

Mainstreaming gender-based violence (GBV) considerations in CVA: key tips for cash actors engaged in the Myanmar response

Background and approach

We know that cash and voucher assistance (CVA) is a great tool to increase beneficiaries' resilience and protection. Even so, we need to be careful to design and deliver CVA in ways that ensure that the assistance we provide does not create or exacerbate existing protection risks faced by women and vulnerable populations.

In Myanmar, over \$53 million USD has been disbursed in CVA since January 2021.¹ The delivery of the assistance has been impacted by tremendous context-specific challenges, both technical and operational as well as related to protection or gender-based violence (GBV). In light of the security and political context, most CVA interventions have been made possible thanks to a very

localized, low-profile approach. Many activities have been conducted remotely over the phone due to various access-related challenges that can heavily impact the participation of women and other at-risk populations.

Bearing in mind this challenging landscape, a joint discussion between CVA and GBV actors took place in October 2022² with the objective of identifying the common GBV risks related to CVA and realistic actions that actors can undertake to decrease and prevent those risks. This note is a summary of the discussion, elaborating key recommendations and potential tools to contextualize and highlight some of the current best practices.³

1 ACCESSIBILITY: HOW TO INCREASE WOMEN'S MEANINGFUL PARTICIPATION AND ACCESS TO CVA

In Myanmar, there are currently significant obstacles and barriers that hinder women's movement and prevent their access to markets and assistance such as CVA. In addition, women often lack access to mobile phones and digital platforms. In order to facilitate and increase the accessibility to services for women and girls, humanitarian organizations should:

- ▶ Make sure to consider accessibility – including language barriers and safety issues – when organizing CVA distributions (e.g. how accessible are services from financial service providers [FSPs]?) or when organizing community-based activities (e.g. focus group discussions [FGDs]).⁴
- ▶ Bolster the use of local staff and promote a gender balance in the field teams in order to facilitate

1 The assistance has mostly been provided using cash in envelopes. Distributing cash in envelopes is immediate and is easy to access, especially for those with limited digital literacy. However, it also has the potential to put beneficiaries at further risk given that it is less discrete and means that large amounts are sometimes distributed in a single envelope.

2 A total of 55 people participated in the joint discussion, including staff working in different geographic regions across Myanmar.

3 This note also takes into account the results from recent research from WFP and UNFPA on "Assessing and Improving Gender and GBV in WFP's Cash-Based Programming in Kachin and Northern Shan States" (October 2022).

4 Please see [Tool 3: Matrix for GBV Risk Analysis of CVA](#) from the [GBV Risk Mitigation in CVA Toolkit](#) for more information.



women's participation in community-based consultations, access to services, and access to complaint and feedback mechanisms (CFMs).⁵ Take into consideration the ethnic background of the staff facilitating consultations.

- ▶ In any assessment (being FGD or PDM) make sure to include questions that target women, girls, and all other vulnerable groups (such as the elderly and people with disabilities) as experience shows that these questions are more culturally- acceptable than questions directly related to GBV.⁶
- ▶ Consider liaising with Child Protection and GBV organizations that manage women and girls' centers/safe spaces where women and girls regularly gather. This could be an effective way to reach beneficiaries in a safe environment and conduct activities such as FGDs and awareness sessions.
- ▶ Consider gathering a smaller number of women in FGDs (at least 5 and no more than 10 women) in order to promote relevant engagement and better disclosure of all participants' opinion and feedback.

If it is easier, consider holding key informant interviews (KIIs) with key women in the community rather than holding FGDs.

- ▶ Do not assume that women – particularly at risk and vulnerable women – all have the same access to mobile phones or some types of FSPs. Make sure to include questions to assess their digital literacy level and whether the women have access to mobile phones (especially in hard-to-reach areas) in order to conduct interviews and PDM, use CFM tools, and receive CVA when it is distributed.
- ▶ At every stage of the program, factor in local social and cultural norms and make sure to involve stakeholders and representatives of all communities, including women, children, elderly individuals, persons with disabilities, and single-headed households in order to better design the response and tailor the interventions.
- ▶ Consider including additional PDM indicators to measure and monitor women's participation and access in CVA programming.⁷

Good Practice

In peri-urban areas, some civil society organizations (CSOs) use their premises as an entry point for the CFM. During opening hours, women can come in and discuss their concerns with the CSO staff. This is welcomed, as many beneficiaries prefer to open up and share their concerns in person than over the phone or email.

Nota bene: If following a similar model, please ensure that safeguarding measures are in place and make sure that all staff members have signed a [Code of Conduct](#) and have received training on protection from sexual exploitation and abuse (PSEA) and basic GBV guiding principles,⁸ GBV and Child Protection referral pathways, and psychological first aid (PFA).

⁵ While promoting the participation of more women, also be sure to bear in mind their unpaid work/care responsibilities within the household to avoid over-burdening them.

⁶ Use and adapt questions suggested in [Tool 4: Focus Group Discussion \(FGD\) guide](#) from the [GBV Risk Mitigation in CVA Toolkit](#).

⁷ Use and adapt questions suggested in [Tool 6: PDM tool](#) from the [GBV Risk Mitigation in CVA Toolkit](#). Refer to the [Additional questions for PDM included in Tool 6](#) for further inputs.

⁸ See [Tool 9](#) of the [GBV Risk Mitigation in CVA Toolkit](#) for a short induction presentation for cash frontliners on the basics of GBV risk mitigation and PSEA

In the Myanmar context, most of the usual CVA tools (such as FGDs, traditional CFMs, monitoring missions, in-person safety audits, etc.), are difficult to implement. As such, post distribution monitoring (PDM) is considered one of the main entry points for gathering beneficiaries' feedback and monitoring CVA programming. The PDM is usually done through phone by local staff. Bear in mind the following key points when seeking to better leverage the use of PDM and CFMs.

PDM & CFM recommendations

- ▶ Ensure that personnel distributing CVA are trained on PSEA, GBV, Child Protection, and referral pathways that can be used for safe and confidential reporting of incidents.
- ▶ Ensure that CFM operators are trained on PSEA, GBV, and Child Protection and are knowledgeable of referral pathways to refer incidents reported in CFM channels.
- ▶ Build on existing PDM tools and add questions relevant to GBV.⁹
 - Add questions around mobility and access to CVA such as:
 - “Did you face any challenges in collecting the cash/voucher?” [Safety / security concerns in accessing the distribution site for cash/vouchers; Long travel time/distance or high transportation costs; Inconvenient hours/schedule/duration of distribution, etc.]”
 - “Were you asked to do anything or give anything to anyone in order to receive the cash/voucher?”
 - “Were you satisfied with the behavior of staff during interactions? If you were dissatisfied with the cash distribution/staff behavior, do you know of any complaint and feedback channels available and how to use them?”
 - Add specific questions related to the successful use of CVA¹⁰ such as: “Did you feel safe handling the cash transfer?” “Did you have a safe place to store your cash transfer?” “Who decided how the cash transfer would be used/spent?” Etc.
- Ensure questions around gender dynamics are formulated in ways that allow women to express their real experiences, such as:
 - **To be asked by trained gender officers or protection staff and ideally only by female staff:** “Were there any tensions that arose later because of the cash/voucher? If yes, what types of problems were encountered? [Tension with neighbors / Tension with husband/partner / Tension with another household member / Request from relatives to share, Other]”
- Do not ask questions related to GBV incidents or personal experiences, but rather ask questions more specifically geared toward their experiences with GBV services, such as “Did you receive any information about services (e.g. health, GBV, protection) that are available nearby when you received the cash/voucher?”
- Ask questions about safety perceptions when it comes to CVA distribution, access to market, and community-based activities (such as FGDs, awareness sessions, etc.). Such questions may include: “Did you face any challenges in collecting the cash/voucher at the distribution? For instance: Insufficient staff / disorganized / unpredictable made me feel uncomfortable or Inconvenient hours/schedule / duration of distribution too long).
- Ask questions to assess beneficiaries' knowledge of the CFM system, their understanding of its purpose, and their ability to access the system, such as: “Were you asked to do anything or give

⁹ Use and adapt questions suggested in [Tool 6: PDM tool](#) from the [GBV Risk Mitigation in CVA Toolkit](#). Refer to the [Additional questions for PDM included in Tool 6](#) for further inputs.

¹⁰ Access to markets and problems related to decision-making power seem to be widespread issues, so be sure to ask questions related to these things during the PDM.

anything to anyone in order to receive the cash/voucher?” “Did you receive any information about a confidential mechanism to complain/report any incident when you received the cash/voucher?”¹¹

- ▶ Spot check some beneficiaries via phone to understand how PDM questions were asked by the frontliners and/or local partners, or develop a mechanism to virtually monitor the PDM process.
- ▶ Ensure PDM collects sex and age disaggregated data (SADD) when analyzed or triangulated with other data. For example, when asking a question such as “Is the route to access the CVA distribution point safe?” the PDM would need to ensure that the replies of women are analyzed separately from the replies of men.
- ▶ Use PDM to proactively promote the CFM or at least a contact number for complaint & feedback.
- ▶ Ensure that CFM operators are fluent in various local languages to ensure that beneficiaries are comfortable in sharing their complaints and feedback.
- ▶ Wherever possible complement phone based PDM with in-person PDM, even if it is a small sample size.

Good practice

During a PDM assessment for one of the programs in the peri-urban area of Yangon, UNICEF teams decided to evaluate the efficiency and effectiveness of the delivery of the Maternal and Child Cash Transfer (MCCT) Program as well as to take the chance to gather evidence on the perceptions of the use of cash and on the success of the program’s behavioral change communication. FGDs were one of the methodologies applied for this PDM exercise. Because security concerns meant that interviewers could not visit the community, the selected sample group was instead invited to the office, where the PDM was then conducted with a low profile. This choice made it possible to reach the relevant groups in a safe and efficient manner.

3

INCLUSION: HOW TO INVOLVE ALL COMMUNITY SECTORS FOR MORE EFFECTIVE AND SAFE INTERVENTION

CVA intervention in Myanmar is a localized response through national NGOs or CSOs. While this brings useful opportunities, there remains a need for further capacity building around “Do No Harm” principles and proper accountability towards beneficiaries.

- ▶ Organize and roll out a periodical capacity-building package for CSOs, field teams, and FSPs agents on sexual exploitation and abuse (SEA), gender, and protection principles. This is to promote and enhance inclusion of all relevant vulnerable groups and minorities as well as respect and non-discrimination¹²
- ▶ Ensure the Code of Conduct¹³ has been translated, understood, and signed by frontline staff. Refresher sessions should happen regularly, particularly in light of staff turnover.
- ▶ CSOs tend to combine the PDM and CFM and collect the information by mobile phone. Provide technical support such as developing questions and communication methods that follow the “Do No Harm” approach.

¹¹ Make sure to act on the feedback received by organizing more efficient information sharing with the communities and reviewing the selected entry points, if necessary.

¹² See [Tool 9](#) of the [GBV Risk Mitigation in CVA Toolkit](#) for a short induction presentation for cash frontliners on the basics of GBV risk mitigation and PSEA.

¹³ For a Template of Code of Conduct, see [Tool 5](#) of the [GBV Risk Mitigation in CVA Toolkit](#).

- ▶ Make sure to involve the internally displaced people (IDPs) camp management committee, men, religious leaders, and relevant stakeholders (such as representatives from organizations of persons with disabilities, women's groups, youth groups, etc.) from the first stages of the intervention in order to promote endorsement, awareness, and support within the communities.
- ▶ Develop additional indicators to measure levels of participation, participants' sense of safety, and inclusion of different social groups in teams and communities reached by the intervention (e.g. % participation level disaggregated by age and sex compared to earlier interventions, % gender balance in team, % increase of local team members representing different communities and languages, etc.).

Good practice

CARE has included GBV mitigation considerations at every step of CVA programming to help better capture GBV implications related to access and account for women. In addition to the ones mentioned in this note, CARE undertakes a "Sensitive Multi-sector Rapid Needs Assessment" in order to identify the most important and varying needs of different community groups including women. With this, CARE also undertakes a "Gender Sensitive Rapid Market Analysis" to evaluate women's access to markets and who typically holds the decision-making power regarding how money is spent in the market. CARE has adapted and contextualized these tools from the [Cash & Voucher Assistance and GBV Compendium: Practical Guidance for Humanitarian Practitioners](#) (2019) and the [GBV Risk Mitigation in CVA Toolkit](#).

NOTA BENE

- In some (rare) cases, CVA can create/exacerbate intimate partner violence (IPV): be sure to liaise with specialized services (GBV or protection) to enhance GBV awareness in communities and link to GBV referral pathways in order to minimize the risk of this occurring.¹⁴
- Take care when collecting personal identifiable data and sharing it with other necessary parties, including FSPs. Ensure data protection standards are in place and local partners are fully trained. Communities and beneficiaries should be fully aware of how their data is being used and who has access to it.

For more information on GBV response services, please contact:

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Kachin GBV Working Group: komuhangi@unfpa.org

Rakhine GBV Working Group: basit@unfpa.org and cnaing@unfpa.org

¹⁴ Information on how to safely refer a GBV case is part of the short induction presentation for cash frontliners on the basics of GBV risk mitigation and PSEA included in [Tool 9](#) of the [GBV Risk Mitigation in CVA Toolkit](#).