations for Cash Interventions<sup>3</sup>**

To ensure that CBIs do not lead to an increase in GBV risks to women and girls in communities where such interventions are being conducted, the following minimum standards/key considerations should be met by all humanitarian actors undertaking CBIs in Rakhine State.

1. Information relating to the CBIs must be well disseminated in the community among women and men through multiple communication channels.
2. CBIs need to ensure participation and inclusion of women, girls and other groups vulnerable (e.g persons living with disabilities) to the risk of GBV, throughout the programme cycle.
3. All data relating to CBIs need to be disaggregated by gender, age and disability to be able to inform programming in a gender and age sensitive way.
4. With due consideration for relevant overarching protection considerations, including do no harm and conflict sensitivity, integrate GBV and protection related questions in CBI feasibility pilot assessments to understand beneficiary women's and men's preferences with regard to transfer modalities and the impact of changes in transfer modality on beneficiary women and men are identified and addressed. Where possible, it is advisable to have someone with relevant GBV background and experience as part of the assessment team.

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<sup>2</sup> Ministry of Health and Sports (MoHS) and ICF. 2017. Myanmar Demographic and Health Survey 2015-16. Nay Pyi Taw, Myanmar, and Rockville, Maryland USA: Ministry of Health and Sports and ICF.

<sup>3</sup> Evidence Brief: Cash Transfers and Intimate Partner Violence: Findings from a Review of Quantitative and Qualitative Studies in Low- and Middle-Income Countries, The Prevention Collaborative, October 2019, <https://prevention-collaborative.org/resource/evidence-brief-cash-transfers-and-intimate-partner-violence/>. See also Interagency Minimum Standards for Gender-based Violence in Emergencies Programming, GBV AoR, 2019, available at <https://gbvaor.net/>.

5. Locations with a particularly high level of risk factors (for example drug use, trafficking port, existing high levels of GBV, lack of access to markets, high numbers of women and children at risk or persons with disabilities, etc.) should be viewed with particular caution.
6. CBI programming must demonstrate a high level of integration of protection related activities/considerations in planning, implementation and monitoring.<sup>4</sup>
7. Deliberate efforts to integrate GBV related questions in monitoring tools where safe and appropriate, to ensure that any risks to GBV are identified in a timely manner and addressed. Monitoring should also consider the use of secondary sources, reaching out to protection actors to see if there are indications at a community level of an increase in risks and vulnerabilities which may be linked to CBI and whether these are distinct as compared with in-kind assistance.
8. To the extent possible and in line with overarching protection considerations including do no harm and conflict sensitivity, ensure to conduct GBV awareness-raising sessions with community in collaboration with relevant actors on how cash is controlled and used in the home; encourage savings for consumption, periods of hardship or livelihoods; promote financial inclusion and promote mobility. Work closely with organisations that are implementing activities aimed at transforming social norms in the community to address the underlying causes of GBV.
9. Ensure having in-person contact points for provision of information and resolving problems. CBI organisations need to have an internal system where trained staff are assigned to cases that may arise and work with GBV actors so that such cases do not escalate into bigger problems.
10. As much as possible, based on available services, identify the referral pathway to the relevant protection agency upon request by the complainants, for technical advocacy and specialized support services.
11. Ensure a feedback mechanism is accessible and responsive to women involved in the CBI intervention and allows for sharing questions, concerns and complaints in a confidential manner.

### Mitigation Checklist<sup>5</sup>

The mitigation checklist has been developed based on potential risks to women and girls and how they can be mitigated. For mitigation based on the programming cycles, CBI actors are encouraged to refer to the IASC Guidelines on GBV mainstreaming<sup>6</sup>.

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<sup>4</sup> Examples of integration include; at planning, proposal development for CBI should have a protection person in the team and that women and girls are consulted during needs assessments. During implementation, work with GBV sector to identify any potential risks to women and girls; during monitoring, disaggregate beneficiary data by age, sex and disability.

<sup>5</sup> Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners: A Companion Guide to the IASC GBV Guidelines, May 2019, CARE USA, <https://www.calpnetwork.org/publication/cash-voucher-assistance-and-gender-based-violence-compendium/>

<sup>6</sup> Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action (GBV Guidelines), 2015, available at <https://gbvguidelines.org/en/>

Risk	Suggested/Example Mitigation Measures	Yes	No
<b>Exclusion and discrimination</b>	Separate focus group discussions conducted with women about their preference for the household recipient of a CBI asking if targeting women might cause tensions in the family or if there is any safety concerns and other key questions like selection of delivery mechanism of cash or voucher, frequency and timing of distribution/transfer.		
	Prepare a set of contextualized GBV questions to include in post distribution monitoring tool. <sup>7</sup>		
	CBI technical actors with knowledge of GBV integration, are able to monitor risks and trends and adapt programmes accordingly.		
	GBV risk mitigation training is done for CBI technical actors.		
	Data on CBIs is disaggregated and/or include samples of individuals with different age, gender, disability and other diverse characteristics.		
<b>Exploitation and abuse</b>	Ensure that general communication on the overall programme that encompasses the CBIs includes information on GBV referral pathways as possible/available and access points for disclosure and whistle-blowing.  <b>Note:</b> Thoughtful communications with affected communities are necessary to test assumptions and ensure context-specific assessments, including of beneficiary preferences and GBV risks		
	Undertake a GBV risk analysis <sup>8</sup> for locations where CBIs are being implemented or going to be implemented. This provides a baseline for future measurement.		
	Strengthen the data from post-distribution monitoring (PDM) with qualitative feedback from partners, protection monitoring and regular contact with affected persons. Use this to inform changes to programmes if necessary.		
	Consult separately a diverse range of women, men, girls and boys to monitor the positive and negative consequences of the overall response and specific activities, and to capture communities' perceptions and preferences		
	System in place to ensure that sensitive or confidential feedback and complaints can be received with survivor consent in a safe and accessible environment and through appropriate and varied channels, ensuring timely response and/or referral of received feedback.		
	Ensure protection from sexual exploitation and abuse (PSEA) is considered in all parts of the CBI programme cycle. All the CBI actors need to be trained on PSEA. In addition, actors should ensure that the communities, especially vulnerable groups including women and girls,		

<sup>7</sup> Annex 1: Sample questions

<sup>8</sup> Annex 2: Risk Analysis tool

	know about SEA and reporting mechanism. Establish mixed women & men's committees (but with a majority of women) at camp/village level who identify potential GBV risks throughout the CBI programme and refer GBV cases in a confidential and secure manner.		
<b>Engagement in unsafe livelihoods and other activities</b>	Develop key messages on drug abuse, trafficking, sexual exploitation and abuse with a clear dissemination plan and support its implementation.		

### Annex 1: Sample of safety related CBI assessment questions

Area	Sample questions
<b>Safety</b>	<p>Since the CBI was initiated, would you say that your safety is better or worse than before? Why?</p> <p>Did you experience any risks to your safety as a result of receiving the cash?</p> <p>What safety risks did you face?</p> <p>Where did these risks occur?</p> <p>Did you feel comfortable reporting this to anyone?</p> <p>Would you like to discuss options for whom you could report this to?</p> <p>Did you feel that they were able to support you in mitigating that risk or further risk?</p> <p>Why?</p> <p>Has the cash transfer positively impacted relations within your household? How?</p> <p>Has the cash transfer negatively impacted relations within your household? How?</p> <p>Do you believe the positive impacts you've just mentioned outweigh the negative impacts you've just mentioned? Why?</p> <p>Have there been any problems/challenges as a result of the cash transfer received?</p> <p>How and what kind of problems/challenges?</p> <p>Has the cash transfer positively impacted relations with other [IDPs]? How?</p> <p>Has the cash transfer negatively impacted relations with other [IDPs]? How?</p> <p>Have you observed disputes or tensions between [IDPs and host community members] because of cash received?</p> <p>What kinds of disputes or tensions?</p>
<b>Control of resources</b>	<p>Who within your household is using the cash transfer you received?</p> <p>Over the past [30 days/90 days] has decision-making about expenses and savings changed in your household?</p>
<b>CBI closing</b>	<p>Do you want to report anything else related to your safety and cash?</p> <p>What would you like to report related to your safety and cash?</p> <p>Do you want to report anything else related to community safety and cash?</p> <p>If yes, what would you like to report related to community safety and cash?</p>

## Annex 2: CBI-GBV Risk Analysis Tool

GBV/CVA RISK CATEGORY	GBV RISKS (CONTEXT-SPECIFIC)	POTENTIAL GBV TYPES	INDIVIDUAL AND COMMUNITY MITIGATION MEASURES	HUMANITARIAN ACTOR MITIGATION MEASURES	POTENTIAL BENEFITS IN THIS AREA
<b>PARTICIPATION AND INCLUSION (PARTICULARLY REGARDING INFORMATION DISSEMINATION AND AWARENESS)</b>	Individuals do not wish to register with the agency or FSP for fear that gender identity or sexual orientation could be determined and lead to discrimination as a direct result of participating in a CVA intervention	Physical assault, psychological abuse	Informal support networks and GBV response services	Explore options to ensure confidentiality; alternative / discreet delivery mechanisms; broad targeting criteria to avoid stigma	Improved access to resources and opportunities for persons with diverse sexual orientations and gender identities
<b>SAFE AND DIGNIFIED ACCESS (PARTICULARLY REGARDING DELIVERY MECHANISMS OF CVA)</b>	Older women with disabilities are seen as "easy targets" for theft after cash or vouchers are delivered	Sexual assault, physical / emotional abuse	Rely on trusted caregivers to collect assistance; support of women's groups	Identify safe delivery mechanism; work with CBOs to ensure safety after delivery; monitoring, feedback and response mechanisms in place	Electronic CVA can be very discreet, disbursed in multiple tranches, and allow this group to access resources and services, but consider barriers to access and use of technology for this group
<b>CONFIDENTIALITY OF PERSONAL DATA OF SURVIVORS AND PERSONS AT RISK</b>	Personal data is shared with FSP without proper protocols for confidentiality and FSP staff who are also community members share information on intended recipients, resulting in discrimination against female beneficiaries of an ethnic minority by the host (non-beneficiary) community.	Emotional and physical violence	Community consultations and outreach by local women's groups and other CBOs, discussion of targeting criteria	Consult with communities about vulnerability targeting criteria; include data protection protocols in FSP agreements.	Broader discussion of GBV risks and trends with CBOs
<b>SOCIAL NORMS AND PARTNER, HOUSEHOLD &amp; COMMUNITY RELATIONS</b>	Increased household income may lead to early marriage for adolescent girls as families can afford "bride price"	Forced marriage of children (early marriage)	Community consultations and outreach by CBOs, gender and women's rights discussion groups including women and men of different ages	Place conditions on CVA for e.g. school registration of girls and boys; ensure strong community consultations to inform design; ensure that CVA is part of a broader programme supporting basic needs and resilience, women's rights education	CVA and complementary services can lead to feelings of empowerment for women and girls; households better able to meet needs and decreased household tensions
<b>OTHER (CONTEXT-SPECIFIC)</b>					