



CVA CASE STUDY



Cash and Voucher Assistance and Gender-Based Violence Risk Mitigation Somalia

ABSTRACT

Cash and Voucher Assistance (CVA) and Gender-Based Violence (GBV) experts from Somalia worked closely together between May 2020 and March 2021 to better understand the potential risks for women and girls that may be created by the provision of humanitarian cash assistance.

Outcomes of this joint approach showcased the importance of **concrete actions to ensure that CVA does not create more harm and GBV risks are mitigated before, during and after any humanitarian CVA intervention**. This document highlights some of the key learning, listed below, which came out of this process:

- Cash actors should make specific efforts to include women, including divorcees and those living with a disability and/or those at risk of exclusion, in targeting criteria for multipurpose or sectoral CVA;
- Due to anecdotal evidence of bias, opportunities and potential risks of “community-based targeting” need to be further analysed;
- Risks of Sexual Exploitation and Abuse (SEA) are present at all levels: coordination between protection and CVA actors need to be further enhanced in order to have stronger accountability towards affected populations;
- Strong feedback mechanisms must be in place, ensuring that communication is facilitated in the safest way, as local NGOs perceive that many GBV and SEA survivors will avoid reporting, fearing that it may affect their assistance;
- Mobile money allows for discretion as well as an entry point to hotlines or other specialised services through a cell phone and SIM card, however women’s regular and private access to a phone should be explored and ensured.

Actors at field level insisted on the importance of institutional and donor support.

Therefore, the work plan summarized in this learning brief will be formally presented to the Somalia Humanitarian Country Team (HCT) in April and further meetings are being organised with the Somalia Donor Cash Forum.

SITUATION OVERVIEW

Humanitarian agencies in Somalia transferred approximately \$225 million of cash to beneficiaries in 2020¹. In parallel, there is a high prevalence of Gender-Based Violence (GBV) in the country, especially among IDPs and towards marginalised communities at risk of exclusion². In light of the large amount of CVA distributed to the ones most in need, several field stakeholders – including the Cash Working Group, WFP and the GBV AoR – flagged the importance of training Cash Actors on how to concretely categorise GBV risks for women and girls and also to jointly identify measures to prevent and mitigate those risks before, during and after CVA distribution.

In order to maximise CVA effectiveness and contribute fully to the resilience of vulnerable populations, cash actors need to make sure that its delivery is safe, and that the chosen modality does not create or exacerbate tensions within the family or the community, thus creating additional risks for women and girls.

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¹ <https://data.humdata.org/visualization/somalia-cash-programing-v4/>

² For more info on definitions and semantics around marginalised groups/vulnerable individuals/groups at risk of exclusion can be found in Somalia HNO 2021, p. 82 and following.



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APPROACH

In March 2020, “**GBV risk mapping in cash based assistance**” was listed as an activity by WFP in the work plan of the **HCT Centrality of Protection Strategy for 2020-2021 for Somalia**. The leads of the GBV AoR (UNFPA) and the CWG (WFP and Concern), supported by CARE, decided to undertake the joint work of:

1. Evaluating existing CVA interventions in Somalia and
2. Drafting a common work plan highlighting key risks for women and girls and potential mitigation measures.

Between May 2020 and March 2021 several meetings, group work sessions and discussions took place – delivered both in English and Somali and facilitated remotely by a Specialist from the Global CVA team of UNFPA. Over 120 actors³ participated in one or several sessions.

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Participation of 120 actors in one or several sessions revealed a strong interest at field level
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3 78% from (I)NGOs, 18% from the UN and 4% from the Donor Community.

KEY LEARNING

Based on the participants' feedback and the key risks and mitigation measures identified, some principal topics came out during the various discussions. These key areas, listed below, highlight some of the best practices as well as lessons learned for Somalia.



Modality

Cash assistance is mostly provided through mobile money, due to its mature network system and good coverage. It has been identified by many organisations as an effective solution to provide critical assistance to the most in need, often located in remote and hard to reach areas. **Mobile money allows women to have a discreet way to access assistance, increasing their safety as the assistance is distributed at different times. This modality also permits beneficiaries to reach out to hotlines or other specialised services since they already have a cell phone and a SIM card.** The majority of CVA interventions in the country have complaint and feedback mechanisms in place, and some agencies also have linkages with existing specialised protection services.

However, several organisations mention the fact that even if CVA is distributed to women via mobile money, and that consequently they receive a SIM card to access it, sometimes a man in the household keeps the cell phone, preventing the woman from having real access to the reporting mechanisms or making it more difficult for her to contact specialised services. In addition, GBV specialised services coverage remains low considering the size of the country and the very high needs⁴.



Community Engagement

In Somalia, working hand in hand with the communities is paramount to the success of any humanitarian work: it increases safety for implementing staff but also raises local acceptance and therefore long term impact. **With CVA, the work with communities is done in regard to targeting but also for communication.** While this approach is most probably the only viable one, it brings challenges and may potentially feed into existing inequalities and GBV risks. In order to mitigate GBV risks and risk of exclusion, many CVA interventions have set up community committees and community mechanisms to engage with the beneficiaries, trying as much as possible to have a fair representation of minorities, women, marginalised groups or ones at risk of exclusion. Some organisations have found ways to bypass this and mitigate those risks, for example by having relevant women/minority groups as a prerequisite to be part of the CVA scheme.

⁴ [Somalia National GBV Strategy 2018-2020](#) p. 4

In regards to identification of beneficiaries for CVA, a “**Community based targeting**” approach⁵ has been widely used for multipurpose cash assistance in Somalia. While every organisation has its own methodology, in general, it encompasses several steps of identification and verification of beneficiaries to which the communities’ committees are engaged. While this way of targeting has flaws, it is the “good enough” response to a complex and volatile environment, and cash actors will likely continue to rely on this approach. It is vital to ensure that women and vulnerable groups are involved in the process in a relevant way and that a GBV risk analysis is done systematically to identify how organisations can mitigate and prevent those existing risks.



Communication

Regarding the dissemination of information, using local languages and mosques as platforms have been identified as best practices, but it is **important also to ensure that female staff are present at field level**. This is also valid for the complaint and feedback mechanisms, ensuring as well that complaints can be made in various modes/channels: language choice, oral/written, anonymous, community based, etc. Somalia is a patriarchal society⁶, and **targeting women as direct recipients in a household might create tensions and violence**. In addition to constant engagement with local stakeholders, words must be chosen carefully to respect social norms and prevent violence. Thus, while women can be the first CVA recipients, formally recognising the man as “the head of the household” is a widely used best practice for organisations providing CVA.

As part of community engagement, there is a common approach among cash actors to publically display the list of beneficiaries. While criteria are never shared, this public display of names is meant to ensure transparency and inclusion. From a GBV perspective, it is crucial that (1) names of beneficiaries are not shared when their inclusion criteria is too obvious and could lead to theft or discrimination (marginalised tribes, divorced women, GBV survivors, etc.) and that (2) thorough sensitisation activities are done around potential risks this could lead to, especially with the stakeholders involved in identifying beneficiaries.

5 For more info check [Community based targeting guidelines for Somalia \(2018\)](#)

6 [Somalia National GBV Strategy 2018-2020](#) p. 2

JOINT WORK PLAN: IDENTIFICATION OF PROTECTION AND GBV RISKS AND MITIGATION MEASURES

Several existing CVA interventions were analysed by mixed groups of Cash and GBV “champions”, using the [GBV Risk And Benefit Analysis Tool for CVA](#). Following **this bottom-up approach**, results from each group were then compiled and merged so that the GBV sub-cluster and CWG could jointly identify priority actions for the country. Below is an overview of those (a more detailed work plan is available upon request):

Participation and Inclusion (Particularly Regarding Information Dissemination and Awareness)	
KEY RISKS <ul style="list-style-type: none"> • Lack of access of women and vulnerable populations to CVA due to social norms/ patriarchal society and digital divide • Some groups are at risk of exclusion (especially Female Head of Households and divorcees⁷) • Extortion from landlords on IDPs receiving CVA 	IDENTIFIED MITIGATION MEASURE <p>Post Distribution Monitoring (PDM): Scoping analysis of what partners are using as PDM questions with regard to women’s participation & access/safety for vulnerable people. This scoping analysis will lead to either:</p> <ul style="list-style-type: none"> (1) Key recommendations to harmonise questions (2) Analysis of data collected
Safe and Dignified Access (Particularly Regarding Delivery Mechanisms of CVA)	
KEY RISKS <ul style="list-style-type: none"> • Risks of sexual exploitation and abuse by front line staff/community members involved in CVA 	IDENTIFIED MITIGATION MEASURES <p>Translate tools into Somali around expected code of conduct for all CVA stakeholders in relation to fraud, abuse of power & SEA</p>

7 The access of women from polygamous households needs to be more explored.

Confidentiality of Personal Data of Survivors and Persons at Risk

KEY RISKS	IDENTIFIED MITIGATION MEASURES
<ul style="list-style-type: none"> Risks of SEA by front line staff/community members involved in CVA Breach of confidentiality: lack of data protection protocols when sharing beneficiaries' details with private companies or government entities (leading to potential GBV or harassment) 	<p>Provide training to major mobile money company staff (through FSP) on:</p> <ol style="list-style-type: none"> Key aspects of data protection Sharing tools around behaviours, fraud, abuse of power & SEA

Social Norms and Partner, Household & Community Relations

KEY RISKS	IDENTIFIED MITIGATION MEASURES
<ul style="list-style-type: none"> CVA could increase risks of GBV at home (such as intimate partner violence, early marriage, FGM) Women being direct recipients of CVA: potential exposure to extortion from male counterparts, including husbands GBV incidents go unreported, survivors don't know where to go, do not feel comfortable reporting 	<p>GBV sub-cluster to provide at least two trainings at regional level in 2021 to key cash actors on:</p> <ol style="list-style-type: none"> GBV Pocket Guide (Somali version) GBV Referral pathways Women's participation (contextualised FGD tools), etc.

ADDITIONAL IDENTIFIED MITIGATION MEASURES (addressing all risks mentioned above)

<ul style="list-style-type: none"> HRP training in September: ensure that a mini training on "how to do a basic GBV risk analysis for CVA" is part of the curricula for organisations applying to HRP/Somalia Humanitarian Fund (SHF) Advocate for at least three cash projects funded by SHF to have undergone a GBV risk analysis during their design phase.
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WAY FORWARD

To ensure local uptake and sustainability of this joint CVA & GBV teamwork, **the above work plan (with additional details on roles, responsibilities, timeline and results) will be formally presented to the Somalia HCT.** With the support of the Protection Cluster, this presentation will be done during the next HCT Implementation Support Group meeting (planned for early April 2021). A clear link will also be established between this work plan and the *HCT Centrality of Protection Strategy for 2020-2021* (since “GBV risk mapping in cash based assistance” was listed by WFP as an activity in this action plan).

The close collaboration of the GBV sub-cluster and CWG and its subsequent results are supporting the [Call to Action to end GBViE](#)⁸ and are also very much in line with the [Common Donor Approach to Cash Programming](#)⁹ which highlights the importance of protection mainstreaming, do no harm and safety for beneficiaries, including groups with specific needs. A roundtable with donors, key agencies and stakeholders is planned for September 2021. While the work plan and its related key achievements will be discussed during this high level event, specific asks will also be presented to the donor community, building towards long term accountability at national level for GBV risk mitigation in CVA in Somalia. .

8 The latest Roadmap of the CtA features UNFPA commitment to mitigate and prevent GBV risk in CVA.

9 The Donor Cash Forum brings together Switzerland, EU/DG ECHO, Germany, Norway, Sweden, UK and the US. In 2021, the donor group is planning among other activities the further roll-out of the Common Donor Approach for humanitarian cash programming in Nigeria, Somalia and Ethiopia.



Resources

[CVA and GBV Compendium](#) (English) and [GBV Risk and Benefit Analysis Tool for CVA \(Somali language version\)](#)

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