



Rapid GBV Risk Assessment in CVA (Moldova)

Background

Since the beginning of the conflict in Ukraine in February 2022, more than 606,000 refugee individuals have entered Moldova. Among these refugees, 90,745 Ukrainian refugees currently remain in the country.¹ In an attempt to respond to the basic needs of these individuals, 62,785 have received emergency cash and voucher assistance (CVA) since the early stages of the emergency response.² In July 2022, the Gender-Based Violence sub-working group (GBV SWG) and Cash Working Group (CWG) jointly conducted a rapid GBV risk assessment exercise to assess potential GBV risks for refugees that may be created by this CVA programming in Moldova and to recommend enhancement of the response to mitigate the risks.³ The findings of the exercise were reviewed and validated by both CWG and GBV SWG partners.⁴

The outcome of this joint activity echoes the findings of the GBV safety audit, which highlights the importance of concrete actions to ensure that CVA does not trigger or exacerbate GBV risks.⁵ Upon learning of this risk assessment, other actors providing humanitarian CVA in Moldova expressed interest in conducting similar risk analyses for their cash programming for social protection and cohesion in the vulnerable host community.⁶ This highlights the growing recognition that basic CVA risk analysis alone is not enough and that a specific GBV and gender lens must be applied. Finally, the findings of this joint activity should be seen as a useful starting point for an action planning session where both GBV and Cash actors can agree on next steps, including which mitigation activities should be implemented moving forward.

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

1 <https://data.unhcr.org/en/country/MDA>; UNHCR, Operational Data Portal – Ukraine Refugee Situation – 19 September.

2 MOLDOVA, Inter-Agency Operational Update, N 16; 15 May- 15 June 2022

3 23 GBV and CVA experts participated from I/NGOs and the UN system: Acted, ADRA, Artimida, Asociatia Impotriva Violentei, Charity Center for Refugees, CRS, INTERSOS, IOM, OHCHR, Plan International, UNFPA, UNHCR, UNWOMEN, Women's Law Center.

4 It is worthy to mention that after the exercise there have been some recent changes in the cash enrollment process of UNHCR that will be mentioned under relevant point.

5 A GBV Safety Audit was conducted by GBV SWG in June and its findings were reviewed by sectors in a workshop to agree on interventions to enhance the response and mitigate the GBV risks. Final document is forthcoming.

6 Considering the contextual difference of CVA in Transnistria, a separate exercise is to be organized in later stages.

RISKS

It is necessary to have formal documentation to receive cash transfers.⁸ While there have been a relatively limited number of refugees without documentation to date, some people, particularly from the Roma community, do not have identity documents and therefore may be at risk of exclusion or delays in CVA distribution. As such, their vulnerability to resorting to negative coping mechanisms and vulnerability to GBV is increased.

Unaccompanied/separated children must go through a Best Interest Assessment (BIA) before being considered for cash programming. In case there may be delays in the assessment of their case, they could be vulnerable to exploitation and/or violence, especially psychological if they are considered a financial burden by their caregivers.

At times of higher influx, prolonged waiting periods between pre-registration, verification, and cash disbursement may put women at greater risk, as they are more vulnerable to exploitation and being forced to resort to negative coping mechanisms.⁹

Program targeting uses categorical criteria with a wide range of inclusion¹⁰ and uses self-referral targeting for all Ukrainian refugees. At the beginning of the programming, online registration was required prior to the in-person appointment for verification and handing over of the prepaid cards.¹¹ Under such procedures, persons with disabilities, older refugees, Roma refugees, those with limited digital literacy level, and those with limited access to the digital devices/internet could be at risk of exclusion, late access, or exploitation by others who support them with access. Women with multiple risk profiles are at greater risks of GBV if they do not register in a timely manner. Although there are mobile registration teams that can help with pre-registration and registration, humanitarian actors (non-CVA actors) and the refugee community often have limited awareness of these support services.

POTENTIAL MITIGATION MEASURES

1. Referrals are made to protection actors to assist with access to formal identification. The possibility of alternative informal identification documents or cash transfer mechanisms should be explored as an interim solution. Referral to alternative support through protection actors should be considered.

1. Strengthen the link with child protection (CP) authorities and actors in order to consider alternative assistance for the children through child protection actors. CP actors may consider CVA to be part of their response within the case management system.

1. Consider mobilizing more outreach teams at the time of influx for registration/validation to reduce waiting times.

2. Consider short term and/or rapid support for people at risk.

1. General information about cash programming and about fast tracing (in order for mobile teams to identify people in need of special support with registration) needs to be communicated widely to all humanitarian actors, including mobile teams and community-based organizations so that they can communicate it to the individuals and groups in need.

2. Multiple communication channels must be used for communication with the refugee community, bearing in mind accessibility of information (accessible formats and language) and sharing information with diverse audiences (such as social workers, Roma community mediators, NGOs, hotline staff, etc.). Ensure that all steps of the enrollment process – including the initial online registration – are clearly communicated in an accessible manner.

3. Field visits should be conducted to reach out to new arrivals and to work with local actors (local authorities, communities, members of civil society, etc.).

4. Financial literacy training should be organized to increase access to cash programming and to bolster self-reliance and financial inclusion.

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

8 Undocumented refugees are referred to the protection desk to get support in obtaining documents and to receive their cash assistance.

9 Adjustments have been made in the current refugee response programming in Moldova so that current waiting times are no longer than 2-3 days. Even so the above recommendation should be considered for contingency planning and possible future influxes of refugees.

10 The UNHCR cash assistance program for refugees in Moldova has been designed with a categorical targeting approach that was agreed upon with the Ministry of Labor and Social Protection. When determining the targeting criteria, the intention was not to provide blanket coverage. Even so, as the crisis has evolved and continued to impact household structures, the inclusiveness of the targeting criteria for the cash assistance has further increased to prioritize single females and single female heads of household.

11 Enrolment appointments are now completed in-person in the response centers without the need for prior online registration.

1

PARTICIPATION AND INCLUSION (CONT.) (PARTICULARLY REGARDING INFORMATION DISSEMINATION AND AWARENESS)⁷

RISKS

It is possible that some groups of women and their children could lose access to their cash assistance if their head of household (HoH) departs without leaving the card and its password with the family to use. While they are theoretically able to approach the registration system and change the HoH to receive a new card to ensure their continued access to cash, the lack of information about this option could prevent them from accessing cash and make them vulnerable to negative coping mechanisms.¹²

POTENTIAL MITIGATION MEASURES

1. Strengthen information sharing, using multiple channels and multiple mediums about the program and giving frequent opportunities to ask questions.
2. Strengthen information sharing about the cash program hotline, complaint/feedback mechanisms (CFMs), and PSEA reporting channel(s).

2

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

RISKS

ATMs in some locations are not easy to access for persons with disabilities/serious medical conditions, pregnant women, and older persons. In addition, women with young children often rely on others for childcare when going to withdraw cash, which could increase their risk of exploitation. Additionally, some refugees who lack easy access to ATMs may cash out all their money at once to avoid multiple trips, making them vulnerable to theft and robbery.

POTENTIAL MITIGATION MEASURES

1. Organize/mobilize community support groups to assist the persons in need.
2. Link these groups with protection and social organizations that could support with arranged transportation, considering accessibility.
3. Strengthen whistle-blowing monitoring mechanisms.
4. Strengthen information dissemination systems to ensure multiple channels for communication with the community so that everyone is aware of CFMs and PSEA referral pathways and reporting channels.
5. Conduct focus group discussions (FGDs) with groups with specific needs to make sure that two-way communication and monitoring takes place.
6. Include these groups in PDM sampling and ensure relevant questions and follow-up questions are included.
7. Ensure continuous training on PSEA, Codes of Conduct, safe handling of GBV disclosures and referral pathways to staff and volunteers involved in cash programming.

¹² In the current response programming, the entitlement cards are provided at a family level; therefore, any member in the household who holds the entitlement card and has the PIN code may withdraw the cash assistance. The departure of the HH does not result in the closure/inactivation of the whole family group, but just of the one individual who has departed, so long as the family has the card and its PIN.

RISKS

Young refugees - especially women - are vulnerable to sexual violence by opportunist transport providers when traveling alone to cash enrollment sites.

POTENTIAL MITIGATION MEASURES

1. Information about personal safety awareness and public transportation must be shared with the community.
2. Refugee community support groups should be supported by humanitarian actors.
3. Information about the availability of mobile registration teams should be widely shared with the community.

Older persons, especially those in need of support when withdrawing cash from ATMs due to limited digital literacy, are vulnerable to robbery given that they usually withdraw all of their money at once in order to reduce their dependence on continued technological assistance. As such, they are at risk of economic violence and resorting to negative coping mechanisms. This is especially a risk for older women.

1. Community support groups should be reinforced to assist older persons and others in need.
2. Conduct financial literacy training for older persons to increase their self-reliance and financial inclusion.
3. Strengthen the link to protection actors to provide refugees with information on security threats and safe public transportation.
4. Consider alternative delivery mechanisms for exceptional cases.

Women, LGBTIQ+ individuals, and people with intellectual and psycho-social disabilities are at risk of exploitation and fraud when accessing cash enrollment procedures. Persons with mental illness are at risk of being considered easy targets for sexual abuse.

1. Cash program staff are required to wear visibility gear and name tags.
2. Information/awareness raising among persons of concern (POC) on eligibility criteria, registration centers, CFMs, GBV referral pathways, and PSEA reporting mechanisms must be widely shared with the refugee community using multiple communication and media forums.
3. Increase awareness of Codes of Conduct and PSEA mechanisms for CVA partners and local community leaders (such as public local authorities and social workers) and the importance of reporting perceived misconduct. Information on PSEA and CFM should be prominently posted at community enrollment centers.

SMS messages about cash disbursements are sent via one particular mobile provider, which has limited coverage in some parts of Moldova. Because of this, some refugees do not always receive the messages sent about the cash deposits to their cards, and as such must travel to ATMs several times to check if the funds have been deposited. Younger women, older persons, LGBTIQ+ individuals, unaccompanied women, persons with disabilities, and those living in areas with poor coverage may not get information about cash programming in time, thus putting them at risk of exploitation and/or GBV.

1. Study rapid mobile coverage and usage and utilize the service provider with the maximum coverage to ensure best access to information and cash and to reduce the number of trips to ATMs/banks and thus reduce the GBV risk.

RISKS

There are referral pathways and SOPs regarding confidentiality on referrals of GBV cases disclosed at enrollment. However, the need for confidentiality requires special reinforcement so that those experiencing GBV are not exposed to further risk of violence by accessing cash assistance. Unfortunately, there is currently a knowledge gap about information sharing protocols that are currently in place, and there is therefore no clear channel for confidentially sharing survivors' data.

Limited privacy at protection desks at cash enrollment centers could put the information of GBV survivors at risk and may expose them to further violence.

Although biometrics are mandatory for enrollment, some refugees – including some GBV survivors – may have concerns about data protection and the risk of exposure to further violence. As such, they could opt out of the programming and thus may be at a greater risk of resorting to negative coping mechanisms. Staff at the CVA enrollment centers are trained in the provision of information to those with concerns, and in specific cases there is the possibility of forgoing the use of biometrics. However, the refugee community is often not aware of these provisions or may still prefer to avoid biometric registration.

POTENTIAL MITIGATION MEASURES

1. All registration, verification, and hotline staff should be trained on PSEA and GBV referral pathways.
2. Dissemination of information on referral pathways and PSEA should be directed to the refugee community through multiple channels and via multiple communication means with IEC materials that are appropriate for groups of diverse backgrounds and abilities.
3. Develop information sharing protocols for CVA actors to protect and highlight GBV sensitive data and its data management.

1. Ensure there is a private and confidential area to conduct protection interviews with refugees in every CVA enrolment center.

1. Dissemination of information on the data protection policies of the humanitarian community should be reinforced. Refugees with concerns about biometric registration can be supported with alternatives to biometrics.

RISKS	POTENTIAL MITIGATION MEASURES
<p>Differences in the transfer values received by refugees and vulnerable host community households is at risk of creating community tension.</p>	<ol style="list-style-type: none"> 1. Conduct awareness raising/sensitization within the host community about refugees, their vulnerability, and their lack of access to community social support mechanisms. Joint cultural activities may help to increase integration and peaceful coexistence between refugees and the host community.
<p>Differences in the frequency and the period of the support received by Ukrainian refugees and refugees from other countries who are also residing in Moldova could create tensions between refugees in the community.</p>	<ol style="list-style-type: none"> 1. Humanitarian actors should advocate to donors to harmonize the cash assistance to refugees from diverse backgrounds and nationalities.
<p>Accessing cash often helps refugees increase their access to health and support services, including services for persons with disabilities and/or serious medical conditions. Vulnerable persons from host communities may not have the same financial means to access such services and may additionally be burdened by the limited existence of or demand for such services. As such, there are risks of tensions between refugees and host communities leading to potential discrimination and/or violence towards GBV survivors or those at risk of GBV when accessing those services.</p>	<ol style="list-style-type: none"> 1. Strengthen links with Protection actors, especially those working with persons with disabilities to ensure that increases in demand can be absorbed by the available services. 2. Create strong linkages with health actors.
<p>Adolescents, separated children (particularly young girls), and older persons could be excluded from consultations regarding expenditure decision-making processes, which may increase their risk of violence and vulnerability to trafficking.</p>	<ol style="list-style-type: none"> 1. Strengthen links between CVA actors and child protection and protection actors to reinforce the monitoring process. 2. Ensure PDMs and interim PDMs include all vulnerable groups and ensure that specific questions regarding purchasing power are included. 3. Liaise with anti-trafficking platforms to ensure that key messages and services are well-disseminated among the populations at risk.
<p>Due to the power dynamics in some of the families, particularly within the Roma community, the transfer of funds to male HoHs may increase the risk of domestic violence.</p>	<ol style="list-style-type: none"> 1. Strengthen community engagement links and interactive monitoring systems to discuss access to financial resources with different household members. Consider flexibility in changing the cash recipients. 2. Engage organizations specialized in protection and GBV in supporting the GBV response. 3. Lead trainings of CVA partners on existing referral mechanisms, GBV and protection guiding principles, and data management and protocols.