

CASH AND VOUCHER ASSISTANCE FOR ACHIEVING PROTECTION OUTCOMES IN MINE ACTION

Evidence Mapping and Recommendations for Future Action

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 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.

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 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.
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.

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. The appetite for HMA donors to increase support for Victim Assistance and EO Risk Mitigation is unclear. For the first time, recent sector guidelines 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.

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 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.
- Support pilot projects 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.

Cash and Voucher Assistance for Achieving Protection Outcomes in Mine Action: Evidence mapping and recommendations for future action is available at: <http://wrc.ms/CVA-mine-action>.

This paper was prepared by the Global Protection Cluster (GPC) Task Team on Cash for Protection (TT C4P). The Task Team was established in 2017 with the aim of increasing knowledge about the use of CVA in the protection sector and increasing the effectiveness and quality of programs using CVA to achieve protection outcomes. It hosts open membership, currently bringing together more than 40 participants across 30 organizations representing a diversity of organizations, countries and experiences on both protection and CVA.

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December 2020