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Cash and Voucher Assistance for Achieving Protection Outcomes in Mine Action

Evidence mapping and recommendations for future action

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For more information, contact Tenzin Manell , associate director, cash and livelihoods, Women's Refugee Commission, TenzinM@wrcommission.org, or Stefan Schmoldt, technical advisor—cash relief, IRC, stefan.schmoldt@rescue.org.

Cover photo: A young man received his walker and leg supporter inside his tent at an IDP camp. © Hand in Hand for Aid and Development

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Acronyms

AoR	Area of Responsibility
APMBT/MBT	Anti-Personnel Mine Ban Treaty
CaLP	Cash Learning Partnership
CBR	Community-based rehabilitation
CCM	Convention on Cluster Munitions
CCW	Convention on Certain Conventional Weapons
CL	Community liaison
CMBT	Comprehensive Mine Ban Treaty
CP	Child protection
CRPD	Convention on the Rights of Persons with Disabilities
CT	Cash transfer
CVA	Cash and Voucher Assistance
DfID	Department for International Development (UK Government)
DRC/DDG	Danish Refugee Council/Danish Demining Group
EO	Explosive ordnance
EORE	Explosive ordnances risk education
FCDO	Foreign Commonwealth and Development Office (UK government including DfID)
GBV	Gender-based violence
GPC	Global Protection Cluster
HI	Humanity & Inclusion
HIHFAD	Hand in Hand for Aid and Development
HLP	Housing Land and Property
HMA	Humanitarian Mine Action
ICBL	International Campaign to Ban Landmines
ICRC	International Committee of the Red Cross
IDPs	Internally dispaced persons
IMAS	International Mine Action Standards
ISU	The Implementation Support Unit (of the Mine Ban Treaty)
MA	Mine Action
MAG	Mines Advisory Group
MEB	Minimum expenditure basket
MPC	Multi-Purpose Cash
NMAA	National Mine Action Authority
NPA	Norwegian People's Aid
PMWRA	U.S. Dept of State's Bureau of Political-Military Affairs, Office of Weapons Removal & Abatement
SADD	Sex- and age-disaggregated data
SALW	Small Arms and Light Weapons
SDG	Sustainable Development Goal
SOP	Standard operating procedure
TTC4P	The Task Team on Cash for Protection
UNMAS	United Nations Mine Action Service
USD	United States dollar
UXO	Unexploded ordnance
WRC	Women's Refugee Commission

Executive Summary

Cash and Voucher Assistance (CVA) can be a useful tool, where appropriate, to enhance the protection and resilience of individuals, households and communities affected by crisis. Yet CVA is not widely used within Humanitarian Mine Action (HMA). HMA agencies often focus on two of the pillars of mine action, namely i) land release – the survey and clearance of land contaminated by Explosive Ordnance (EO) and ii) Explosive Ordnance Risk Education (EORE).

The new International Mine Action Standard (IMAS) 13.10[1] on Victim Assistance encourages HMA agencies to ensure that EO survivors are informed of the services they need and have access to them. The introduction of IMAS 13.10 states "… meeting the short, medium and long-term needs of women, girls, boys and men who have been injured by Explosive Ordnance (EO) and addressing affected families and communities requires an holistic and integrated multi-sector approach. The vast majority of Victim Assistance … is managed outside the sector, although the sector has important roles." It clarifies the expectation that HMA agencies should support EO survivors if the state is unable to meet its responsibilities.

CVA could be a useful tool enabling HMA agencies or their partners to bridge any gap between service availability and service access. Barriers to meaningful access to humanitarian assistance should be analysed and addressed by all humanitarian actors. The provision of CVA to individuals to support protection outcomes should be part of a broader approach in line with recommendations provided by other AoRs (e.g. Gender-based Violence and Child Protection).

This study investigates the use of CVA in HMA and presents emerging and promising practices which use CVA to support vulnerable individuals, groups and communities for protection outcomes in Mine Action. It also addresses – to some extent – integrated protection programming. The report is based on a literature search, outreach to 140 practitioners and 13 key informant interviews with field practitioners and global advisors, culminating in 47 examples of CVA being used in EO-affected areas to improve protection outcomes. Each example is mapped by intervention modality and protection outcome into an evidence map.

1 IMAS Standards describe the expected roles and responsibilities of each stakeholder in Mine Action. See https://www.mineactionstandards.org/fileadmin/user_upload/IMAS_13-10_Ed1.pdf.

Evidence of CVA contributing to protection outcomes in HMA

While more limited in scope and scale than the other specialised AoRs (Child Protection, Gender-based Violence and Housing, Land and Property), some Protection and HMA agencies have begun to use CVA in EO-affected areas. However, limited evidence was found across the five pillars of HMA. Those findings related to Risk Education (specifically Risk Mitigation) and Victim Assistance. However, no examples were found in Land Release, Stockpile Destruction and Advocacy.

Risk Mitigation examples included reducing the exposure of high risk-taking individuals to EO and adding value to land after the clearance process was completed via CVA to:

1. assist farmers to invest in new farming activities and to avoid fields known to be dangerous;
2. reduce the frequency of visits to known hazardous areas, for the purpose of collecting firewood, through start-up of producing and selling higher efficiency wood burning stoves in their communities;
3. support reconstruction of homes damaged by EO; and
4. support new irrigation canals after clearance, thus allowing cultivation throughout the year.

Victim Assistance[2] examples, whereby CVA is used to support EO survivors, addressed stages of treatment and recovery:

1. Remedial (emergency) support: cash transfers to cover transportation costs to nearby health facilities, costs of treatment and fee to cover the meals of family members accompanying the EO survivor.
2. Corrective support (including household income support and rehabilitative support): to reduce the financial burden on the family of the EO survivor while the survivor is completing treatment. The support includes monthly transfers to prevent resorting to negative coping strategies and to cover elements of health care which are not free of charge.
3. Livelihood support: cash transfers to support restarting livelihoods, such as replacing livelihood assets, as well as business training.
4. School fees: cash transfers to families of school-age EO survivors to encourage school enrolment and attendance.[3]
5. Funeral support: cash transfers to an EO victim's family to assist with funeral costs.

Emerging practices can be further piloted, resourced and scaled to better serve EO-affected communities.

2 Victim Assistance is the HMA description (IMAS standard) for holistic support provided to EO survivors and their families.

3 No examples of CVA facilitating accessibility improvements were reported. However, this is a promising area where CVA can be used.

Gaps and recommended future research

While sex- and age-disaggregated data (SADD) is standard across humanitarian data collection, tools routinely fail to capture disability-specific data. While it is widely acknowledged that people living with disabilities represent a significant proportion of the population in conflict-affected communities, precise data on EO survivors is not reflected in humanitarian needs overviews, which inhibits sufficient resourcing and scale to meet the needs of this population. Furthermore, the potential of CVA in HMA is being under-utilized, particularly where it could support reduction in EO-related risk-taking behaviours, and the delivery of victim assistance.

This reality is further compounded by a lack of agreement among donors on whether HMA or mainstream humanitarian donors should support assistance for EO survivors, especially those still living in remote EO-affected areas. Findings show a stagnant and low level of funding by both donor groups.[4] The appetite for HMA donors to increase support for Victim Assistance and EO Risk Mitigation is unclear. For the first time, recent sector guidelines[5] recommend that HMA actors provide last resort initial assistance to EO survivors after an accident, which CVA is well positioned to support. To effectively operationalize CVA it must be reflected in Mine Action guidelines and tools, incorporated into national standards, and resourced by donors. Consequently, EO survivors remain an underserved population of concern (PoC).

Areas for further research include:

- better understanding EO survivors' unique and intersecting age, gender and diversity-specific needs and priorities;
- testing current and new assessment guidance and tools across contexts to effectively identify where CVA is appropriate in support of EO survivors (vs. or in combination with in-kind assistance), so as to achieve protection outcomes at the individual and household levels;
- the best ways of capturing and measuring the short-, medium- and long-term impacts of CVA assistance on EO survivors' protection; and
- identifying where CVA may support community-based rehabilitation initiatives.

Recommendations

Progress will require that stakeholders overcome silos and work through strategic partnerships to accelerate wider uptake of CVA, where appropriate, to assist vulnerable individuals living in EO-affected areas.

4 Christelle Loupforest (Pers. Comm.) 2020; see also Landmine Monitor 2020 victim assistance.
5 IMAS 13.10 Victim Assistance; 1 February 2020.

HMA Agencies

- Swift implementation of IMAS 13.10 (Victim Assistance) and simple adoption of CVA approaches to support EO survivors (through treatment), livelihoods and to improve school enrolment.
- Adopt CVA to support alternative livelihoods and reduce EO exposure of high-risk-taking groups.

CVA Actors

- Engagement between protection specialists and HMA agencies to ensure that injury disaggregated data is collected on a wide scale, shared and jointly analysed and that EO survivors are positioned as a priority population.
- Agreement on standards for CVA assistance packages to support EO survivors topping up multi-purpose cash where multi-purpose cash is being delivered.
- CVA routinely reflected within service maps and advocacy on resourcing equitable access for EO survivors, including those living in remote areas.

Protection Specialists

- Advocate for service mapping and referral pathways to reach high EO-risk areas.
- Agree with HMA agencies ways of working to ensure equitable access in line with IMAS 13.10 Victim Assistance.

Mine Action Areas of Responsibility focal points and national authorities

- Encourage the uptake of IMAS 13.10 VA into National MA Standards[6] and Standard Operating Procedures.
- Popularise CVA as an approved approach in Victim Assistance and Risk Reduction programming at cluster and working group level, and encourage CVA as of the first phase of EO survivor support.
- Support the development of practical guidelines and training materials at a country level.
- Showcase successful examples of CVA supporting IMAS 13.10 at international Mine Action events, including risk mitigation and victim assistance.
- Advocate for improved recognition of EO risks in general vulnerability assessments, to ensure that needs are quantified and appropriate interventions are well understood, positioning service coverage to remote EO-affected areas as life-saving interventions during response planning.
- Advocate for the adoption of CVA assistance to extend protection service to remote areas.

6 Once an IMAS standard is incorporated into National Standards, all operators are expected to develop their standard operating procedures (SOPs) to describe how they will implement standards; the SOPs are subsequently approved by the National Regulatory Authority.

- Support pilot pojects to address risk-taking behaviours using CVA assistance and alternative livelihoods.
- Resource evidence generation and knowledge management.
- Convene a donor consultation to identify donor coverage for protection programming in
- EO-affected areas, agreeing to interim HMA agency resourcing for Victim Assistance, until States can fully implement their responsibilities, if relevant, as described in IMAS 13.10.

HMA Donors

- Clarify appetite to resource IMAS 13.10 and timelines for key grantees to demonstrate compliance.
- Agree to resource HMA agencies to use CVA to provide emergency remedial and corrective support to EO incident survivors, particularly where other service providers are stretched or non-existent (alternatively, resource HMA agencies to sub-contract CVA agencies to deliver assistance).
- Support a wider adoption of CVA to support EO survivors through recovery and rehabilitation.
- Resource HMA agencies to pilot CVA for safer livelihood activities among high risk-taking groups.

Humanitarian Donors

- Resource improved data collection to ensure sex- and age-disaggregated data (SADD) is complemented by cause-of-injury data; resource joint data analysis to inform relative needs and prioritisation of service provision.
- Fund service provision in remote EO-affected areas.
- Support pairing CVA for protection with multi-purpose cash to meet the additional and specific requirements of people living with disabilities to enhance their protection.
- Encourage greater complementary or integrated programming, especially in remote EO-affected areas.

Doing so will significantly improve the resilience of vulnerable people living in the most marginalized, EO-affected communities. Moving forward with the aforementioned recommendations will help States build their capacity to deliver on their commitments across the relevant treaties, including the Mine Ban Treaty, the Convention on Cluster Munitions and the Convention on the Rights of People Living with Disabilities with the support of humanitarian agencies in the interim.

1. Introduction

Cash and Voucher Assistance (CVA)[7] is one of the fastest growing interventions in the humanitarian community. Successful approaches to deliver CVA, in almost all humanitarian and development settings, are rapidly growing and an increasing number of CVA interventions complement existing humanitarian assistance modalities such as in-kind and direct service provision. CVA are increasingly leveraged modalities of assistance and are reflected in the fifth core commitment of the Agenda for Humanity, which encourages an increasing use of cash, where appropriate,[8] as well as the third commitment of the Grand Bargain[9] – to increase the use of cash, enhance coordination and build the evidence base on comparative effectiveness, efficiency and risks associated with CVA.[10] CVA holds great potential to contribute to the achievement of all 17 Sustainable Development Goals (SDGs).[11] Driven by positive feedback from crisis-affected recipients and these global commitments, donors and implementing agencies have vastly increased the amount of humanitarian aid delivered through CVA. The proportion of aid delivered via CVA is increasing by over 40% annually, from USD 1.2/1.5 billion in 2014 to USD 5.6 billion in 2019.[12]

This potential has led to the formation of the Global Protection Cluster (GPC) Task Team on Cash for Protection (TTC4P), which aims to increase knowledge about the use of CVA in the protection sector as well as the effectiveness and quality of programmes using CVA to achieve protection outcomes.[13] Evidence mapping has recently been undertaken by members of the TTC4P on several of the Protection Areas of Responsibility (AoRs), including Child Protection (CP),[14] Gender-based Violence (GBV)[15] and Housing Land and Property (HLP),[16] to inform a stocktaking paper on CVA for protection within the

7 "Common examples are 'e-transfer Programming' (CTP) 'Cash-based Assistance' (CBA) and, 'Cash-based Interventions' (CBI). CaLP recommends that the term 'Cash and Voucher Assistance' (CVA) be used as the collective term. It has the advantage of descriptively matching what it is in practice". CaLP Glossary of Terminology for Cash and Voucher Assistance (2018 edition).

8 See Agenda for Humanity: Core Commitment Alignments, available at: https://www.agendaforhumanity.org/core-commitment.

9 See https://interagencystandingcommittee.org/grand-bargain.

10 The Grand Bargain and CVA explained https://interagencystandingcommittee.org/increase-the-use-and-coordination-of-cash-based-programming.

11 CaLP (2018); See H White (2015). Toward evidence-informed policies for achieving the Sustainable Development Goals, available at: http://blogs.3ieimpact.org/toward-evidenceinformed-policies-for-achieving-the-sustainable-development-goals /.

12 Global humanitarian assistance report 2020 and https://www.calpnetwork.org/state-of-the-worlds-cash-2020/.

13 The TTC4P focuses on continually mapping evidence and initiatives on CVA to achieve protection outcomes; identifying gaps in knowledge on an annual basis; making recommendations on prioritization of research; advocating with donors for funding of priorities; and supporting the dissemination of knowledge through leadership of global and/or regional learning events.

14 See https://www.calpnetwork.org/publication/cash-transfer-programming-in-the-education-and-child-protection-sectors-literature-review-and-evidence-maps/

15 See https://s33660.pcdn.co/wp-content/uploads/2020/04/genderandctpwrcirc.pdf

16 See https://www.calpnetwork.org/publication/cash-and-voucher-assistance-cva-housing-land-and-property-rights/

protection sector.[17] This research and report address the fourth Protection AoR, the Humanitarian Mine Action (HMA) sector,[18] to complement earlier work.

To date, the use of CVA in the protection sector has been rather limited. While the terms "protection cash" or "cash for protection" and "the use of cash and voucher assistance to help achieve protection outcomes" are increasingly used by humanitarian practitioners, there is still a lack of common understanding of these concepts and an absence of a common policy and operational framework.

This report, which contributes to the work of the Mine Action AoR and CVA community of practice, describes the extent to which the use of CVA in HMA to support reduced risk-taking behaviours, to assist survivors of Explosive Ordnance (EO) incidents/accidents in accessing emergency health care, to help survivors' recovery and rehabilitation, and to assist them to re-start livelihoods, has been implemented and documented. The report identifies emerging good practice, analyses gaps in knowledge and barriers to a wider adoption of CVA where appropriate, and puts forward opportunities and recommendations to encourage the expanded use of CVA to improve the resilience of individuals, families and communities affected by EO, thus contributing to protection outcomes. Throughout this study, key concepts are defined by the most recent sector guidance.[19]

1.1 Unpacking Mine Action

Humanitarian Mine Action is a long-term commitment to improve the safety and security of a population. HMA agencies are often among the first to act during or after a conflict and often stay long after a conflict is over. They coordinate closely with governments or the relevant UN coordination agency, to agree on where to prioritise their work. When priority land is cleared, barriers to recovery and longer-term development are removed, and areas become more prosperous.[20]

Modern warfare has left large areas of the world littered with EO which, decades after the end of a conflict, continues to kill and maim indiscriminately. It is estimated that 60 million people live in EO-contaminated areas.[21] It took many countries, such as Angola, Cambodia, Laos and Vietnam, over 40 years to remove EO (defined by the sector as mines, cluster munitions, unexploded or abandoned ordnance, booby traps, and other

17 See https://s33660.pcdn.co/wp-content/uploads/2020/04/genderandctpwrcirc.pdf
18 https://www.womensrefugeecommission.org/research-resources/cash-for-protection-outcomes/
19 Cash and Voucher Terminology follows CaLP Glossary of Terms 2019 www.calpnetwork.org/learning-tools/glossary-of-terms/. Mine Action Beneficiary Terminology follows Standard Beneficiary Definitions 2nd edition Oct 2020 and Mine Action terminology follows IMAS Standard 4.10 Glossary of Mine Action Terms Ed 2 v 10 Mar 2019. https://www.mineactionstandards.org/fileadmin/MAS/documents/standards/Glossary_of_mine_action_terms_and_abbreviations_Ed.2_Am.10.pdf.
20 Study of the Socio-economic Impact of Mine Action in Afghanistan (SIMAA) Revised Draft Report June 2001 and A Study of Socio-Economic Approaches to Mine Action UNDP GICHD 2001.
21 State of Play: The Landmine Free 2025 Commitment, MAG & The HALO Trust (December 2017).

devices [as defined by CCW APII[22]] and improvised explosive devices[23]). Yet, hundreds of thousands of square kilometres of land remain contaminated.

While Explosive Ordnance Risk Education (EORE)[24] is effective in raising awareness and reducing risk-taking behaviour, progress is slow despite recent improvements in survey and clearance techniques; families living in or near contaminated land have to make daily decisions and take calculated risks, including where to build and where to farm. Each day men, women, girls and boys – many of whom were born years after conflict ended – face the trauma of an injury, loss by a fatal accident or a lifetime of caring for a family member who experienced a life-changing injury. While most casualties are men and boys, women and girls are also impacted. Because of gender norms, women and girls perform additional caregiving roles when family members are injured, which come at the expense of their schooling or going out to work, exacerbating existing time burdens of farming, firewood and water collection.

An estimated 120,000 EO casualties were reported between 1999 and 2018.[25] With ongoing under-reporting from the conflicts in Syria, Libya and Yemen, 2018 was the fourth successive year during which an increase in new casualties[26] was recorded. Of the 3,088 civilian casualties reported that year, 88% were men or boys and 1,714 casualties (54%) were children.[27]

An estimated 15% of the world's population live with some form of disability. In areas of active conflict, the number of people injured and living with a disability is on the increase. In a recent survey in northwest Syria, the percentage of people living with a disability was reported as high as 25%.[28] Half of the families surveyed reported one or more members living with a disability, many experiencing injuries from fighting, shelling and air strikes, or crush wounds sustained as buildings collapsed. Bombs and explosions cause unique patterns of traumatic injury, predominantly penetrating and blunt trauma wounds.[29] In addition to physical injury, EO incidents can cause a deterioration of psychological well-being as the effect of injuries can lead to loss of self-confidence, ability and/or opportunities to work or complete education, as well as fear and stigmatisation.

22 CCW AP II Convention on Certain Conventional Weapons (CCW), amended protocol II.
23 IMAS Standard 04.10 Glossary of Mine Action Terms and abbreviations "EO".
24 EORE is defined as "Activities which seek to reduce the risk of injury from mines or ERW by raising awareness of men, women and children in accordance with their different vulnerabilities, roles and needs and promoting behaviour change including public information dissemination, education and training and community mine action liaison. IMAS 12.10.
25 Landmine Monitor Statistics in GBPC Mine Action AoR Key messages on victim assistance Apr 2020.
26 Ibid.
27 http://www.the-monitor.org/en-gb/reports/2019/landmine-monitor-2019/casualties.aspx.
28 Humanitarian Needs Assessment Programme (HNAP) I Syria Summer 2020 Report Series Disability Overview.
29 https://www.cdc.gov/masstrauma/preparedness/primer.pdf.

Sex- and age-disaggregated data routinely fails to capture disability-specific data.

A global movement, known as the International Campaign to Ban Landmines,[30] mobilised by the destruction caused by indiscriminate landmines (but later expanded to include cluster munitions) advocated for a ban not only on landmine (and cluster munitions) production, stockpiling and use, but also for resourcing and prioritising their removal and destruction. The resulting conventions, including the 1997 Anti-Personnel Mine Ban Treaty and the 2008 Convention on Cluster Munitions, have a similar structure and the ongoing work is described and reported under the five pillars of Humanitarian Mine Action: 1) Survey and Clearance, 2) Explosive Ordnance Risk Education (EORE), 3) Victim Assistance, 4) Advocacy and 5) Stockpile Destruction.

Signatories of the treaties commit to establish official structures to manage HMA, usually called the National Mine Action Authority. When a State or the Resident/ Humanitarian Coordinator or Protection Coordinator requests support for mine action coordination, one of either the United Nations Mine Action Service (UNMAS), UNDP or UNICEF is designated as coordinator of the Mine Action Area of Responsibility and serves as "Provider of Last Resort".[31] During 2020, the MA AoR, within the GPC, supported coordination platforms in 16 of the largest humanitarian crises.[32]

30 http://www.icbl.org.
31 https://www.unmas.org/en/coordination and https://www.unicef.org/emergencies/index_landmines.html.
32 https://www.globalprotectioncluster.org/themes/mine-action.

1.2 CVA in the Context of Mine Action

CVA is increasingly being used to assist vulnerable people across all humanitarian contexts. HMA assists families in newly destroyed urban areas of ongoing conflicts and continues to help rural communities still living in contaminated areas from past conflicts. The people most affected by EO are often the most marginalized individuals, families and communities. CVA can be a useful tool to enhance their protection and resilience. However, its use within HMA is not widely considered and is far from a standard approach. HMA agencies often focus on two of the pillars of mine action, that is, land release (survey and clearance of land contaminated by EO) and EORE. The new IMAS Standard 13.10 on Victim Assistance encourages them to ensure EO survivors are informed and assisted in accessing the services they need. CVA could be a very useful tool for HMA agencies or their partners to help victims access services, promote alternative livelihoods, and help households address the care needs of survivors. Frequently, HMA agencies are the only agencies working in an area, and often government services are overstretched and do not reach EO-affected areas. Consequently, EO survivors are not assisted and opportunities for risk mitigation are missed. Commitments to put protection at the centre of humanitarian action provide an opportunity for HMA actors and agencies, with protection or CVA expertise, to work more closely together, including partnerships to transfer skills, establish and implement referral pathways, and to reach out to affected individuals and communities and enhance their resilience.

1.3. Research Objectives and Questions

This report provides an overview and analysis of available evidence via literature review and key informant interviews on the use of CVA to achieve protection outcomes in HMA. It also identifies opportunities, challenges and recommendations for key stakeholder groups. An advisory group of practitioners from protection, CVA and HMA communities of practice[33] were convened to advise this research and jointly articulated the following six research questions:

1. How has CVA been used to achieve/contribute to the protection outcomes in HMA?
2. How have marginalized populations (such as women, adolescent girls, persons living with disabilities) been effectively served or overlooked within the use of CVA targeted for or inclusive of protection outcomes in HMA?
3. To what extent have the specific vulnerabilities and needs of individuals affected by EO (direct or indirect, short- or long-term) been reflected in non-MA-focused CVA interventions (e.g. Multi-Purpose Cash Assistance [MPCA] or CVA targeted for

33 Women's Refugee Commission, International Rescue Committee, Danish Refugee Council, Dan Church Aid, Hand in Hand for Aid and Development, Mines Advisory Group, and UNICEF.

sectoral outcomes beyond the protection sector) in relation to access, targeting criteria and referrals?

4. Is CVA considered by MA actors to support mine action outcomes? If not, why? If not, what are the reasons and obstacles to uptake and scaling of CVA to achieve protection outcomes in mine action?
5. What are the major opportunities/promising practices and limitations of CVA to achieve protection outcomes in HMA?
6. What further action research is required to inform increasingly effective use of CVA to achieve protection outcomes in HMA?

The terminology in this study is aligned with the Cash Learning Partnership (CaLP) definition of CVA, limiting it to assistance to individuals and groups, not institutions or governments.[34] Using this definition, CVA interventions[35] were mapped against three areas of interim mine action outcomes: Risk Mitigation, Victim Assistance and National Institutions and Advocacy as proposed by the members of the advisory group (Figure 1).

34 CaLP – Glossary of terms used (ed. 2018).

35 The advisory group decided that the interventions should align closely with those articulated in earlier mappings across the other AoRs (which were defined with the participation of CaLP). Future mappings across all AoRs will be in alignment with the most recent CaLP glossary at time of the study.

FIGURE 1 Cash and Voucher Assistance Modalities and Interim HMA Protection Outcomes

CVA Interventions	Mine Action Outcomes
1. Cash in Hand 2. Mobile Money 3. e-transfer 4. Unconditional Cash Voucher 5. Conditional Voucher 6. Cash for Asset 7. Voucher for Work 8. Voucher for Assets 9. Cash + (Complementary Programming) 10. Voucher for Training	**Risk Mitigation (Clearance, MRE, Stockpiles)** - Reduced exposure to EO risks for individuals and communities - Reduced fear/perceived danger with respect to EO - Reduced number of EO incidents and accidents - Reduced mortality and injury from EO incidents and accidents - Reduced social, economic and political impacts of EO for individuals and communities - Reduced hospital admissions for Small Arms and Light Weapons (SALW) accidents/incidents - Reduced mortality rate of SALW victims **Victim Assistance** - Increased utilization rates of services for EO survivors - Reduced mortality rate of EO survivors - Affected communities receive training and equipment for first aid response - Increased access to safe blood for affected population - Increased access to prosthetics/orthodontics for survivors in need - Increased access to services for survivors requiring physical rehabilitation - Increased # of survivors receiving psychological care - Improved short-, medium and long-term physical and mental health - Improved self-reliance, decision-making power and resilience - Reduced socio-economic discrimination/isolation - Increased enrolment of school-age children who are EO survivors - Increased access to assistive devices for child survivors of EO with physical (mobility, visual/auditory impairment) barriers to support school enrolment and retention - Enhanced (actual or perceived) inclusion **National Institutions & Advocacy** - National institutions effectively lead and manage MA functions and responsibilities - Improved national ability to manage, implement and oversee MA activities - Improved national ability to promote mainstreaming of inclusive approaches in non-MA interventions orstrengthened collaboration with non-MA actors.

1.4. Limitations

See Annex 1 for the detailed methodology, which included a desk review and key informant interviews. A total of 140 people supporting programming in EO-affected areas were contacted. These included relevant government departments, the UN, the Red Cross, and INGOs, who were invited to inform the study. Over 60 people replied, leading to interviews with practitioners from Afghanistan, Armenia, Azerbaijan, Democratic Republic of Congo, Laos, Myanmar, Sri Lanka, Syria, Ukraine and Yemen. Due to the short duration of the study and slow response time, interviews with

practitioners in Cambodia and Colombia were not feasible. Apart from the information gathered about Colombia, non-English publications were not reviewed. Some informants requested that some information items not be shared for proprietary reasons; those items were not divulged, in compliance with the requests.[36]

Findings were focused on activity, input- and output-level descriptions, not measuring contributions to higher-level outcomes. Key informant interviews clearly described the field methodology and rationale behind the programme intervention. No external evaluation documents or rigorous academic studies were found. Although not part of the initial methodology, donors were engaged. However, given time constraints, several requests were unanswered and follow-up was not feasible. Collectively, these limitations point to the need for more rigorous research on CVA to achieve protection outcomes in HMA and further engagement with practitioners across different contexts, including the donor community.

36 ICRC shared CVA interventions to achieve a variety of assistance and protection outcomes in various countries and shared details from one specific example. It is only those details that are captured under Annex 2.

2. Findings

Literature retrieved covered past interventions across Albania, Armenia, Azerbaijan, Colombia, DRC, Eritrea, Ethiopia, Kosovo, Laos, Mozambique, Somalia, South Sudan, Sudan, Ukraine and Yemen. The literature review identified 14 reference documents that met inclusion criteria, through which 29 programmes using CVA in HMA were found (See Annex 1 for summary).

Key Informant Interviews with 13 field-based programme managers and global advisors described programmes in Afghanistan, Armenia, Azerbaijan, Chad, DRC, Myanmar, Sri Lanka, Syria, Ukraine and Yemen. Two interviews, with MAG and the Implementation Support Unit (ISU)[37] staff, focused on global initiatives. The interview with ICRC staff had a global focus and went into specific country programme design and implementation (See Annex 1 for summary).

Altogether, 47 examples[38] of CVA used to contribute to Protection outcomes in mine action, were found. The following section summarises those findings, specifically how CVA has been used in a targeted manner to contribute to the improvement of individual or small group protection outcomes in EO-affected areas.

37 The Mine Ban Treaty Implementation Support Unit is hosted by the Geneva International Centre for Humanitarian Mine Action (GICHD).

38 See Annex 2, Albania, Armenia, Azerbaijan Colombia, DRC, Eritrea, Ethiopia, Kosovo, Laos, Mozambique, Somalia, South Sudan, Sudan, Ukraine and Yemen were mentioned in the reference documents. Interviews described programmes in Afghanistan, Armenia, Azerbaijan, Chad, DRC, Myanmar, Sri Lanka, Syria, Ukraine and Yemen. Two interviews, with MAG and the ISU staff focussed on global initiatives. The ICRC interview gave a global overview and some specific country examples.

	Risk Mitigation (Clearance, MRE, Stockpiles)							Victim Assistance (cf. Annex B of IMAS Standard 13.10)											National Institutions & Advocacy			
	Reduced exposure to EO risks	Reduced fear	Reduced EO incidents/ accidents	Reduced mortality	Reduced social, economic impacts	Reduced hospital admissions of SALW accidents/incidents	Reduced Mortality rate of SALW victims	Improved access to services	Reduced mortality rate;	communities trained & equipped for first aid response	access to safe blood	prosthetic/orthotics	physical rehabilitation that receive services	psychological care	Short-medium- and long-term physical and mental health needs met;	Self-reliance, decision-making power and resilience improved;	Safe participation in Schools	Physical accessibility to school improved	inclusion/participation enhanced	National institutions effectively lead and manage mine action	Improved national ability to oversee, manage and implement mine action activities	Improved national mainstreaming of inclusive approach in MA interventions	Improved national MA collaboration with non-MA actors
Cash in hand	1								2						6								
Cash Mobile Money															1	2							
E-transfer	1							7							2	13							
Unconditional Cash Voucher																1							
Conditional Voucher Transfer																2							
Cash for Work																							
Voucher for Work																							
Voucher for Assets																			1				
Mixed Modality																							
Cash + Complementary approach																							
Voucher for Training																	1						

3. Evidence of CVA Contributing to Protection Outcomes in HMA

While more limited in scope and scale than in other specialised Areas of Responsibility (that is, Child Protection, Gneder-Based Violence, and Housing, Land, and Property), CVA has begun to be used in EO-affected areas by HMA agencies and the ICRC, contributing to Protection Outcomes, most typically, Risk Mitigation and Victim Assistance. No examples were found of CVA being used to achieve or contribute to national institutional strengthening or advocacy.

Two mechanisms were found to contribute to lessen exposure to EO risks; one was cash in hand by field staff and one by e-transfer. All other examples contributed to improved welfare of EO survivors and their families. Two of these examples were of CVA facilitating access to emergency health services, which had some overlap with seven examples of e-transfers used to improving access to services.

Nine examples contributed to meeting short-, medium- and long-term physical and mental health and other needs (specific and general). In six of these cases the modality was cash in hand, in one case via mobile money, which was considered safer for the recipient, and in the remaining two cases, with e-transfers.

Eighteen examples (the majority) used CVA to contribute to self-reliance and decision-making; 2 of these cases leveraged mobile money, 13 used e-transfers, 1 entailed unconditional vouchers[39] and 2 leveraged conditional vouchers[40] (one targeted for school enrolment and attendance and the other was a nutrition programme).

Half (23) of the examples used e-transfers; this was most often the case when there were multiple planned payments and where the nominal value exceeded the agency's risk appetite for cash in hand (+/-USD 500). For smaller transfer values or one-off payments (9 examples), cash in hand was preferred. At least three programmes transferred cash to recipients via mobile money. Eight interventions, in the form of disability or veterans pensions,[41] were State-led. All cases of State support were through e-transfers.

3.1 Risk Mitigation

An HMA that aims to reduce the chance of someone being injured or killed by an explosive ordnance is risk mitigation. This includes the work areas of land release (including technical or non-technical survey and clearance of EO), and all aspects of EORE

39 Vouchers could be used for any purchase in one of the approved shops.
40 Vouchers could only be used for a predefined use at agent.
41 Albania, Bosnia and Herzegovina, Cambodia, Colombia, Croatia, Kosovo, Montenegro and Serbia.

and risk reduction interventions. The following subsections outline examples retrieved from the literature and KIIs where CVA was leveraged to contribute to risk mitigation.

Explosive Ordnance Risk Education (EORE)

Typically, EORE is provided face-to-face and free of charge by HMA agency staff.[42] Community members attend voluntarily, without financial incentives. Opportunities for CVA are therefore limited.

One agency wanted to make sure internally dispaced persons (IDPs), in a camp setting in Myanmar, could access EORE in a period of insecurity during which humanitarian staff were not allowed to enter the camp. Cash for work was accepted by camp administrators. By training 40 male and female facilitators through a training of trainers approach and enrolling facilitators in cash for work, EORE sessions were held even when staff were not allowed into the camp for long periods.

Reducing risk of exposure to EO and reliance on unsafe livelihoods

CVA as a tool to support new or modify existing livelihoods (leading to a reduction in high-risk behaviour) can successfully reduce a person's exposure to EO accident risk. This is known as an integrated approach by protection teams. In three countries, farmers had land they wanted to farm, which lay along the contact line between two parties in conflict. Sniper fire, unexploded artillery or landmines made visiting the land dangerous. ICRC supported farmers in various countries with cash to purchase agricultural inputs to begin market gardens, indoor husbandry and greenhouses on land away from the active conflict line. As a result, farmers no longer needed to work land in frontline areas and exposed themselves less to EO or accidental injury.

In Sri Lanka, firewood collectors harvested wood from land known to be contaminated with landmines. WFP provided training in building fuel-efficient stoves and CVA resourced them to make and sell the stoves in their neighbourhoods, leading to a reduction in the amount of firewood needed in the village. Consequently, although not replacing their risk-taking behaviour, their exposure to EO risk was reduced by up to 50%.[43]

Adding value to cleared land

HMA agencies clear land and leave it safe for communities to decide how best to use it.[44] Danish Refugee Council/Danish Demining Group (DRC/DDG) shared an example of cash for asset follow-on activity (agreed between the donor, the agency and communities) to build an irrigation system to link a near-by water source to the cleared land allowing

42 Sebastian Kasack (2020): Personal communication.
43 Milar Mohammed Abdul Malik (2020): KII; personal communication.
44 Bill Marsden, Observation from partnership with MAG, HALO Trust and NPA 2015-2020.

year-round cultivation, thus increasing the value of the cleared land for the community, and slightly reducing community dependence on high-risk animal grazing.[45] The agency negotiated with the community leaders to allow the participation of over 50% women recipients in the cash for work digging the canal and used a vulnerability assessment to prioritise who should participate.

Reducing exposure to EO

In most EO-affected countries, particularly those with significant cluster munitions strikes.[46] communities live in and farm contaminated land despite the obvious risks. Consequently HMA agencies often have to agree to wait until farmers have completed harvesting before clearing the land to make it safe.

In one village in Afghanistan, a remote community had unwittingly used live explosive rockets as structural components to build their houses. Over time, some of those rockets decayed and detonated, destroying parts of some of the houses. An HMA agency negotiated with homeowners to send in clearance teams to remove and destroy the EO from the structures to ensure the homes were safe and in return agreed to provide cash in hand to allow the families to buy material to rebuild their houses.

3.2 Victim Assistance

Victim assistance aims to support people injured by EO and their families, from the moment they are injured, through emergency care, recovery, rehabilitation and back to socio-economic autonomy. Support can include Community-Based Rehabilitation (CBR) and assistance provided to families to cover funeral expenses. The following subsections provide examples retrieved from the literature and KIIs, where CVA was leveraged to contribute to victim assistance.

Across literature retrieved and findings from key informant interviews,[47] the majority of CVA within MA are related to victim assistance, with the aim of supporting EO survivors to access health facilities and complete medical treatment until they can return to a productive livelihood. While agencies expect CVA delivered to be used by both the EO survivor and their family, the desired output is defined as attendance and completion of treatment of the individual survivor, without resorting to risky negative coping strategies. Across all recorded examples, once eligibility was confirmed, money was given to the EO survivor and their family as an unconditional cash grant. When the amount of the grant was small, both agencies were comfortable with their field staff completing distribution as cash in hand, following a petty cash format. Subsequent payments to the same person were usually made by e- transfers.

45 Reduced exposure to EO risks.
46 South Sudan, Lao PDR, Cambodia, Vietnam, MAG field reports.
47 Alizada Firoz, Liam Harvey, Jo Burton KII.

Improved access to emergency health services

Several agencies are using CVA to support or ensure increased access and utilization rates of services for EO survivors after an EO accident. Families often incur transportation expenses to a health facility and other treatment-related costs. Agencies currently using CVA developed procedures and training for frontline field staff to rapidly assess an immediate need and deliver cash in hand to EO survivors and their families from working advances, to facilitate access to medical services. In some cases, hospital staff who became familiar with the programme proactively inform implementing agencies staff of a new admission which they can then assess for eligibility.

Between 2017 and 2020, DRC/DDG facilitated 177 EO survivors to reach hospitals in Myanmar using cash in hand CVA.[48]

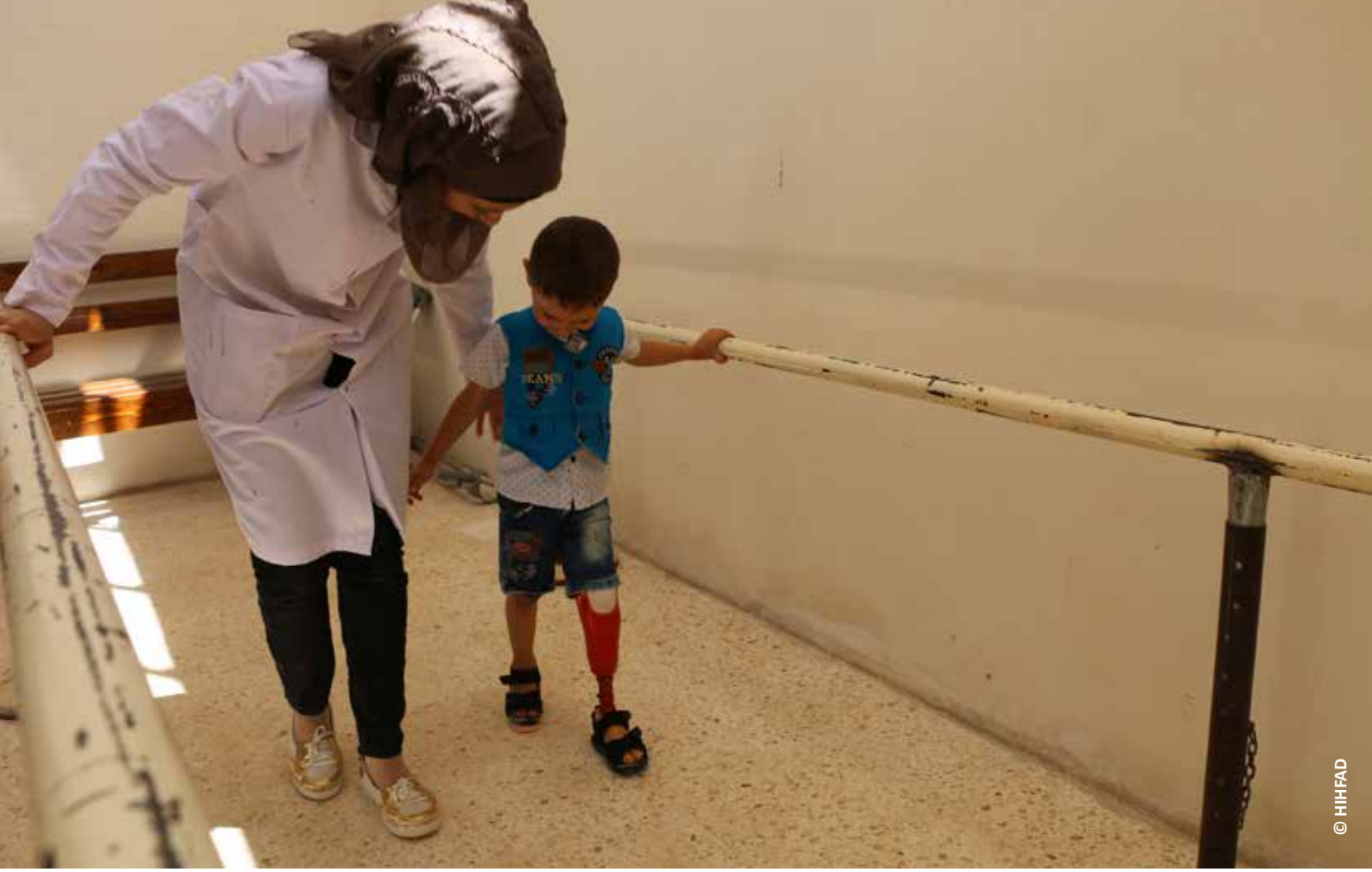
Reducing the economic impact of an EO accident

EO accidents have a host of economic impacts on survivors and their families, including costs of treatment or additional medical expenses, as well as loss of income and expenses relating to the attendance to and support of the patient. To identify the risks this places on the family of an EO accident survivor, one agency designed a programme that met with the survivor and their family to assess what impact the accident was having on the family. In the case of the injured person being the primary wage-earner, a full benefit package was awarded. If the survivor was a secondary wage-earner, the amount paid was reduced to 50% of the full benefit. To make the award transparent, the benefit package was pegged to the national minimum wage (in other countries, where the humanitarian community had set a Minimum Expenditure Basket [MEB], a value equivalent to the MEB was used). This support could be continued monthly for the duration of the recovery and rehabilitation, so that the family would not resort to negative coping strategies, improve their self-reliance, decision-making power and resilience until the EO survivor recovers and gets back to work.[49]

Meeting hidden costs and long-term health needs

In addition to the support described above, examples of programmes implemented in countries where services are not available or free at point of service described cash grants being provided to EO survivors to travel to and pay for physical or psychosocial support. Examples included travel, accommodation and subsistence for a child patient and a family member, enabling them to visit the nearest prosthetics centre, and accommodation during care. Other cases included visits to receive psychosocial support from psychiatrists and counsellors, thus demonstrating how CVA can increase utilization rates of services for EO survivors.

48 Liam Harvey, DRC/DDG programme Manager personal communication, 2020.
49 Jo Burton, ICRC Cash Advisor personal communication, 2020.



Injured in an airstrike at 10 months old, Omar is learning to walk with his prosthetic leg.

In 2017 in Yemen, more than 6,600 amputees were among over 70,000 persons with disabilities who obtained physical rehabilitation services at five ICRC-supported centres in Aden, Mukalla, Sanaa, Taiz and Saada.[50] Over 670 new patients were fitted with prostheses.[51] The ICRC supported 12% of the cost of raw material for the Sanaa Orthopaedic Center and all its branches in other governorates, and through the Physical Rehabilitation Programme (PRP) covered the cost of transportation and accommodation for about 80 destitute patients to reach orthopaedic services with CVA. Assistance was provided with whichever modality was locally appropriate.

Livelihood support

Frequent use of cash in hand or e-transfers to help an EO survivor restart their livelihood was described by informants and in the literature. In some cases, cash was granted to allow an EO survivor to buy farming inputs or livestock, in others to start a small business concern. Some agencies worked with an EO survivor to complete a business plan before a grant was given so as to maximise the chances of success. While livelihood support does not guarantee a protection outcome, it is widely acknowledged that it can

50 http://www.the-monitor.org/en-gb/reports/2018/yemen/victim-assistance.aspx.
51 Ibid.

reduce negative coping mechanisms, improve self-reliance, decision-making power and resilience, and help reduce socio-economic discrimination/isolation.[52]

Support towards funeral expenses:

The cost of funeral services can significantly exceed bereaved families' income. One-off cash-in-hand transfers are standard assistance offered by two agencies to support families which suffered a fatal EO accident. The one-off payments help to reduce reliance on risky coping strategies, such as taking on unmanageable debt to meet the cultural expectations of a funeral.

BOX 1. Emergent practice: Multi-disciplinary programming to support EO survivors

ICRC multidisciplinary programme addressing multiple negative impacts on civilian casualties in Ukraine[53]

The data below originated from ICRC's ongoing programme in Ukraine and is based on information shared at the time of a KII spanning the inception of the programme in November 2016 through July 2018.

Four different ICRC teams (Health, Economic Security (EcoSec), Protection, and Weapon Contamination) cooperate to assist the EO survivor and their family to access health services, accompaniment through treatment, prevent negative impact from lost income, ensure effective rehabilitation costs were met and, where needed, deliver a productive grant to restore livelihoods. The Health team makes sure health costs are supported, the EcoSec team alleviates economic hardship during treatment through return to work or start-up of a new livelihood. The Protection and Weapon contamination teams ensure the incident is documented (with the consent of the persons concerned), and used for prevention, outreach and risk education actions.

Over the review period, 201 patients were reported: 149 people were assisted (119 wounded, 30 families of those killed). 52 patients needed no support as they sustained light injuries. Support provided was structured as follows:

- Remedial support – the Health team's role is to ensure that the patient has access to effective medical treatment, by offering a one-off cash grant determined by the seriousness of the injury, based on the following categorization, with graded values of cash grant given as cash in hand:
  - » Category 0 Minor injuries. No hospital admission, back to work in less than 2 weeks. No cash payment required.

52 Shinina et al, "The integration of livelihood support and mental health and psychosocial wellbeing for populations who have been subject to severe stressors" in *The intervention journal: Thomson* (interventionjournal.com).

53 Jo Burton, ICRC Cash Advisor KII interview 2020.

  - » Category 1 Light injuries. Minor fractures, hospital admission less than 2 weeks, incapacitated less than 1 month.
  - » Category 2 Moderate to severe injuries. Complex fractures / serious wounds, 2-6 weeks hospital admission, incapacitated +/- 3 months.
  - » Category 3 Severe injuries. Multiple, combined and poly-trauma injuries. >6 weeks hospital admission, incapacitated >3 months. In severe injury cases, a second payment could be authorised if the in-patient needs extended beyond the 6 weeks.

- Funeral support – financial assistance delivered to the family to assist with funeral costs managed by the Economic Security team, consisting of one-off cash in hand payment

- Corrective support – assessed and managed by the Economic security team and composed of the following components (cash in hand or e-transferred through a financial service provider as appropriate):
  - » Household income protection during medical treatment
    - 100% of minimum wage for the first month if principal wage earner, completely losing income, then reduced percentage each month for up to 12 months.
    - 50% of minimum wage for the first month of supporting wage earner, completely losing income then reduced percentage each month for up to 12 months.
  - » Rehabilitative support – cost of rehabilitation where needed paid at cost; and
  - » Productive Grant – support to restart livelihood; 1 or 2 installments managed by EcoSec team.

Ensuring school attendance

Financial barriers to children's education are a critical obstacle for affected families. Limited examples were found of CVA targeted to increase enrolment of school-age children who are EO survivors or similar as intended via conditional vouchers and cash transfers. These examples were not reported in detail, but the programme was aimed to remove non-physical barriers rather than improve physical access to the facility itself.[54]

In Laos, World Education is assisting over 100 EO survivors and their family members through e-transfers to cover school enrollment fees. Recipients also receive in-kind support (school uniforms, shoes, books and school bags).

54 Bailey, S. (2003): Landmine Victim Assistance in South-East Europe: Final Study Report

Enabling immediate and safe access to health service for the EO survivors

Financial barriers can obstruct timely and critical access to care for EO survivors. Several examples of using CVA to support immediate and safe access to health care were reported. When in-patient care is needed, e-transfers for any uncovered medical cost and support for lost income is a common practice by the ICRC and DRC/DDG in Myanmar. ICRC linked the transfer value to minimum wage or MEB, and DDG to an MEB to ensure transparency.

BOX 2. Emergent practice: Proposing the use of CVA despite donor reluctance

In ongoing conflict, EO survivors can become trapped in their homes, unable to access health care. Hand in Hand for Aid and Development (HIHFAD) worked in northwest Syria to support over 12,000 survivors of the conflict with physical injuries, who at the start of their intervention in 2017 did not have access to referral pathways. Without access to services, the physical and mental situation of many survivors and the welfare of their families deteriorated. HIHFAD formed multi-disciplinary teams consisting of a nurse, a physiotherapist and a psychosocial worker to visit a patient and make an holistic assessment of the patient's physical and psychological status, engage with carers and agree on an action plan specific to the patient. Action plans often encompass starting a case file, simple physiotherapy exercises that families can help with and directions for better care of wounds or sores. Discussions begun in person with carers are continued by phone when physical visits are impossible. During follow-on visits, appropriate physical modification to homes to facilitate improved access and mobility are made, as well as measurement and delivery of assistive devices. Later, fixed rehabilitation centres and prosthetic centre complemented their supports, in partnership with the HALO Trust.

HIHFAD reported that although cash was the preferred modality for basic needs such as fuel and food basket and in-kind for adaptive devices, the donor initially requested an exclusively in-kind intervention due to donor concerns over cash as a modality of assistance in a volatile setting. Among 475 beneficiaries receiving a distribution in-kind, a high percentage opted for basic needs (food baskets: 73%, mattress/blanket/pillow: 50%, school bags: 34%, carpet: 19%, kitchen kits: 18%, solar system: 18%). While some requested specific items (diapers for children and adults: 32%, toilet chairs: 18%, wheelchairs: 8%), fewer selected specific items which would directly benefit the survivors (medical bed, home modification, surgery-related costs). Instead of transportation allowance, HIHFAD provided regular transportation to/from its fixed centres and referrals, of which 35% of the survey beneficiaries used.

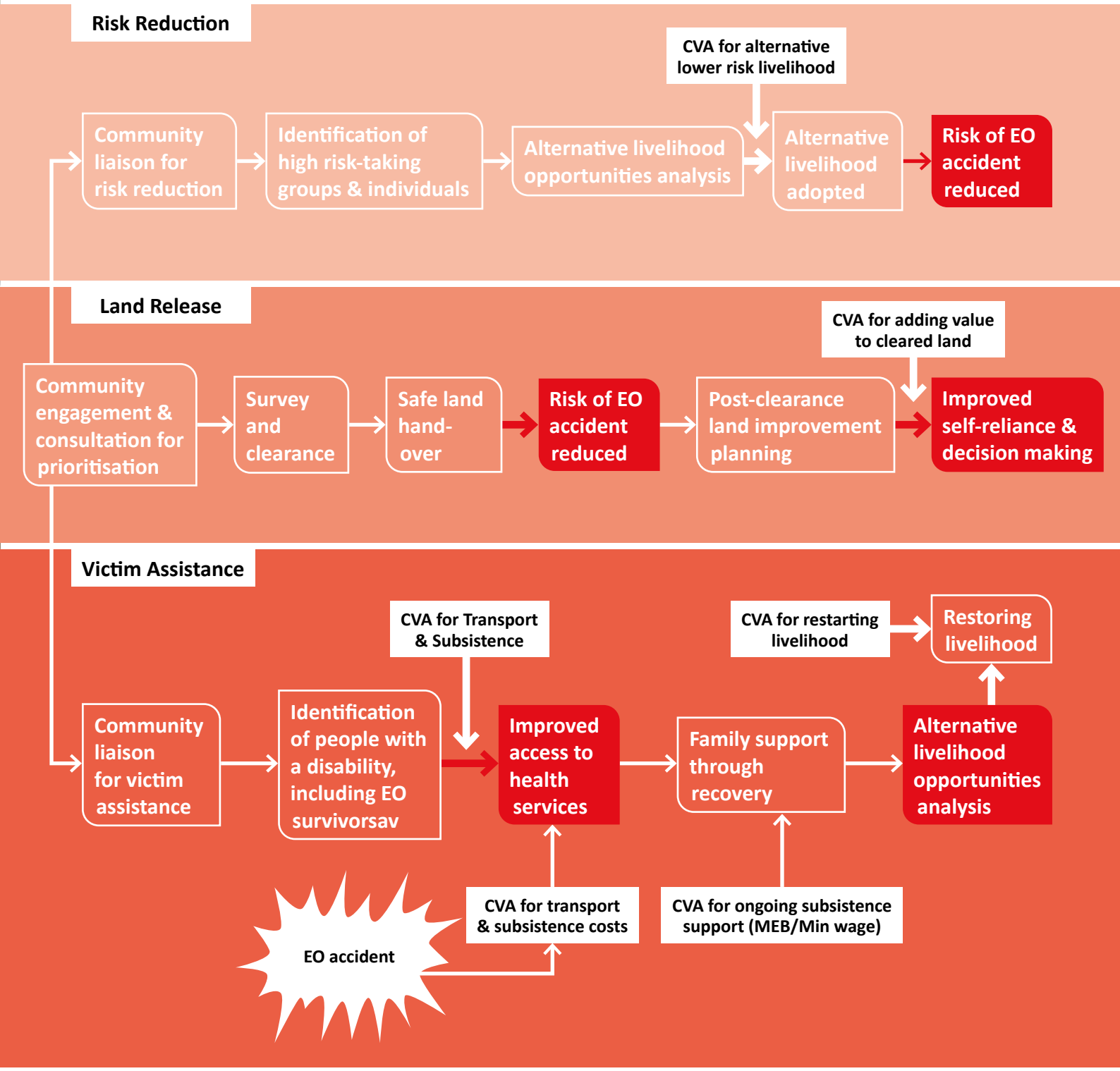
A walker and a toilet chair increase a woman's independence and capacity of self-care.

Restoring livelihoods after the EO incidents:

CVA have long been components of livelihood interventions, including to support EO survivors. Ensuring that CVA value is sufficient to restart livelihoods, including to replace lost assets (e.g. farmers purchasing livestock) are key success factors in ICRC's experience. Cash for tailors' sewing machines and shoe repair tools for EO survivors in Afghanistan are other examples where an e-transfer allows survivors to get back to work.

In Laos, World Education also supported a local non-profit to assist 60 EO survivors through financial literacy training and cash in hand to purchase animals for animal husbandry.

FIGURE 2 Potential Uses of Cash and Voucher Assistance in Humanitarian Mine Action to Improve Protection Outcomes



3.3 National Institutions and Advocacy

In their annual statutory reporting, countries from South America, Southeast Asia and the Balkans indicated that they provided regular social security/social protection through e-transfers to support EO survivors. In addition, several countries, including Afghanistan, Cambodia, Colombia, Ecuador, and Laos, resource State and local NGO Victim Assistance agencies to provide CVA to EO survivors to restart livelihoods. While acknowledged by national authorities as a responsibility within Mine Ban Treaties (MBT), the Convention of the Rights of People with Disabilities (CRPD) and the Convention on Cluster Munitions treaties, most contaminated countries submitting reports either to Landmine Monitor or statutory reporting to the ISU in 2019 informed that they were unable to adequately resource the extension of services to all EO survivors, especially those living in remote areas. One exception was Laos, where a combination of bilateral support and the success of country-wide EORE allowed for a visit by the National Mine Action Authority (NMAA) VA team and the provision of cash assistance (as piloted by the World Education Project) to continue to date, despite the project ending, providing an example of where a donor-funded project transitioned to government funding as the number of casualties requiring treatment tumbled from hundreds to low double digits over the past 10 years.[55]

BOX 3. Emerging practice: Case management and community cash grants

From 2014 to 2017, World Education in Laos managed an Integrated Unexploded Ordnance (UXO) Victim Assistance Support Project in Xieng Khouang Province. The Victim Assistance Support Team (VAST) worked closely with local authorities to conduct a comprehensive needs assessment to identify gaps in services for UXO survivors. The project created the first ever UXO survivor database for Xieng Khouang province to improve case management and monitoring. Individual action plans were developed for 200 UXO survivors and their families which addressed livelihoods development, psychological support, education and scholarships and referrals to vocational schools, as well as on-the-job training. Through a community cash grant to the Quality of Life Association (QLA), a local non-profit organization, 60 UXO survivors received training in animal husbandry and financial literacy along with a grant to purchase livestock. World Education also supports the National Mine Action Authority to manage a War Victims Memorial fund which is piloting holistic support after any EO accident. The fund can provide survivors of UXO accidents with transportation to access medical care, cash for food allowance during hospital stays (covering the injured individual and two family members). It can cover unfunded surgery costs, any accommodation during hospital stay (150,000 LAK/ USD15/ night), dental services, assistive devices and contribution towards funeral/religious ceremony. To date the fund has assisted over 1,000 survivors in Xieng Khuang Province to enter the public health service referral system.

55 Bounnyot Chanthanavong personal communication, 2020.

4. Analysis

The use of CVA to achieve protection outcomes in HMA documented within this study includes supporting reduction in risk-taking behaviours, reducing economic impact from death and EO incidents-related injury, and ensuring short-, medium- and long-term access to the full spectrum of medical services as encouraged by the recent International Mine Action Standard (IMAS) 13.10 Victim assistance.[56] In recent decades, CVA has frequently been used to support socio-economic recovery and empowerment, through partnerships between HMA agencies and national governments or NGOs (which tend to use CVA more widely than their counterparts) focused on victim assistance. Statutory reports from Mine Action authorities consistently flag a lack of funding for such programmes.[57]

Emergent examples exist

The emergent examples of using CVA to address risk mitigation and victim assistance cited above are promising and can be scaled up in accordance with CVA best practice.[58] These examples of how HMA agencies have begun to provide CVA in the absence of systematic, institutionalized and evidence-based approaches to improve protection outcomes for the most vulnerable in even the most remote and difficult to reach areas. These experiences demonstrate that HMA agencies can contribute to improvements in protection outcomes for EO accident victims and their families through CVA. The examples are positive, but with limited geographical coverage, are meeting only a small percentage of overall need. Building on these successes requires organizational commitment and investment. HMA actors could invest in capacity building for teams, including through training programme support staff and field-based community liaison teams, or partnerships with protection and CVA agencies.

Key success factors across the examples mentioned are as follows:

- Engagement (i.e. meaningful dialogue) between programme staff and the affected individuals, and agreement on a tailored course of action.
- Simple, Measurable, Achievable, Realistic and Timely (SMART) intervention objectives.
- Clear identification of high-risk beneficiary who meets eligibility criteria to be targeted for CVA and identification and mitigation of any associated risks.

56 IMAS 13.10 Victim assistance Ed 1 2020. "The mine action sector can play a supportive role in assisting states as they develop the relevant, long-term national systems, procedures and processes". HMA agencies are instructed to "identify and facilitate access to, or if unavailable provide emergency medical transport of, people critically injured by EO and other persons with life-threatening injuries to a nearby health care facility in the areas where they are operating".

57 NMAA Statutory reports 2018/19 and Firoz ISU VA personal communication, 2020.

58 See https://www.calpnetwork.org/learning-tools/programme-quality-toolbox.

- Clear intervention logical design, easy to describe and explain to head office or donors.
- Flexible modality and delivery mechanism appropriate for context; cash in hand or e-transfer were most cited.
- Organizational familiarity with the selected delivery mechanism and development of clear and simple guidelines that can be shared within the relevant teams and extended to other relevant actors.
- Clear roles and responsibilities among team members with defined hand-over processes and among different sets of skill and expertise.

Reluctance to engage in CVA and protection programming

The focus of major HMA donors, such as DfID/Foreign Commonwealth and Development Office's Global Mine Action Programme and the U.S. Department of State's Political-Military Affairs Office of Weapons Removal and Abatement (PMWRA) and HMA agencies like Mines Advisory Group, the HALO Trust and Norwegian People's Aid,[59] is making large areas of land safe for communities living in or near hazardous areas through survey, clearance and risk education. This macro view of improving protection largely expects communities to use the cleared land as they see fit without further assistance. The tendency among large HMA agencies and commercial clearance companies to not directly engage EO survivors and provide or ensure referrals for comprehensive services and assistance may change with the recent publication of IMAS 13.10 Victim Assistance and its adoption by UNMAS AoRs and National Mine Action Authorities. This could make a significant difference to current and future EO survivors. The CVA community of practice is equipped with tools and best practice to assist HMA agencies in addressing the needs of EO survivors at scale. After a trend of increased funding for HMA from the major donors, 2018 and 2019 saw a fall in funding which may inhibit HMA agencies from expanding service provision to better address victim assistance, including using CVA where appropriate. The key barriers to uptake and scaling of CVA to achieve protection outcomes in HMA activities are largely attitudinal, and are as follows:

- Apparent HMA donor exclusive focus on land release and EORE, omitting the importance of Victim assistance.[60].
- The technical skills of HMA agency staff and capacity building historically focus on safe management of large numbers of clearance teams, achieving land release and contributing towards completion and delivery of Community Liaison, EORE; there is little to no experience with resource transfer, including CVA.
- A lack of organizational willingness by HMA agencies to directly support individuals or vulnerable groups in a community, expecting other sectors and agencies to invest in broader community-level support.

59 DfID GMAP 3 and PMWRA competitive proposals in Angola, Cambodia, Laos, South Sudan and Vietnam.
60 Landmine monitor (2020) indicates that 8% of the dedicated HMA funding is allocated to VA. This excludes mainstream funding for disabilities, health or protection services accessed by EO survivors as part of the wider humanitarian response.

- The historic lack of direction from IMAS or national standards to encourage HMA agencies to conduct Victim Assistance or link into protection mechanisms, develop standard operating procedures (SOPs) or partnerships with agencies with complementary skill sets, including CVA.
- The lack of engagement by HMA agency management to participate in global commitments towards the centrality of protection in Humanitarian Action and the Human Rights Approach; this takes the shape of trends whereby management teams focus country staff on land release and EORE, missing broader opportunities for partnership (or developing capacity in-house) to reach individuals in need of protection support and assistance.
- Reluctance among HMA agencies to engage in Victim Assistance programming related to concerns of making long-term commitments in the face of stretched resources, bandwidth and staffing capacity.

Challenges relating to the use of CVA in areas prone to aid diversion and where recent legislation brings punitive sanctions on funding reaching agencies or people identified as terrorists, is perhaps misplaced[61] as there have been years of successful CVA intervention[62] by multiple agencies in some of the most difficult work environments. This shows that while the risks of diversion and ensuring that terrorist organizations are not supported need to be acknowledged and managed, such challenges can be addressed when design and implementation are sufficiently robust.

Opportunities to leverage

Recent OECD Development Assistance Committee (DAC) resolutions[63] encourage building more complementarity between humanitarian, development and peace action. These resolutions encourage HMA and CVA agencies to steadily enhance resilience in target countries and expand partnerships to provide more holistic support to EO-affected communities, including EO survivors through CVA,[64] to meet IMAS 13.10 responsibilities.

Senior national staff at HMA agencies are well placed to increasingly lead diplomatic and proactive discussions with National Authorities to pilot the implementation of victim assistance initiatives contributing to social protection outcomes, including the integration of CVA. Such pilots, where successful, could be scaled to deliver progress towards global commitments to achieve equitable access to protection services. Paired with HMA agencies' unique access to complex and remote areas, emerging practice

61 https://www.calpnetwork.org/themes/cash-and-voucher-assistance-and-risk.
62 Counterterrorism and Humanitarian Engagement Project, "An Analysis of Contemporary Anti-Diversion Policies and Practices of Humanitarian Organizations", Research and Policy Paper (May 2014) and https://www.calpnetwork.org/themes/cash-and-voucher-assistance-and-risk/.
63 OECD, DAC Recommendation on the Humanitarian-DevelopmentPeace Nexus, OECD/LEGAL/5019.
64 MAG and HI in Chad, HALO Trust and HIHFAD in NW Syria and DDG-DRC in Afghanistan, Myanmar and Ukraine.

creates a blueprint for equitable access to protection services and transitioning EO survivors to State-run longer-term protection assistance, where it exists.

Both IMAS 13.10 Victim Assistance (v.1, 2020) and the UNMAS 2019-2023 strategies encourage national ownership of initiatives while encouraging other stakeholders to raise awareness and resources to better support survivors, family members and communities impacted by EO. Better data collection and analysis across sectors should identify where EO survivors and their families are a significant proportion of people living with disabilities. Where they are, MA AoR, Protection Cluster and HMA agencies should advocate for increases in funding for victim assistance,[65] specifically for people living with disabilities.[66] This additional funding could resource systematic partnerships between CVA and HMA actors to provide survivors of EO with equitable access to emergency health care, rehabilitation and the provision of support to achieve sustainable livelihoods.

HMA agencies' collection of data disaggregated by sex, age and vulnerability, as part of the Community Liaison functions' initial engagement with communities, lays a foundation for facilitating greater inclusion of vulnerable and marginalzied people into HMA. This can be done through two pathways: (i) expanded in-house integration of CVA into protection and livelihoods programming and/or (ii) facilitating partnerships that comply with data protection and provide additional support to leverage HMA agencies' logistical strength and experience working in remote areas and other agencies' strengths in CVA.

Further, HMA agencies can support host countries to demonstrate progress on both the Grand Bargain localisation and cash commitments in a realistic 5- to 10-year window. Central to this achievement is the need to agree the scale at which HMA agencies will build the capacity of national entities and a phased hand-over and withdrawal.

Lastly, in States without a functioning National Authority, the phased process above could be discussed with coordination leads on the ground (UNMAS, OCHA, UNDP or UNICEF) through engagement, piloting the integration of CVA, implementation and adoption of evidence-based approaches and hand-over of new ways of working.

Limitations of CVA in HMA

From the evidence collected, CVA seems to have little potential to contribute to land release, stock-pile destruction or advocacy. CVA has demonstrated potential utility supporting risk mitigation for high-risk-taking individuals or groups through resourcing alternative livelihoods, and in exceptional circumstances allowing Risk Education to be projected beyond the reach of HMA agency teams. Most centrally, CVA has been seen highly appropriate to support Victim Assistance, where there are financial barriers to accessing care and key services.

65 GPA MA AoR Key Messages on Victim assistance 3 April 2020.
66 In line with Oslo Plan of Action (see infographics).

CVA can empower crisis-affected people to make their own decisions about their recovery but it is not a panecea.[67] In some cases, in-kind assistance or multi-modal programming, whereby a combination of in-kind assistance and CVA are provided to cover the breadth and specificity of needs, is most appropriate.

For example, CVA alone may not be enough when competing priorities within a family, especially in families that rely on multi-purpose cash (MPC), prioritise urgent household short-term needs such as rent, food or fuel to the detriment of improving the situation of a family member living with a disability. An assistive device, such as a hearing aid, walking frame or a prosthetic device, may allow an EO survivor to start a small business, regain employment or resume responsibilities in the household. The aid may not be available locally, or may be prohibitively expensive. Open consultation with EO survivors and their family is needed, as well as robust analysis during programme design, to assess whether CVA or in-kind assistance – or multi-modal assistance, is best to meet the household's overall needs as well as the unique needs of the EO survivor, such as increased mobility, hearing or self-confidence leading to enhanced employability and self-reliance.

Life-changing injuries often lead to loss of employment or reduced income. However, an assistive device, such as a prosthetic device, may assist an EO survivor to start a small business, regain employment or resume responsibilities in their household.

67 Jo Burton ICRC Global Cash Advisor pers comm

Challenges in risk mitigation

Preventing accidents among high risk-taking individuals, such as scrap metal and firewood gatherers in EO-affected areas, is an HMA priority. Dialogue with such groups is critical for identifying and resourcing viable alternative income generating strategies. Capacity building is critical for sufficient frontline Community Liaison capacity in HMA agencies as these liaison staff gain the trust of high-risk groups and could establish linkages with mainstream environmental or humanitarian agencies to resource viable lower-risk alternative livelihoods.

These limitations are manageable. They chiefly boil down to carrying out an analysis of the local context and ensuring an assessment of the needs of the family as a whole as well as the specific and diverse needs of its members, some of whom may have less power and control over assets, including humanitarian aid. The assessment should also look for possible constraints to the use of CVA and develop mitigation mechanisms or establish alternative programme design features.

Inclusion of women, girls and other marginalized groups

Mine Action agencies systematically collect data disaggregated by sex and age (SADD) via Community Liaison teams who identify vulnerable groups, including individuals involved in high-risk activities, people with disabilities, migrant families and other marginalised groups. Administration of the Washington Group short set[68] of questions to identify persons living with a disability, regardless of the cause of disability, is a recently standardized best practice. However, while identification of individuals living with disabilities is broadly implemented, little or no support was provided for these individuals or groups. It is imperative that the identification of affected individuals and community groups be matched by target and inclusive programming to meet their needs and preferences.

One HMA agency has developed an SOP[69] specifically for the community liaison function, describing the expectation that these teams will support the enhanced role described in IMAS 13.10 Victim Assistance, including engaging with highly vulnerable and marginalized individuals and groups, collecting and forwarding information, linking into existing protection referral systems, facilitating the transportation of EO survivors to emergency/ordinary health care facilities and, where possible and appropriate, providing long-term work opportunities as EORE facilitators. This potential should include a proactive examination and application of CVA, where appropriate, as well as increase the proportion of EO survivors into the permanent HMA workforce.

If these or similar SOPs are widely adopted by HMA agencies, there will be a significant improvement in their outreach to vulnerable people living in the communities where

68 https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/.
69 MAG SOP 15.10 Community Liaison 2020.

they work, thus contributing to the goals of both IMAS Standard 13.10 Victim assistance and UNMAS Strategic Plan 2019–2023 Objective 3.3.[70]

Drivers for using CVA to achieve protection outcomes in mine action

4th Mine Ban Treaty RevCon 2019 Oslo Declaration Actions:

#6
Strengthen partnerships

#36
Provide effective & efficient first aid & ongoing medical care

#38
Ensure access to comprehensive rehabilitation services

#39
Ensure access to rural development & social protection programmes

IMAS 13.10 ver 1 2020
Victim Assistance

... including in rural & remote areas

2016 The Grand Bargain

2020 Agenda for Sustainable Development

UN Secretariat General

DfiD 2018
disability Inclusion policy

70 SO 3: National Institutions effectively lead and manage mine action functions and responsibilities. S.O 3.3: National operational capabilities for mine action are effective.

5. Evidence Gaps and Priorities for Future Research

The following key evidence gaps require dedicated coordination and resource allocation across the CVA community of practice and MA AoR to ensure evidence-based action going forward and, ultimately, comprehensive support for EO-affected communities.

GAP 1: Understanding and addressing EO-related protection needs

There needs to be more evidence generated on diverse crisis-affected populations that applies an intersectional approach. In order to better understand and leverage CVA for HMA outcomes, future research must be inclusive of diverse population groups. An intersectional approach is imperative to effectively build evidence on CVA and MA outcomes reflecting relative impacts on people of diverse ages, genders and characteristics. Only disability has been highlighted within this study based on findings, which underscores the need to focus on age, gender and other aspects of diversity and intersectionality in future research.

While anecdotal evidence points to a significantly high prevalence of people living with disability caused by conflict,[71] humanitarian data collection tools have yet to consistently disaggregate the specific disability or its cause. Also, these tools do not comprehensively identify associated risks and needs of EO victims in inter-sectoral needs analysis processes to inform mitigation during programme design. Consequently humanitarian needs overviews, where they exist, may not be providing the necessary gap analysis in terms of assistance needs of EO victims, including accessibility to existing services to allow for evidence-based estimations of resource requirements for the purpose of addressing such gaps. On the other hand, response planning processes may not be considering the appropriate level of specific targeted assistance and modalities needed to address such gaps including CVA, that can achieve protection outcomes related to mine action.

While HMA donors are increasingly requiring the use of the Washington group short set questions during the engagement and community liaison stages of their work, they are not sufficiently resourcing interventions to improve protection outcomes for the EO survivors identified by the HMA agencies they fund.

71 HI in Syria 2015 Statutory Compliance report ISU.

Contributing data sets from Health, Protection, Child Protection, HMA, Education, and WASH clusters may all provide a part of the picture, but little effort is applied to bringing the data sets together to get a clear picture of the dimension of the EO-affected individuals, families and communities across responses.[72] This is essential to ensure that findings are well integrated into core humanitarian joint analysis processes, and articulated in key strategic documents that guide humanitarian responses in different countries (HCT Protection Strategies, Humanitarian Needs Overview (HNO)/ Humanitarian Response Plans (HRPs), etc).

Research priorities

- Analyse successful cases of CVA support that have led to long-term behavioural change among risk-taking individuals and groups (for example firewood, and scrap metal collectors) and promote promising practices across the HMA, CVA and Protection.
- Measure the extent to which CVA targeted to EO survivors during treatment improved outcomes, or reduced use of negative coping strategies during or after assistance is completed (to measure the adequacy of the intervention).

GAP 2: Understanding the complementarity between Multi-Purpose Cash and CVA in protection outcomes for EO survivors

Population-wide vulnerability assessments frequently result in EO survivors being included in MPC distribution lists. However, the MEB design process and calculation for distribution at scale to meet the average household profile are unlikely to provide for the specific needs experienced by an EO survivor and their family or other individuals/ families living with other disabilities. CVA for protection should complement MPC. In areas of conflict where the number of EO injuries are high (e.g. Syria and Yemen), the gap in pairing MPC with CVA for protection leaves an unquantified but likely high number of individuals/families underserved by humanitarian responses.

Research priorities

- Develop and test an assessment tool that can quantify gaps in needs of EO survivors and indicate where CVA vs in-kind assistance (or multi-modal assistance) will be needed to achieve protection outcomes beyond MPC for individual EO survivors and their families.

72 Murat Yucer personal communication 2020.

GAP 3: Potential of CVA to support community-based rehabilitation (CBR)

CBR is widely considered effective in bringing different segments of societies together. It maximises social capital and cohesion with voluntary support to vulnerable individuals in a community. Paying for this service can weaken the commitment.[73] At the same time, CVA in CBR, such as creating a social asset, for example, peer-to-peer home care performed by family/community members, awareness sessions on social inclusion issues and creating protection or peer networks among persons with and without disabilities, could enhance inclusion for persons with disabilities. No examples of CVA to support CBR were captured in the study.

Research priorities

- Assess the extent to which CBR is being undertaken in EO-affected areas and identify how CVA is used.
- Investigate how volunteering for social satisfaction can best interact with the application of CVA to deliver strong CBR across contexts.

GAP 4: Understanding of HMA donors'[74] strategic positioning towards victim assistance, mainstreaming inclusion and the Grand Bargain commitments

It is not clear what drivers encourage or inhibit the large HMA donors to support engagement in Victim Assistance or Risk Mitigation for better protection outcomes in HMA. The short duration of this study did not allow for clarification of HMA donors' appetite for the use of CVA in MA to achieve protection outcomes. Consequently, the potential for resourcing movement in this direction is unknown.[75]

Research priorities

- Identify and map HMA donors' interest in the use of CVA to achieve protection outcomes in MA, including in support of risk mitigation and victim assistance, and enabling factors to enhance support for such approaches (i.e. addressing evidence gaps, donor mandates and donor climate).

73 Raworth, K. (2017): Doughnut economics reference Free vs Paid-for-blood transfusion services.

74 E.g. PMWRA, DfID GMAP, UNMAS, governments of Japan, Germany, Norway, the Netherlands and other interested States to participate in a virtual meeting or a round table side event at or before the annual Mine Action National Directors Meeting (Feb 2021).

75 This study does identify one large HMA donor supporting an agency to pilot for this outcome.

GAP 5: Lack of evidence of CVA supporting social inclusion/ cohesion and de-stigmatisation of EO survivors

While one example collected includes anecdotal evidence linking victim assistance to increasing social inclusion and de-stigmatisation, the case did not include CVA. Greater evidence is needed on the role of CVA in promoting social cohesion. In turn, evidence is also needed to specifically address the potential of CVA (e.g. cash for asset programmes), to mitigate (or conversely increase) community tension among EO-affected communities as well as discrimination and stigmatisation of EO survivors, including those living with a disability.

Research priorities

- Identify programming and settings where CVA interventions achieved social inclusion/cohesion and de-stigmatisation and whether such approaches could be adapted in MA contexts.

6. Conclusion and Recommendations

This report describes examples of CVA applied in HMA contexts and how CVA can contribute to improved protection outcomes for highly vulnerable individuals, families and communities. These examples, however, are of CVA on a limited scale. To expand reach, in line with recent HMA standards[76] and global commitments, HMA teams need to build upon their current technical skills and empower field teams, which are used to carrying and managing large volumes of cash and have good communication with the communities where they work,[77] to move CVA programming forward.

A widespread separation between HMA agencies from mainstream humanitarian response actors and siloing between HMA and CVA agencies specifically have perpetuated missed opportunities for mutual learning. However, partnership and cross learning has started. MAG and Humanity and Inclusion (HI) in Chad, the HALO Trust and HIHFAD in northwest Syria and the recent decision for DDG and DCA to work closely together globally, demonstrate emergent examples where coordination has and can have a synergetic leveraged impact.

Recent discussions in MA AoR strategic consultations[78] positioning HMA as a bridge across the nexus between humanitarian and development action are valid, however difficult to achieve. Key recommendations are proposed based on the findings discussed with the Key Informants interviewed in this report. The following concrete actions across the core stakeholder groups below can accelerate progress towards the uptake of CVA to achieve protection outcomes in EO-affected areas by the mine action sector in the months and years ahead.

Mine Action Actors - HMA actors

Ensure adoption and compliance with IMAS 13.10 and emerging best practice CVA approaches to deliver improved outcomes for EO survivors and high risk-taking individuals, groups and communities, as a precursor to effectively leveraging CVA within Victim Assistance.

- Engage with National Authorities/MA AoR[79] to prepare SoPs for enhanced Victim Assistance.
- Agree locally appropriate levels of support to ensure EO survivors receive

76 IMAS 13.10 Victim Assistance 2020.
77 MAG Financial management guidelines.
78 MA AoR Global consultation on MA AoR Guidance Requirements.
79 Or whichever agency is designated the coordination of mine action role.

emergency medical treatment and successful referral into national protection mechanism.

- Expand the function of Community Liaison teams[80] to be frontline agents delivering victim assistance and risk mitigation protection services to remote communities.[81]
- Invest in partnerships with CVA actors to pilot approaches integrating CVA into risk mitigation and with CVA and protection actors to ensure EO survivors successfully access health and protection services, including where facilitated by CVA.
- Consider supporting child survivors of EO with CVA directly or through partnerships to facilitate school attendance, including supporting infrastructure modification and/or assistive device(s), as required.

CVA Actors

Engage with protection actors to deliver CVA for protection outcomes and ensure inclusion of EO survivors in targeted Cash+ programming.

- Adopt cause of injury disaggregated data collection and analysis.
- Ensure adequate levels of data sharing and joint analysis between CVA providers, Mine Action and other humanitarian sectors concerning EO victims, including if they are former or current recipients of CVA.
- Design appropriate Cash+ interventions in collaboration with Protection and HMA partners to achieve protection outcomes for EO survivors as part of disability-inclusive programming.
- Engage with HMA agencies to agree how to best assist EO survivors and high-risk-taking individuals and groups through integration into ongoing or future multi-sector CVA as well as CVA for rehabilitation and livelihood assistance.
- Assist and train HMA actors to develop CVA guidelines.
- Ensure effective coordination with protection actors to ensure CVA potential to contribute to protection outcomes is recognised and updated on the service map.
- Ensure rigorous context analysis on social exclusion and mitigation mechanisms relating to disability and stigmatisation as a standard part of any CVA design and implementation.

80 MAG CL SOP "CL teams may engage with (i)Minority ethnic/tribal groups; ii. Women; iii. Persons with disabilities; iv. Nomadic people or people with partially nomadic lifestyles (such as shepherds) to ensure inclusion and may support Victim assistance including (i)contribute to EO victim assistance data collection and referral systems; (ii). identify national and local capacities for victim assistance, and under what conditions assistance is available; (iii). identify victims including survivors and other persons with disabilities in need of assistance during their work in communities; (iv). provide to the persons/families identified detailed information about the availability of assistance and how this assistance can be obtained; (v). liaise with rehabilitation centres and other service providers to ensure assistance is provided; (vi). if necessary, facilitate transport of the person identified and family member to and from the centre and other service providers for treatment; (vii). consider employing victims including survivors in their work, if possible and where appropriate, as EORE facilitators.

81 As pioneered by DDG/DRC in Afghanistan and Myanmar.

Protection Specialists

Review and revise geographical coverage of service mapping and referral pathway coverage.

- Identify if there are geographical gaps within country protection service coverage where EO risks are high (particularly remote areas).
- Engage with HMA agencies to agree on SoPs to support achievement of equitable access to services (in line with IMAS 13.10 Victim Assistance), including using CVA.
- Advocate for the use of CVA within protection programming to support protection outcomes.

Mine Action Areas of Responsibility focal point and National Mine Action Authorities

Accelerate the incorporation of IMAS 13.10 Victim Assistance into National MA Standards.

- Promote and ensure adoption of IMAS 13.10 into National Mine Action Standards as a precursor to effectively leveraging CVA.
- Support HMA Agencies to prepare SOPs for approval in line with IMAS 13.10 section 7.2.
- Encourage the adoption of CVA to facilitate transport to emergency health facility, initial costs of treatment and subsistence costs (providing time for activation of case management by relevant protection agency).
- Invest in building local capacity for CVA adoption within Victim Assistance organizations and local NGOs working with EO-affected communities.

Promote policy adoption of CVA as a useful approach in Victim Assistance and Risk Reduction programming in MA AoR.

- Prepare best practice guidelines and training material focused on how to use CVA to support protection outcomes in HMA.
- Promote guidelines internationally at relevant Mine Action events to encourage early adoption.
- Promote the HMA inter-agency imperative to support EO survivors, their families and affected communities as a specific subset of CVA for protection responses.[82]

Increase the visibility of best practices in service provision to vulnerable and affected individuals, groups and communities.

82 Section 6: "multi-sector engagement by non-mine action actors that reach people that are injured, survivors and people otherwise impacted by EO accidents".

EO Survivors

- Advocate for the inclusion of EO survivors as a subset of general vulnerability assessments.
- Invest in processing EO survivor data to quantify relevant importance with other competing needs during response planning.[83]
- Coordinate between protection, education and health clusters as well as CVA working groups advocating for better inclusion of EO survivors into referral pathways and protection agency caseloads from remote HMA agency work areas.

EO risk-taking individuals and groups

- Resource pilots to address country-specific examples of extreme (EO-related) risk-taking behaviours and advocate for the use of CVA assistance for alternative livelihoods to be included in response plans and budgets.

Step up efforts to support HMA and CVA partnerships and develop referral pathways to ensure extension of CVA assistance for protection outcomes to remote areas.

- Support the dissemination and promotion of emergent examples described in this report.
- Secure funding for developing evidence base and knowledge sharing of CVA for protection in HMA across areas of operation.
- Facilitate cooperation between Protection actors, HMA and CVA agencies to extend equitable access to protection referral mechanism into remote areas.
- Identify and allocate resources to allow piloting of HMA-CVA cooperation to improve protection outcomes in remote areas.

Facilitate an HMA donor consultation on roll-out plan for IMAS 13.10 Victim Assistance.

- Collate and disseminate examples of CVA approaches supporting EO survivors through their recovery journey.
- Collate and disseminate examples of CVA supporting risk mitigation to reduce EO accidents.
- Seek agreement from donors on the extent to which they will encourage resourcing of (a) risk reduction strategies for high-risk individuals, groups and communities as well as (b) expansion of Victim Assistance as an interim measure, using CVA where appropriate, until State services or the broader humanitarian community (where present) take over.

83 E.g. Syria and Yemen where the number of EO survivors is known to be exceptional.

Donors

HMA donors: Clarify to grant recipients support for resourcing commitments in IMAS 13.10.

- Agree timeline with grantees/all HMA agencies to achieve compliance with their responsibilities (Sec 7.2.) of IMAS 13.10.
- Resource HMA agencies to deliver on their responsibilities to facilitate or provide emergency transportation of EO survivors to emergency medical facilities using CVA where appropriate (and if possible, adopt the best practice of initial one month's subsistence allowance).[84]
- Encourage HMA agencies to deliver (or partner to achieve) wider adoption of CVA to support EO survivors through recovery and rehabilitation support in areas where services are stretched or non-existent.
- Resource HMA agencies to pilot CVA for safer livelihood activities among high risk-taking groups.

Humanitarian donors: Improve the provision of protection services in EO-affected responses.

- Ensure addition of cause of injury data fields during SADD beneficiary data collection by all grant recipients.[85]
- Proactively resource data analysis to clarify relative weighting of EO survivors' needs to drive appropriate service provision.
- Encourage adoption of complementary programming (e.g. combination of CVA and assistive devices) approaches to address EO survivors' needs as a subset of broader support to people living with disabilities in all responses.
- Dedicate resources for inter-sectoral programmes specifically targeting EO victims, if not covered by HMA donors above.

84 One-month MEB-equivalent to reduce family burden while linking into protection case-management system.
85 To ensure visibility on dimension of EO caused excess disability in each response.

Annex 1: Methodology

Early discussions with the advisory group acknowledged the likelihood that the use of CVA in HMA was not widely implemented or documented and that literature retrieval would have to be accompanied by key informant interviews (KIIs) with humanitarian practitioners engaged in CVA integrated within HMA to inform current practice as well as share documentation that describes pilots and programmes that agencies were currently undertaking (where final reports, evaluations or lessons learned may not be available). Consequently, it was agreed that the research would be carried out, step by step by the consultant, with input from the advisory group where indicated, using the following methodology:

1. Review of an annotated bibliography by the advisory group, followed by a desk review;
2. Review of Statutory Compliance reports for signatories of the MBT and CCM, where available;
3. Review of Land Mine Monitor and Cluster Munitions Monitor Annual Country Reports (2018 or 2019) in cases where Statutory Report has not been submitted;
4. Generation, by the advisory group, of a list of HMA focal points at global and country levels to inform an initial request for information;
5. Identification of potential key informants, including practitioners managing CVA, to achieve protection outcomes in EO-affected areas and Technical Advisors involved in the design or delivery of CVA to achieve protection outcomes in HMA;
6. Interviews conducted with 12 key informants inclusive of requests for supporting documentation, where available.

It was agreed to directly engage the following key stakeholders in this research as key informants: **National Mine Action Authorities; national agencies responsible for supporting survivors of EO; Humanitarian Mine Action agencies or INGOs; humanitarian and development agencies working in EO-affected countries** (contacted through their technical leads in Protection, Child Protection, Food Security & Livelihoods or CVA technical advisors); and **United Nations Mine Action Service**, both at headquarters to guide policy and in countries where operational.

Important stakeholders which were not targeted for key informant interviews but were informed about this research and continue to act as key contacts for moving the needle forward, include the **Implementation Support Unit** of the Landmine Ban Treaty, whose mandate is to support countries to sign and ratify the MBT and CCM, and submit their annual statutory reports, and, where needed, their extension requests, and the **International Mine Action Standards Review Board**, made up of global technical experts (governments, UN and INGOs), who meet quarterly to discuss developments in the sector and suggest amendments and improvements to the International Mine Action Standards.

Literature was retrieved via Relief Web and Google Scholar, and provided by key informants. Search terms included “Cash Assistance in Mine Action, CVA (Mine Action), Cash (Mine Action), Mine Action Victim Assistance, Victim Assistance Cash, Victim Assistance, Mine Survivors Cash, UXO Survivors, Cash.” A total of 698 documents were retrieved using these key terms. Only 14 documents were included using the inclusion-exclusion criteria below:

Inclusion criteria

- CVA in ERW affected communities
- Post 2000 (to include Sri-lanka post 2004 Tsunami)
- Proposals/Donor Reports/Evaluations
- Implementation Manuals

Exclusion criteria

- Non-English papers
- Guidelines not attached to projects

Thirteen key informants collectively described 18 programme interventions. Four informants provided project documentation, however, most of these documents were proprietary, “for information only,” and informants requested that operational details not be shared.

Annex 2: CVA-MA Outcomes Found in Literature Retrieved and through Key Informant Interviews

1. Literature retrieved demonstrating the use of CVA contributing to protection outcomes in Mine Action

Date	Source	Implementing agency	Location	Intervention	Modality	Target group(s)	Relevant outcome(s)
2003	Landmine Victim Assistance in South-East Europe: Final Study Report (HI)	ICRC	Albania, (Tirana NPC)	Subsistence transfers	Cash transfer	Mine survivor amputee patient and 1 family member while prosthetic treated	Victim Assistance - Short-, medium- and long-term physical and mental health and other needs (specific and general) are met
		VMA AMAE	Albania	Interest-free loans for small agriculture	Loans	Amputee families (40 families/yr for 3 years)	Victim Assistance - Self-reliance, decision-making power and resilience improved
		ICRC	Albania	$5,500 cash grant for business start-up (shoe-making)	Cash transfer	Mine injury survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved
		State of Albania	Albania	State disability payment of $54-27/month	Cash transfer	Poor families with EO survivor	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Landmine Victim Assistance in South-East Europe: Final Study Report (HI)	Govt of Bosnia & Herzegovina	Bosnia & Herzegovina	State Health Insurance fund For civilian mine survivors of $38-113 /mth For veterans $15-145 /mth Disability pensions $24-363/mth depending on level of disability	Cash transfer	Civilian survivors Veteran survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Landmine Victim Assistance in South-East Europe: Final Study Report (HI)	CMVA and ICRC	Croatia	$70/month grant to attend school Scholarship provided to 4 children State Soldier disability pension 100% disability $843/month Civilian 100% disability pension $239/month	Cash transfer Cash transfer	Child survivors Veterans Adult survivors	Victim Assistance - % of school aged child survivors of EO who report EO impact as the main reason why they are not attending or enrolled in school; Victim Assistance Self-reliance, decision-making power and resilience improved
	Landmine Victim Assistance in South-East Europe: Final Study Report (HI)	Ministry of Social Affairs	Serbia and Montenegro	Disabled War veterans $130/month pension Social Security payment for disabled person $30 / month	Cash transfer Cash transfer	Veteran survivors Civilian survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Landmine Victim Assistance in South-East Europe: Final Study Report (HI)	Kosovo Government (unspecified dept)	Kosovo	Disabled War veterans $83 /month Civilians $54-68/month Plus cash transfer pension of $37-67 if no family member working	Cash transfer Cash transfer	Veteran Survivors Civilian Survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved

2005	Landmine Victim Assistance in Integrated Mine Action in Cambodia	Standing Tall Australia	Cambodia	World Vision International Cash and Loans Recommended Cash for Transport to services	Cash transfer and Loans	EO Survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved; Short-, medium- and long-term physical and mental health and other needs (specific and general) are met
	External Evaluation of UNICEF's Assistance to Mine/UXO Victims and Disabled People	UNICEF external consultants	Cambodia	Cash grants and loans	Cash transfer	EO Survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved;
	JICA review of Cambodia country plan	Govt of Japan	Cambodia	Vocational Opportunities for people living with disabilities Demobilisation grants for soldiers	Cash transfer	EO Survivors Veterans	Victim Assistance - Self-reliance, decision-making power and resilience improved
2007	Evaluation of the Albanian Mine Action Programme	Albania Mine Action Management Authority	Albania	Revolving loan for livelihoods (cattle)	Cash transfer	EO Survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Better Choices for Children: Community Grants in Mozambique	Save the Children	Mozambique	Assistance to orphans	Not Specified	Orphans	Victim Assistance - Self-reliance, decision-making power and resilience improved
2012	Transitioning Mine Action Programmes to National Ownership in Azerbaijan	Azerbaijan Mine Action Management Authority	Azerbaijan	Azerbaijan Mine Action Management Authority AMAMA Pilot cash assistance for Survivors	Cash transfer	EO Survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved
2015	Creating Opportunities for Conflict Injured survivors in Blue Nile	UNDP Community Security and Stabilization Programme (C2SP)	Sudan	In-Kind start up equipment for business Health Insurance	Cash transfer	EO survivors Veteran survivors	Victim Assistance - Short-, medium- and long-term physical and mental health and other needs (specific and general) are met
2016	SCI Ukraine Video	Save the Children Ukraine	Ukraine	Cash grants	Cash transfer	EO-affected families	Victim Assistance - Self-reliance, decision-making power and resilience improved

2018	Cash transfer Programming in Armed Conflict: The ICRC's experience	ICRC	Yemen	Vulnerable EO survivors attending rehabilitation and prosthetics fitting	Modality as appropriate: Cash in Hand Paper voucher E-voucher Post office Bank Transfer Mobile Money	EO survivors	Victim Assistance - Short-, medium- and long-term physical and mental health and other needs (specific and general) are met; Self-reliance, decision-making power and resilience improved
	Cash transfer Programming in Armed Conflict: The ICRC's experience	ICRC	Nigeria	Livelihood inputs	Cash transfer Conditional Cash Voucher	EO-affected families IDPs on the move	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Cash transfer Programming in Armed Conflict: The ICRC's experience	ICRC	South Sudan	Livelihood pilots for cattle	Conditional Vouchers	EO-affected families IDPs on the move	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Cash transfer Programming in Armed Conflict: The ICRC's experience	ICRC	Somalia	Livelihoods start-up grants	Cash transfer/ Mobile Money	EO-affected families; Vulnerable families	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Cash transfer Programming in Armed Conflict: The ICRC's experience	ICRC	Lebanon	Restarting livelihood 6 instalments of $150 Single instalment of $2,000	Cash transfer	EO survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Cash transfer Programming in Armed Conflict: The ICRC's experience	ICRC	Yemen	Voucher for bread	Conditional Voucher	Vulnerable families	Victim Assistance - Self-reliance, decision-making power and resilience improved
2019	MULTI-PURPOSE CASH TRANSFER 'PLUS': Maximizing impact on children through integrated cash-based programming	Save the Children	Colombia	MPCT (including health budget for families with a person living with a disability)	Cash transfer	EO survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved
2020	Humanitarian Cash and Social Protection in Yemen	Meraki Labs	Yemen	MPCT from UN Targeted CT from INGO	Cash transfer	EO-affected families	Victim Assistance - Self-reliance, decision-making power and resilience improved

2. Emerging Examples of CVA contributing to protection outcomes in Mine Action identified through Key Informant Interviews

Date	Source	Implementing agency	Location	Intervention	Modality	Target group(s)	Relevant outcome(s)
2017-2020	ICRC Cash Advisor	ICRC	Ukraine	Transportation to access to healthcare and other subsistence expenses	Cash in Hand	Survivors of EO accident/ incident	Risk Mitigation - Reduced mortality rate of EO victims
2020	ICRC Cash Advisor	ICRC	Afghanistan	Microloans	Microloans	Recovered amputee / Spinal injured	Victim Assistance - Self-reliance, decision-making power and resilience improved
	ICRC Cash Advisor	ICRC	DRC	One off ($80) valued at 1 months MEB – delivered via Mobile Money where deemed safer	Cash transfer	Extremely vulnerable individuals including PCP EO injured	Victim Assistance - Self-reliance, decision-making power and resilience improved; Reduced risk Socio-economic discrimination/ isolation
	ICRC Cash Advisor	ICRC	Ukraine	Income support during treatment 50% or 100% of National Minimum wage for 3-12 months	Cash transfer	Survivors of EO accident/ incident	Victim Assistance - Short-, medium- and long-*term physical and mental health and other needs (specific* and general) are met; Self-reliance, decision-making power and resilience improved
	ICRC Cash Advisor	ICRC	Ukraine	Productive grant	Cash transfer	High risk farmers living close to contact line	Risk Mitigation - exposure to EO risks for individuals and communities
						Survivors of EO accident Incident	Victim assistance - Self-reliance, decision-making power and resilience improved;
	ICRC Cash Advisor	ICRC	15 countries including DRC, South Sudan and Ukraine	Productive grant	Cash transfer	People at risk of being EO-affected	Risk Mitigation - exposure to EO risks for individuals and communities
	DDG Prog Manager	DDG/DRC	Afghanistan	One off Transport to Medical Facilities	Cash transfer	Vulnerable people displaced by conflict	Victim Assistance - Reduced mortality rate of EO victims; Short-, medium- and long-*term physical and mental health and other needs (specific* and general) are met; and Self-reliance, decision-making power and resilience improved
				Subsistence Special Needs fund MPCT of $110 Subsistence Special Needs fund MPCT of $110	Cash transfer		
	DDG Prog Manager	DDG/DRC	Afghanistan	One off Special Needs payment $110	Cash in Hand	Vulnerable people displaced by conflict	Victim Assistance - Self-reliance, decision-making power and resilience improved
	DDG Prog Manager	DDG/DRC	Afghanistan	Individual Protection Assistance- Variable value	Cash in Hand	Protection case management	Victim Assistance - Self-reliance, decision-making power and resilience improved
	DDG Prog Manager	DDG/DRC	Afghanistan	CfA river diversion irrigation system	Cash for Work Cash for asset	+/- 100 pax People living near EO	Victim Assistance - Self-reliance, decision-making power and resilience improved

2020	DDG Prog Manager	DDG National VA agency	Afghanistan	Livelihood grants	Cash transfer	EO survivors and other disability	Victim Assistance Self-reliance, decision-making power and resilience improved
	DDG Prog Manager	DDG Clearance teams	Afghanistan	re-construction (removing EO)	Cash in Hand	People living in EO-contaminated houses	Risk mitigation - Reduced exposure to EO risks for individuals and communities
	HI/MAG Technical Advisor	MAG Technical Advisor	Chad	-	Cash Grant	EO survivors	Risk mitigation - Reduced mortality rate of EO victims
	SCI	Cash TA	Yemen	One off Protection grant of $220	Cash transfer	Highly vulnerable families	Victim assistance - Short-, medium- and long-*term physical and mental health and other needs (specific* and general) are met; Self-reliance, decision-making power and resilience improved
	SCI	Cash TA	Yemen	Cash transfer (or MM) for 6 months MEB based (70% of population)	Cash transfer	IPC3, 4 or 5, including disabled or female-headed families	Victim Assistance Self-reliance, decision-making power and resilience improved

3. Literature retrieved demonstrating the use of CVA contributing to protection outcomes in Mine Action

Date	Source	Implementing agency	Location	Intervention	Modality	Target group(s)	Relevant outcome(s)
2003	Landmine Victim Assistance in South-East Europe: Final Study Report (HI)	ICRC	Albania, (Tirana NPC)	Subsistence transfers	Cash transfer	Mine survivor amputee patient and 1 family member while prosthetic treated	Victim Assistance - Short-, medium- and long-term physical and mental health and other needs (specific and general) are met
		VMA AMAE	Albania	Interest-free loans for small agriculture	Loans	Amputee families (40 families/yr for 3 years)	Victim Assistance - Self-reliance, decision-making power and resilience improved
		ICRC	Albania	$5,500 cash grant for business start-up (shoe-making)	Cash transfer	Mine injury survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved
		State of Albania	Albania	State disability payment of $54-27/month	Cash transfer	Poor families with EO survivor	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Landmine Victim Assistance in South-East Europe: Final Study Report (HI)	Govt of Bosnia & Herzegovina	Bosnia & Herzegovina	State Health Insurance fund For civilian mine survivors of $38-113 /mth For veterans $15-145 /mth Disability pensions $24-363/mth depending on level of disability	Cash transfer	Civilian survivors Veteran survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Landmine Victim Assistance in South-East Europe: Final Study Report (HI)	CMVA and ICRC	Croatia	$70/month grant to attend school Scholarship provided to 4 children State Soldier disability pension 100% disability $843/month Civilian 100% disability pension $239/month	Cash transfer Cash transfer	Child survivors Veterans Adult survivors	Victim Assistance - % of school aged child survivors of EO who report EO impact as the main reason why they are not attending or enrolled in school; Victim Assistance Self-reliance, decision-making power and resilience improved
	Landmine Victim Assistance in South-East Europe: Final Study Report (HI)	Ministry of Social Affairs	Serbia and Montenegro	Disabled War veterans $130/month pension Social Security payment for disabled person $30 / month	Cash transfer Cash transfer	Veteran survivors Civilian survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Landmine Victim Assistance in South-East Europe: Final Study Report (HI)	Kosovo Government (unspecified dept)	Kosovo	Disabled War veterans $83 /month Civilians $54-68/month Plus cash transfer pension of $37-67 if no family member working	Cash transfer Cash transfer	Veteran Survivors Civilian Survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved

2005	Landmine Victim Assistance in Integrated Mine Action in Cambodia	Standing Tall Australia	Cambodia	World Vision International Cash and Loans Recommended Cash for Transport to services	Cash transfer and Loans	EO Survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved; Short-, medium- and long-term physical and mental health and other needs (specific and general) are met
	External Evaluation of UNICEF's Assistance to Mine/UXO Victims and Disabled People	UNICEF external consultants	Cambodia	Cash grants and loans	Cash transfer	EO Survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved;
	JICA review of Cambodia country plan	Govt of Japan	Cambodia	Vocational Opportunities for people living with disabilities Demobilisation grants for soldiers	Cash transfer	EO Survivors Veterans	Victim Assistance - Self-reliance, decision-making power and resilience improved
2007	Evaluation of the Albanian Mine Action Programme	Albania Mine Action Management Authority	Albania	Revolving loan for livelihoods (cattle)	Cash transfer	EO Survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Better Choices for Children: Community Grants in Mozambique	Save the Children	Mozambique	Assistance to orphans	Not Specified	Orphans	Victim Assistance - Self-reliance, decision-making power and resilience improved
2012	Transitioning Mine Action Programmes to National Ownership in Azerbaijan	Azerbaijan Mine Action Management Authority	Azerbaijan	Azerbaijan Mine Action Management Authority AMAMA Pilot cash assistance for Survivors	Cash transfer	EO Survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved
2015	Creating Opportunities for Conflict Injured survivors in Blue Nile	UNDP Community Security and Stabilization Programme (C2SP)	Sudan	In-Kind start up equipment for business Health Insurance	Cash transfer	EO survivors Veteran survivors	Victim Assistance - Short-, medium- and long-term physical and mental health and other needs (specific and general) are met
2016	SCI Ukraine Video	Save the Children Ukraine	Ukraine	Cash grants	Cash transfer	EO-affected families	Victim Assistance - Self-reliance, decision-making power and resilience improved

2018	Cash transfer Programming in Armed Conflict: The ICRC's experience	ICRC	Yemen	Vulnerable EO survivors attending rehabilitation and prosthetics fitting	Modality as appropriate: Cash in Hand Paper voucher E-voucher Post office Bank Transfer Mobile Money	EO survivors	Victim Assistance - Short-, medium- and long-term physical and mental health and other needs (specific and general) are met; Self-reliance, decision-making power and resilience improved
	Cash transfer Programming in Armed Conflict: The ICRC's experience	ICRC	Nigeria	Livelihood inputs	Cash transfer Conditional Cash Voucher	EO-affected families IDPs on the move	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Cash transfer Programming in Armed Conflict: The ICRC's experience	ICRC	South Sudan	Livelihood pilots for cattle	Conditional Vouchers	EO-affected families IDPs on the move	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Cash transfer Programming in Armed Conflict: The ICRC's experience	ICRC	Somalia	Livelihoods start-up grants	Cash transfer/ Mobile Money	EO-affected families; Vulnerable families	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Cash transfer Programming in Armed Conflict: The ICRC's experience	ICRC	Lebanon	Restarting livelihood 6 instalments of $150 Single instalment of $2,000	Cash transfer	EO survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved
	Cash transfer Programming in Armed Conflict: The ICRC's experience	ICRC	Yemen	Voucher for bread	Conditional Voucher	Vulnerable families	Victim Assistance - Self-reliance, decision-making power and resilience improved
2019	MULTI-PURPOSE CASH TRANSFER 'PLUS': Maximizing impact on children through integrated cash-based programming	Save the Children	Colombia	MPCT (including health budget for families with a person living with a disability)	Cash transfer	EO survivors	Victim Assistance - Self-reliance, decision-making power and resilience improved
2020	Humanitarian Cash and Social Protection in Yemen	Meraki Labs	Yemen	MPCT from UN Targeted CT from INGO	Cash transfer	EO-affected families	Victim Assistance - Self-reliance, decision-making power and resilience improved

4. Emerging Examples of CVA contributing to protection outcomes in Mine Action identified through Key Informant Interviews

Date	Source	Implementing agency	Location	Intervention	Modality	Target group(s)	Relevant outcome(s)
2017-2020	ICRC Cash Advisor	ICRC	Ukraine	Transportation to access to healthcare and other subsistence expenses	Cash in Hand	Survivors of EO accident/incident	Risk Mitigation - Reduced mortality rate of EO victims
2020	ICRC Cash Advisor	ICRC	Afghanistan	Microloans	Microloans	Recovered amputee /Spinal injured	Victim Assistance - Self-reliance, decision-making power and resilience improved
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						Survivors of EO accident Incident	Victim assistance - Self-reliance, decision-making power and resilience improved;
	ICRC Cash Advisor	ICRC	15 countries including DRC, South Sudan and Ukraine	Productive grant	Cash transfer	People at risk of being EO-affected	Risk Mitigation - exposure to EO risks for individuals and communities
	DDG Prog Manager	DDG/DRC	Afghanistan	One off Transport to Medical Facilities	Cash transfer	Vulnerable people displaced by conflict	Victim Assistance -
				Subsistence Special Needs fund MPCT of $110 Subsistence Special Needs fund MPCT of $110	Cash transfer		Reduced mortality rate of EO victims; Short-, medium- and long-*term physical and mental health and other needs (specific* and general) are met; and Self-reliance, decision-making power and resilience improved
	DDG Prog Manager	DDG/DRC	Afghanistan	One off Special Needs payment $110	Cash in Hand	Vulnerable people displaced by conflict	Victim Assistance - Self-reliance, decision-making power and resilience improved
	DDG Prog Manager	DDG/DRC	Afghanistan	Individual Protection Assistance- Variable value	Cash in Hand	Protection case management	Victim Assistance - Self-reliance, decision-making power and resilience improved
	DDG Prog Manager	DDG/DRC	Afghanistan	CfA river diversion irrigation system	Cash for Work Cash for asset	+/- 100 pax People living near EO	Victim Assistance - Self-reliance, decision-making power and resilience improved
	DDG Prog Manager	DDG National VA agency	Afghanistan	Livelihood grants	Cash transfer	EO survivors and other disability	Victim Assistance Self-reliance, decision-making power and resilience improved

2020	DDG Prog Manager	DDG Clearance teams	Afghanistan	re-construction (removing EO)	Cash in Hand	People living in EO-contaminated houses	Risk mitigation - Reduced exposure to EO risks for individuals and communities
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