

# Gender-based Violence (GBV) Risk Analysis for Cash and Voucher Assistance (CVA) in Ukraine

## GBV-CVA Task Force, May 2022

A GBV Task Force was formed by members of the Gender-Based Violence (GBV) Sub-Cluster and the Cash Working Group (CWG) in April 2022 in Ukraine. This Task Force (TF) has been created to support GBV mainstreaming within Cash programming for the Ukraine response<sup>1</sup>. The role of this TF is to review tools, assessments and plans for the roll-out of Cash and Voucher Assistance (CVA), but also to provide a

“GBV Risk Analysis of CVA for the Ukraine context”. To this end, more than 15 members of the TF gathered on May 6 to undertake this analysis based on information from operational partners in both GBV and CVA and information collected from different assessments. Preliminary results from this joint exercise were then shared for feedback to a wider audience of GBV and CVA actors.

**NB:** The following matrix focuses only on GBV risks, with some gender / AAP or inclusion aspects that may be related to GBV risks. For a more comprehensive overview of all potential risks in regards to CVA please refer to the CWG.

## 1 PARTICIPATION AND INCLUSION (PARTICULARLY REGARDING INFORMATION DISSEMINATION AND AWARENESS)<sup>2</sup>

### RISKS

Registration to CVA scheme is done mostly online, but also through onsite registration, self-registration and through referrals from local authorities. With regards to GBV risks, it is important to take into account that almost half of the rural population may not have access to internet and that two thirds of elderly people are women<sup>3</sup>. Even in urban areas, only a minority of individuals have access to smart phones. In addition, some minorities have literacy issues and/or do not speak the language.

### POTENTIAL MITIGATION MEASURES

Cash actors should make sure vulnerable individuals are identified and able to participate in the CVA scheme and are able to report/file a complaint. This concretely means:

- Alternative ways of registration and communication (Complaints Feedback Mechanisms, CFM) which do not require a cell phone / being digitally literate. This may mean oral and written communication, discussion, etc. Community-specific communications channels should be considered as well. Work with social workers and coordinate with AAP taskforce.
- Close coordination with NGOs supporting elderly or minorities, including for referrals (to enhance access).

1 Please check: <https://www.humanitarianresponse.info/en/operations/ukraine/cash-working-group-gender-base-violence-task-force>

2 Please check Ukraine CWG [agreed targeting strategies and criteria](#)

3 Based on GBV sub-cluster members' feedback during this exercise.



## 1

## PARTICIPATION AND INCLUSION (PARTICULARLY REGARDING INFORMATION DISSEMINATION AND AWARENESS)<sup>2</sup>

RISKS	POTENTIAL MITIGATION MEASURES
<p>Women from some specific ethnic minorities, such as Roma, may have more difficulties to register (lack of documentation / tax number) and to move away safely from their communities and may be at risk of being left out of CVA scheme</p>	<ul style="list-style-type: none"> <li>• While agencies do require a unique ID for identification and avoid de-duplication, cash actors should explore alternative options where formal ID are not needed.</li> <li>• Put in place awareness campaigns on eligibility criteria.</li> <li>• Set up mobile brigades and other outreach strategies to ensure everyone has access to register for CVA scheme.</li> </ul>
<p>LGBTQIA+, especially transgender women, may be prevented from access to CVA due to social stigma hindering access to partners and information.</p>	<ul style="list-style-type: none"> <li>• The GBV sub-cluster to organize and offer basic GBV training to CVA actors including the private sector (FSPs), volunteers, etc.</li> <li>• CVA information should be disseminated among LGBTQIA+ individuals (reach out to NGOs who are supporting this specific group for advice).</li> </ul>

## 2

## SAFE AND DIGNIFIED ACCESS (PARTICULARLY REGARDING DELIVERY MECHANISMS OF CVA)

RISKS	POTENTIAL MITIGATION MEASURES
<p>GBV survivors and other groups with specific protection needs (single women at risk, elderly, people with disabilities, etc.) are particularly impacted by the difficult access to registration and cash services (post office or banks) being online or in person.</p>	<ul style="list-style-type: none"> <li>• CVA actors could put in place mobile brigades and other outreach strategies for the most vulnerable ones, but with extra caution in small villages so that it does not make GBV survivors more visible and thus more at risk.</li> <li>• Provide safe transport or include the cost of transport into the assistance for the identified vulnerable cases.</li> <li>• Consider in-kind assistance, i.e. food parcels, in some specific areas. Liaise with social workers as they can support the purchase of items for the households.</li> </ul>
<p>Security risks (including GBV and harassment) associated with travel to/from registration and distribution points requiring passing through military checkpoints, particularly for women in rural areas that need to travel to larger towns to reach post offices, banks or use vouchers.</p>	<ul style="list-style-type: none"> <li>• Cash actors need to ensure consultation with different groups of the community on the preferred modality, keeping in mind potential logistical constraints and the registration process. In some areas of displacement, in-kind assistance should be seen as an option.</li> <li>• Consider alternative delivery modalities such as mobile transfers or else depending on the access for the population at risk.</li> </ul>
<p>Elderly women receive cash but are not able to spend it. Before, they used to have family members to take care of them but now, they are left alone and can't access shops and goods.</p>	<ul style="list-style-type: none"> <li>• CVA or in kind (food) should be delivered to the homes of these vulnerable women (such as the ones with low mobility and/or bed-ridden persons). When CVA is distributed, actors should coordinate with local NGOs/the communities to make sure assistance is provided in spending the cash (social workers, family or community support).</li> </ul>

## 2

## SAFE AND DIGNIFIED ACCESS (PARTICULARLY REGARDING DELIVERY MECHANISMS OF CVA)

### RISKS

Access to the bank system: potential distrust of women towards the banking system and/ or some individuals have bank accounts but don't use them much.

In face-to-face CVA delivery, there may be a higher risk of Sexual Exploitation and Abuse (SEA), as it may give extra power to a single actor (usually an FSP, from the private sector).

### POTENTIAL MITIGATION MEASURES

- Consider some awareness sessions on CVA deliveries to address stigma/bad reputation around cash.
- Ensure alternatives are in place - post office, *Ukrposhta* services, etc.

- All actors involved in CVA should have received a basic GBV training, signed a Code of Conduct, and know how to safely refer cases.
- In addition, there should be protection desks set up during CVA delivery or registration and presence of female / protection staff.
- Dissemination of information (leaflets, posters) on SEA complaint mechanisms should be available, in particular at key distribution and registration points.
- GBV mitigation efforts should be harmonized, common and consolidated (e.g. same hotline number for example).

**NB:** face-to-face interaction offers as well a greater access to complaint and feedback for those not comfortable with online mechanisms.

In general, consider to add consultations with different groups of the affected population to determine which groups are most at risk and which mitigation measures the community can provide. Train the community members on their rights and on how to complain. Ensure contextualized and pragmatic CFMs.

## 3

## CONFIDENTIALITY OF PERSONAL DATA OF PERSONS AT RISK (AND GBV SURVIVORS)

### RISKS

Even if agencies are mostly using banks and ATMs to deliver CVA, without contact with beneficiaries, there is still a risk of abuse and leakages of data for any beneficiary. GBV survivors and women at risk of GBV are specifically vulnerable in case of referral from protection organizations to the CVA scheme, as their data is therefore shared with private agents such as banks, which may not have been fully trained on GBV basic principles.

### POTENTIAL MITIGATION MEASURES

Strong MoU and data sharing agreement should be in place (between humanitarian organizations for referral but also with the private sector /FSPs). Guiding principles should be:

- Information should be minimized and not include any potential GBV sensitive information.
- Ensure information is shared on a 'need-to-know' basis.
- Ensure information is shared ONLY with informed consent (awareness of what pieces of their personal data will be used by whom and for what purposes and shared with whom and for what purpose).
- Ensure both storage of the data of beneficiaries and exchange of data in a secured and consolidated way.

The CWG could coordinate data protection procedures, but also share a list of "Reputable FSPs". For more information on protecting data in a high-risk context please check [Elan Data starter kit](#).

RISKS	POTENTIAL MITIGATION MEASURES
<p>Risk of conflicts and anger as the hosting community may not get CVA assistance, feeling of injustice. In some areas, this may build up in higher GBV risk for some specific vulnerable portion of the population.</p>	<ul style="list-style-type: none"> <li>• Consider discussions and awareness raising sessions with host communities, explaining the targeting criteria, but also how CVA will also indirectly benefit them (as it will be spent locally)</li> <li>• Consider including host communities within the CVA scheme if funding allows, in line with clearly defined targeting criteria and in coordination with the Government/ municipalities</li> <li>• Coordinate with AAP taskforce and ensure a comprehensive and common approach when it comes to communication with communities.</li> </ul>
<p>In Ukraine, organizations consider that the household is the beneficiary, but the money goes to the head of the household – which may be the man. When the man (or the woman) is receiving the assistance, this may trigger some risks of violence at home (between spouses or directed towards other household members).</p> <p>There is currently a growing number of cases of domestic violence in Ukraine<sup>4</sup>. In cases of domestic violence money/resources can be under control of the abuser.</p>	<ul style="list-style-type: none"> <li>• Cash actors should assess the potential risks and provide individual cash assistance rather than household level assistance whenever possible, to ensure the victim of violence has access to the cash grant.</li> <li>• Cash actors should consider registering both heads of household, one as primary, one as delegate to give more flexibility during delivery and include gender discussion groups. While also assessing the requirement of both the primary and secondary head of households to be present during registration, with a session at registration on why they are selected / how the transfer value was calculated / intended use.</li> <li>• Discuss with beneficiaries who should receive the assistance and consider variable transfer amounts for different household dynamics and couple cash assistance with referral to GBV or CP services.</li> <li>• In Post-distribution monitoring, cash actors should collect qualitative data on household relations, and monitor how cash is used talking to all members of the household, not just the recipient of the assistance.</li> </ul>
<p>CVA is mostly provided to IDPs, who are staying with hosting families (who may not get CVA). IDPs, especially women, may have to share their CVA or may be facing violence by hosting family.</p>	<ul style="list-style-type: none"> <li>• The GBV sub-cluster needs to share functional referral pathways and mechanisms to GBV response services (such as GBV case management, mental health services, and safe spaces for women and girls) to any actor providing CVA.</li> <li>• Consider providing CVA to vulnerable host families to decrease the tensions.</li> </ul>
<p>Unaccompanied or separated children may be at risk of being left out of CVA scheme or may bear the burden of multiple risk factors, particularly when placed with non-relational or extended-relation caregivers. Making sure UASCs have access to assistance may prevent some bad coping mechanisms which could lead to GBV.</p>	<ul style="list-style-type: none"> <li>• Coordinate with the Child Protection sub-cluster to understand risks and mitigation measures for children especially UASCs.</li> <li>• Consider variable transfer amounts for different household dynamics and couple cash assistance with strong CP case management, including services for UASC.</li> </ul>

For more information on GBV in Ukraine and how it is impacted by the current crisis, please check latest [Ukraine GBV Secondary Data Review](#).

4 According to a number of recent GBV assessments (for more details please refer to the GBV SC..