Standard Operating Procedures for Integrating Cash and Voucher Assistance in Gender-Based Violence Case Management

CARE Turkey, North West Syria (NWS) Hub

May 2022

Acknowledgement

With support from USAID's Bureau for Humanitarian Assistance (BHA), the Women's Refugee Commission (WRC), CARE, Ihsan Relief and Development (IhsanRD) partnered from October 2020 to October 2021 for the project *'Expanding Learning on the Effectiveness of Integrating Gender-Based Violence Response and Cash and Voucher Assistance in Humanitarian Settings'*, which aims to leverage CVA within case management services in the response to GBV for crisis-affected populations. This Standard Operating Procedure (SOP) is written thanks to this project and with great support of WRC and IhsanRD.

Table of Contents

Acknowledgement 2
Abbreviations 4
1. Introduction 5
2. Objective of this SOP 5
3. Gender-Based Violence (GBV) Risk Analysis and Modality Decision in NWS 5
4. Integrating Cash Voucher Assistance (CVA) in GBV Case Management Process 6
4.1. Eligibility Criteria and Targeting 6
4.2. Assessing Survivor's Needs for Cash Assistance 7
4.3. Prioritization 7
4.4. Amount 9
4.5. Duration and Frequency 9
4.6. Risk Mitigation and Cash Safety Planning 9
4.6.1. Cash Safety Planning 9
4.6.2. Monitoring of Risks 10
4.7. Approval Process 10
4.8. Pre-Distribution Financial Planning 10
4.9. Delivery of Assistance 11
4.10. Complementary Services 11
4.11. Documentation and Information Sharing 11
4.12. Monitoring and Evaluation 13
5. Resources 13
6. Annexes 14
Annex I: GBV Risk Analysis for CVA in NWS 14
Annex II: Questions to Assess Financial Needs and Capacity 16
Annex III: Safety Plan Prompts/ Questions 17

Abbreviations

BHA	Bureau for Humanitarian Assistance
CEFM	Child, Early and Forced Marriage
CM	Case Management
CMR	Clinical Management of Rape
CVA	Cash and Voucher Assistance
GBV	Gender-Based Violence
IDP	Internally Displaced People
IhsanRD	Ihsan Relief and Development
MEB	Minimum Expenditure Basket
MEL	Monitoring, Evaluation and Learning
NWS	North West Syria
PDM	Post Distribution Monitoring
SEA	Sexual Exploitation and Abuse
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infections
WGSS	Women and Girls' Safe Space
WRC	Women's Refugee Commission

1. Introduction

CARE believes that Cash and Voucher assistance (CVA), is a vital component of GBV case management. CVA delivered as part of case management means providing cash and/or vouchers directly to GBV survivors for the purpose of supporting them meet their essential needs related to their case action plan. The role of CVA as part of GBV case management is to support survivors to fully recover from their experiences of violence including through accessing services and/or to mitigate exposure to GBV risks.

In the context of North West Syria (NWS), where the most essential services are scarce (e.g., Clinical Management of Rape, syndromic management of STIs and transportation) or not available (e.g., safe shelter and legal support), provision of CVA to survivors through case management is particularly important to provide survivors timely and life-saving response and to achieve positive protection outcomes such as recovery from violence and increased safety and resilience. To ensure quality assistance to survivors, CARE and its implementing partners adhere to GBV guiding principles- safety, confidentiality, dignity and self-determination and non-discrimination- and centers the survivor-centered approach. This SOP is designed to strictly follow these principles.

2. Objective of this SOP

With this SOP, CARE intends to provide guidance to its staff as well as its implementing partners in partnerships where CARE is providing CVA as part of partner led GBV case management and aims to harmonize practice across organizations. This SOP is complementary to the context specific GBV CM SOP by the GBV Sub-Cluster, followed by CARE and its implementing partners in implementing GBV CM, and it only focuses on aspects of the GBV CM where CVA is integrated. Because of this reason, the SOP does not cover the whole case management process.

3. Gender-Based Violence (GBV) Risk Analysis and Modality Decision in NWS

CVA is recognized as an enabler for survivors to access services where they face financial barriers as well as to meet the priority protection needs for GBV survivors and women and girls at risk of GBV. While CVA is not inherently risky, it is important to understand context-, age-, gender- and diversity- related risks associated with the use of CVA, to mitigate any associated risk during design and to monitor both risks and the effectiveness of risk mitigation mechanisms during implementation. CARE conducted a GBV risk and benefits analysis for CVA and used the modality decision tree to weigh different modalities, to identify specific risks associated with using certain modality(ies) and to identify mitigation strategies.[1] [2] [3]

In NWS, the feasible CVA modalities/delivery mechanisms include:

- Vouchers through hawala companies
- Vouchers (or coupon) that can be redeemed within the organization without contracting and hawala company
- Cash-in-hand
- In-kind assistance including but not limited to costs of rent, temporary shelter, transportation, food, clothing, etc.

Although it is deemed a good practice to make multiple modalities available to better meet the complex and

[1] CARE, 2019. Cash & Voucher Assistance and Gender- Based Violence Compendium: Practical Guidance for Humanitarian Practitioners
[2] Please see Annex IV for a simplified graph of modality decision tree.
[3] Please see Annex V for the Full Compendium and Editable Risk Matrix in different languages.

unique needs of survivors, CARE weighs different modalities based on needs, risks and organizational capacities. Considering the risks identified in the GBV Risk and Benefits Analysis (See Annex I), and keeping the survivor-centered approach in mind, CARE decided to deliver assistance via cash in-hand and in-kind support when targeting GBV survivors for CVA as part of case management process. Voucher assistance is on hold until a mechanism is set up for safe delivery. Therefore, the procedures stated in this SOP should be read with this lens.

The main reasons behind excluding voucher assistance are:

- Potential risks to confidentiality and safety of survivors
- The inflexible nature of voucher assistance through hawala agencies which contradicts the survivor-centered approach due to the requirements such as a pre-defined amount, pre-identification of beneficiaries, a set distribution point, and set time frames
- Documentation requirements including linking vouchers to infromation that identifies the recipient and involvement of multiplestaff from cash program, hawala agencies, etc.

CARE plans to revisit voucher assistance and the ways to mitigate identified assocaited risks in the future with the support of its implementing partners as well as the GBV Sub-Cluster.

4. Integrating Cash Voucher Assistance (CVA) in GBV Case Management Process

Once a survivor has disclosed an incident of violence, provided informed consent to access response services, and has a case enrolled in the GBV case management process, the regular case management steps are followed in line with the GBV Sub-Cluster's GBV CM SOP; registration, assessment, case planning, implementation, follow up and case closure. CVA is to be considered as one tool to support survivors through case management but will not be appropriate for every single survivor. In order to first identify if CVA is appropriate to support the survivor, and if so, to move forward with providing CVA, the below procedures must be followed by the Case Worker:

4.1. Eligibility Criteria and Targeting

CARE implements GBV CM in North West Syria targeting *i) younger adolescent girls aged 10-14 years, ii) older adolescent girls aged 15-19 years, iii) adult women aged 20-50* and *iv) older women aged above 50*with its GBV CM service. CARE responds to the needs of women and girl survivors who have experienced or are at-risk of exposure to;

1- Rape
2- Sexual Assault
3- Physical Assault
4- Child, Early, Forced Marriage (CEFM)
5- Denial of Resources, Opportunities and Services
6- Psychological/ Emotional Abuse

CARE follows the above targeting in its CVA provision as part of GBV CM.[4] CVA is provided to survivors who are already enrolled into GBV CM following their disclosure and informed consent to seek assistance and acceptance of CVA referrals where they are jointly deemed appropriate by the case worker and the survivor.

[4] CARE aimed to target and be inclusive of women and girls living with disabilities and adolescent girls between the ages of 10-19 years old. However, several challenges were encountered during implementation to ensure the inclusion of these subpopulations of GBV survivors. To learn more, including recommendations for this context, see the project's evaluation report [link].

The need for CVA is determined on a case-by-case basis during the assessment step of the CM and CVA referrals are tailored for individual GBV survivors.

In targeting adolescent girls, permission to proceed with providing assistance is sought from both the adolescent girl and their caregiver (e.g., parent) unless it is deemed that the involvement of the caregiver/adult is against the best interest of her. In either case, the adolescent girl remains the rights holder and is expected to be engaged and participate in the discussions of cash assistance. In cases where the adolescent girl is without a parent/ guardian/ adult supervision, exceptions can be made to provide CVA following a consultation with a child protection expert to determine whether the intervention is in the best interest of the girl's protection. Across these situations, CARE will conduct a safety assessment as part of the assessment step to mitigate any risks associated with the cash assistance referral and delivery to ensure the safety of the adolescent girl.

CARE follows the below guide to address consent processes[5]:

Age Group	Adolescent consent processes	Caregiver consent processes	If no caregiver or not in girls' best interest	Means
Ages 10-14	informed assent	informed consent	other trusted adult's or child's informed assent. sufficient level of maturity (of the child) can take due weight.	verbal assent, written consent
Ages 15-19	informed consent	obtain informed consent with child's permission	child's informed consent and sufficient level of maturity takes due weight.	written consent

4.2. Assessing Survivor's Needs for Cash Assistance

During the assessment step, the Case Worker assesses the survivor's financial needs and capacity. Complementary to the standard set of questions asked in the GBV Sub-Cluster's assessment form, the Case Worker utilizes sample questions that are presented in Annex II to assess whether CVA is appropriate to meet the survivor's need(s).

While assessing the survivor's financial needs, the Case Worker conducts a safety assessment to understand potential risks to the survivor's safety associated with cash assistance. This is essential to allow the Case Worker to understand how cash assistance could potentially trigger or aggravate the incident of violence being disclosed; how it may prevent survivors from accessing the necessary services to recover and mitigate further harm; how cash may or may not be needed/ appropriate to support this case; and if there are specific risks to a survivor based on the modality of delivery/delivery mechanism. Findings from the safety assessment inform case action planning and cash safety planning.

Only when cash assistance is needed, the Case Worker proceeds with integrating cash within the case action planning – which includes decisions on modality, mechanism, amount duration and frequency- following the prioritization categories below.

4.3. Prioritization

CVA integrated into GBV CM is used to support survivors to access a range of services from acute to medium-term recovery support as well as to mitigate GBV risks. CARE is guided by the following prioritization to inform

[5] IRC and UNICEF, 2012. Caring for Child Survivors of Sexual Abuse: Guideline for Health and Psychosocial Service Providers in Humanitarian Settings.

the modality, amount and duration and frequency of cash assistance as well as the timeline for approval of cash assistance requests:

#	Priority Categories	Recommended Response
1	**Immediate, time-sensitive, life-saving interventions:** The survivor faces a life-threatening issue related to an incident of GBV or protection related risks (e.g. a verbal death threat, severe physical assault, sexual assault, rape, and sexual exploitation etc.) and has no access to financial resources to support immediate life-saving interventions (e.g. immediate safety and security, immediate alternative safe accomodation arrangements including for survivor's children, as relevant) and prevention from further harm.	**Recommended response time:** within the first 48 hours **Potential CVA response options:** a.One-off or multiple-rounds cash assistance:amount, duration and frequency depends on assessed needs that could be met through cash within the response timeline. b. In-kind assistance: In cases where providing cash is not applicable due to associated safety risks, the survivor's unique situation in-kind assistance will be provided to cover a specific need or set of needs, which may include one or several of these examples: food basket, clothing, medication, rent payment for shelter, purchasing a tent, and transportation to seek services.
2	**Immediate, time-sensitive, health interventions:** The survivor requires time-sensitive health services (e.g. extensive post-rape care, emergency medical treatment for injuries) and has no access to financial resources to access and receive immediate interventions.	**Recommended response time:** within the first 72 hours **Potential CVA response option:** (Same as above).
3	**Non-immediate, time-sensitive interventions following a violence:** The survivor's life is not immediately at risk but time sensitive services such as medical services (e.g. surgery or pre-natal support to address pregnancy complications caused by violence), or other services related to the survivor's recovery and to mitigate their further exposure to harm (e.g. psychosocial support as a non-acute mental health services) are required, and the survivor needs financial resources to access and receive holistic support.	**Recommended response time:** within the first week **Potential CVA response option:** (Same as above).
4	**Non-immediate, time-sensitive, risk mitigation measures:** This covers cases wherein : a. The survivor is experiencing denial of access to economic resources/assets within domestic violence (e.g. a partner or family member is in control of financial resources and is depriving the survivor from accessing those resources to meet their essential needs and/or forced to exchange sex or other acts to access financial resources from partner or family member) b. The survivor is experiencing denial of rightful access to economic resources related to labor exploitation (e.g. wage theft) c. The survivor is at imminent risk of sexual exploitation (e.g. the survivor is threatened by a family member to engage in sexual acts in exchange for money) d. The survivor herself or her daughter is at imminent risk of child, early and forced marriage e. The survivor is at immenent risk of engaging in survival sex to meet basic needs and is seeking alternative, safer sources of income.	**Recommended response time:** within 1-2 weeks **Potential CVA response options:** (Same as above) Also see 4.10. Complementary Services
5	**Medium-term needs:** The survivor has received time-sensitive GBV response services but requires financial support over a period of time to sustain their safety, housing and longer term livelihood options (e.g. a survivor of domestic violence who has left the abusive household and relocated but requires cash assistance until they establish their livelihood).	**Recommended response time:** within 1 month **Potential CVA response options:** (Same as above) Also see 4.10. Complementary Services

4.4. Amount

The general ceiling for cash assistance provided as part of GBV case management is 150 USD. This amount is calculated considering the Minimum Expenditure Basket (MEB) calculation for NWS[6], CARE's existing resources and experience of CARE's partner organization(s) in delivering cash assistance to GBV survivors.[7] The exact amount of the assistance delivered to a survivor will be decided on a case-by-case basis, corresponding to the unique needs of each survivor. The initial decision on the transfer amount will be taken between the Case Worker and the survivor, and then a recommendation is submitted to the Case Committee of the implementing partner (for details please see 4.7. Approval Process) for approval. The amount provided can exceed 150 USD if appropriate to meet the survivor's needs; in this case the implementing partner organization (Case Committee of the implementing partner) needs CARE's pre-approval on an ad-hoc basis.

The Case Worker is responsible for managing the survivors' expectations regarding cash assistance from the outset. It should be made clear to the survivor that cash assistance as part of case management is a specific and limited form of support to assist her recovery from violence and to help mitigate exposure to GBV risks.

4.5. Duration and Frequency

The duration and frequency of cash assistance is decided on a case-by-case basis and informed by the survivor's needs and cash safety plan. As above, it is important to manage a survivor's expectations regarding the duration and frequency of time cash assistance provided as part of case management. Possible scenarios in determining the duration and frequency are as follows:

- Based on the assessment and decision between the Case Worker and the survivor, one-off cash assistance may be appropriate to facilitate immediate access to services. Alternatively, cash assistance may be provided for up to a period of time, e.g., for up to three months to support safe accommodation to help mitigate exposure to GBV.
- The Case Worker and the survivor agree one-off cash assistance and plan the action planning and cash delivery accordingly. During the follow-up step of the case management process, additional needs (including cash) may arise and be identified. The Case Worker re-conducts the assessment and based on the findings may decide to recommend an additional round of cash assistance and or expend the duration of assistance.

Regardless of the scenario, the general ceiling is 150 USD for each case. CARE's implementing partner may decide the amount, duration and frequency of cash assistance up to 150 USD. If the total amount to be provided to an individual survivor exceeds 150 USD, CARE's approval is needed via ad-hoc committees.

4.6. Risk Mitigation and Cash Safety Planning

4.6.1. Cash Safety Planning

Building on the detailed assessment of the survivor's financial needs and identified potential risks associated with cash assistance, the Case Worker and the survivor will develop a cash safety plan to mitigate any identified risks. Cash safety planning is conducted in addition to the standard safety plan developed as part of the case action planning process, and Case Workers may use the sample questions in the Annex III below.

[6] A general MPC amount in NWS is 120 USD, targeting the most vulnerable individuals and families with pressing needs. This amount is calculated based on the average amount for medium vulnerability risks that is around 90% of the Survival Minimum Expenditure Basket, equalling to 100 USD.

[7] Although SMEB is 120 USD in NWS, CARE decided to put ceiling amount per survivor as 150 USD. This was decided in consultation with implementing partners and based on analysis of cash assistance provided to survivors in last one year.

4.6.2. Monitoring of Risks

Any CVA-associated risks identified and mitigated during the cash safety planning should be monitored throughout the case management process and during post distribution monitoring specifically to ensure that the support does not expose the survivor to harm. This continuous monitoring of associated risks is embedded in the follow-up step. During the case action planning, the Case Worker and the survivor will decide the time and frequency of follow-up meetings. During follow-up meetings, the Case Worker and the survivor will review the cash safety plan and action plan, and specifically the amount, duration, frequency and delivery mechanism, to take any necessary actions to effectively mitigate any associated risks and to respond to newly emerging needs, if needed.

4.7. Approval Process

The Case Worker's role is to lead the cash assistance integrated within the case management process in line with the survivor's wishes, as they do the case management process overall. The Case Worker assesses the needs and any associated risks, tailors and plans the assistance together with the survivor, and brings the survivor's case to an internal committee. The Internal Committee is a structure that is established within the implementing partner organization, without CARE's involvement. The Committee includes, at a minimum, the Case Worker, GBV Officer (Team Lead/ Case Worker's Supervisor) and GBV Specialist and operates ensuring the confidentiality of the survivor.[8] The Committee reviews a summary of financial needs of the survivor and a plan of the cash assistance which includes the amount, duration, frequency, modality, and mechanism as well as cash safety plan. The Committee approves cash assistance based on the guidance provided in the respective sections of this SOP. The Committee prepares a Committee Decision Form and signs off for documentation. The committee meets regularly and/or to respond to cases as they arise, following the requisite response times as stated in section 4.3. Prioritization.

CARE's Involvement in Approval Process:

CARE's implementing partner delivering GBV case management has the full authority to provide cash assistance to survivors within the general ceiling amount, which is 150 USD. When the amount exceeds 150 USD, CARE's GBV technical focal point will join the committee on an ad-hoc basis.

For high risk GBV cases, regardless of the ceiling amount, the implementing partner's committee meets, and necessary actions are taken for the survivor's protection immediately. In this case immediate follow up by the implementing partner to CARE's GBV technical focal point is needed for technical inputs and approval of the case.

In both situations, the case information is shared via e-mail addressing CARE's GBV technical focal point only and e-mail is password protected. E-mail is the main source of documentation of approvals of CARE.

CARE also receives a case tracker from the implementing partner on a monthly basis which includes a de-identified summary of all GBV cases. CARE meets with the implementing partner on a monthly basis to hold a case conference, depending on the implementing partner's or CARE's suggested list of de-identified cases chosen from the tracker which merit discussion.

4.8. Pre-Distribution Financial Planning

[8] GBV Sub-Cluster, 2018, Whole of Syria (Turkey-Hub), GBV Case Management Standard Operating Procedures.

CARE transfers the cash amount allocated for the de-identified survivors for whom CVA has been deemed appropriate to the implementing partner based on a monthly projection. The implementing partner's finance team and the case management team works in coordination to ensure the cash or in-kind assistance is provided in the required timeframe to meet the survivor's needs and confidentially. The Case Worker is the primary point of communication in this process between different actors and the survivor.

4.9. Delivery of Assistance

The Case Worker is responsible for delivering the cash to survivor. The Case Worker works with survivors and coordinates internally within the organization to establish a suitable time for the handover of cash assistance. These arrangements should allow for cash assistance to be delivered within the 24 hours set for Priority 1 cases. It is recommended that cash assistance be provided in the consultation room in Women and Girls' Safe Space (WGSS). Where a WGSS is not feasible, an alternative location is arranged by the Case Worker in coordination with the survivor. The selection of the alternative location must ensure the safety and confidentiality of the survivor as well as the safety of the Case Worker.

In principle, cash assistance is delivered directly to the survivor. In case, there are barriers for the survivor to receive the cash directly, e.g., restriction in movement, safety concerns for survivor to come to WGSS, cash can be delivered to a person that is pre-identified between the Case Worker and the survivor during the safety planning. This is particularly important while working with the survivors who are adolescent girls. Following the consent process stated in 4.1. and depending on the unique situation of the adolescent girl, the Case Worker and the adolescent girl decides whether the cash is received by the adolescent girl herself or her parent/guardian/ trusted adult. This is decided during the assessment step, and actions are planned and recorded during the case action and safety plan step.

As for in-kinds assistance, depending on the type of in-kind assistance to be provided, either the Case Worker coordinates the procurement process between the finance and procurement teams and ensures that the in-kind material is ready to be delivered to the survivor on the agreed date and time or the Case Worker receives a cash advance and pays for the service or goods on behalf of the survivor.

4.10. Complementary Services

Cash assistance integrated into the GBV case management is time bounded and limited to an amount decided based on the unique need of the survivor. The Case Worker should consider options for continued support for the survivor following the end of the cash assistance, for example, through referral to livelihood or shelter programming during intake so as to lay the groundwork for an exit strategy from the beginning. As the case evolves or is closed, the case worker may adjust the referral based on the survivor's needs.

For Priority 4 and 5 cases, if a livelihood referral is assessed as a need and included in the plan, the Case Worker will do a referral for livelihood support. Livelihood support may include paid vocational training to obtain or enhance skills and provision of vocational kits. If case response time coincides with Cash-For-Work planning/implementation period in the same area that the survivor resides, and if the Cash-For-Work activity is safe for the survivor based on considerations for gender and social norms, a referral will be made to the Livelihood program. The Case Worker will discuss the benefits and potential risks of this support and will link it with the safety assessment and cash safety plan. Informed consent is obtained prior to referral.[9]

4.11. Documentation and Information Sharing

[9] CARE and its implementing partners experienced context-related challenges to adequately link to complementary services, e.g., referrals to livelihoods. CARE will take further actions in line with the project evaluation report's recommendations [link].

CARE follows the Data Management and Information Sharing Protocol by the GBV Sub-Cluster[10] · Cash assistance is provided in line with the principle of confidentiality. All staff involved in the process of cash assistance as part of case management are made aware of their obligations to maintain confidentiality. Information sharing is limited to the least number of people needed for the purposes of assessing, planning, approving and allocating cash assistance. Staff who are involved in those process are stated in 4.7. Approval Process. Information shared between CARE and the implementing partner is done only via e-mail and it is password protected. All documentation, financial documents, are designed without any identifying information. All documentation and information sharing are done on the basis of the survivor's ongoing informed consent.

#	Document Related to Cash Assistance as part of GBV CM	Who has Access?	Information Gathered in the Document
1	Assessment Form	Implementing Partner- GBV Team	Assessment Form that is used as part of the GBV CM will not change. Answers to questions shared in Annex II will be included to understand financial needs and capacity of the survivor.
2	Cash Safety Plan	Implementing Partner- GBV Team	Please see Annex III.
3	Case Tracker[11]	CARE and Implementing Partner- GBV Team	The GBV case tracker is shared by the implementing partner for CARE program team to observe progress and relevant information about a case, and it includes the below information: a. Case Worker Code b. Case Code c. Residence status d. Location e. Identification Date f. Registration Date g. Case Closing Date h. Gender - Age Group i. Case Description j. Vulnerability criteria k. Referred from l. Case Risk level (High /Medium /Low) m. Case Fund / Cost n. Cash/In-kind Provided o. Amount p. No. of follow up sessions
4	Committee Decision Form	CARE and Implementing Partner- GBV Team	This form contains the decision of the case management committee and aims to document approval of the assistance. The Case Worker presents a summary of case assessment, case action plan including cash assistance and cash safety plan to the Committee for their input and approval. The form includes the below information: a. Case Code b. Age c. Gender d. Location e. GBV Concern, Risk level (High /Medium /Low) f. Support Needed g. and the signatures and approvals by; Case Worker, GBV Officer (Team Leader), and Technical Supervisor
5	Receipt Form	CARE and Implementing Partner- GBV and Finance Teams	The receipt form is a written acknowledgment that the cash amount or the in-kind has been transferred to the survivor. This form is one of the support financial documents, and to be submitted to finance team. The form includes the below information: a. Case Code b. Case ID #

[10] GBV Sub-Cluster, 2018, Whole of Syria (Turkey-Hub), GBV Case Management Standard Operating Procedures.

[11] See Annex VI for Case Tracker.

			c. Items Received or Amount Received d. Quantity of the item (if in-kind) e. Signature of survivor f. Signature of caseworker g. Date
6	Invoice from Service Provider	CARE and Implementing Partner- GBV and Finance Teams	In case of an in-kind provision, in-voice from the service provider to be obtained and documented.
7	Receipt from the Service Provider	CARE and Implementing Partner- GBV and Finance Teams	In case of an in-kind provision, receipt from the service provider to be obtained and documented.

4.12. Monitoring and Evaluation

The monitoring of cash assistance should be done by the Case Worker or GBV Officer (Team Leader) and not monitoring, evaluation and learning (MEL) staff, following the rule of thumb in the GBV Sub-Cluster's Monitoring and Evaluation Toolkit. Specialized GBV staff members with whom the survivor has consented to share information about her case are the only individuals to collect M&E data in a way that does not exacerbate risks to themselves or the survivors and respects the survivor´s right to privacy and confidentiality.[12] Informed consent should be taken from the survivor each time by making it clear that the data gathered through MEL tools will be shared with the MEL team although not including any identifying data.

Monitoring of cash assistance should be done after cash assistance is completed and as part of cash follow up or closure depending on the case's status. The suggested time for conducting monitoring is two weeks after provision of cash assistance. The two week time frame is suggested by the GBV SC. The cash assistance Post Distribution Form (PDM) included as Annex VII should be used to support this[13].

Evaluation of cash assistance is done through baseline and end-line surveys to measure the impact of the cash assistance in survivor's life. PDM also includes questions to measure the impact of the cash assistance and satisfaction of the survivor on the assistance provided. CARE analyses the data gathered through PDM on a quarterly basis to inform the programming.

5. Resources

- CARE, 2019. Cash & Voucher Assistance and Gender- Based Violence Compendium: Practical Guidance for Humanitarian Practitioners
- Cash Working Group and GBV Sub-Cluster, Whole of Syria (Turkey-Hub), 2020. Cash and voucher assistance (CVA) and Gender Based Violence (GBV) Standard Operating Procedures (SOPs)
- GBV Sub-Cluster, Whole of Syria (Turkey-Hub), 2019. Cash Assistance in GBV Case Management Guidance Note
- GBV Sub-Cluster, Whole of Syria (Turkey-Hub), 2018 and 2020. GBV Case Management Standard Operating Procedures
- GBV Sub-Cluster, Whole of Syria (Turkey Hub), 2019. GBV Monitoring and Evaluation Toolkit
- IRC and UNICEF, 2012. Caring for Child Survivors of Sexual Abuse: Guideline for Health and Psychosocial Service Providers in Humanitarian Settings
- Women's Refugee Commission (WRC). Toolkit for Optimizing Cash-based Interventions for Protection

[12] GBV Sub-Cluster, Whole of Syria (Turkey Hub), GBV Monitoring and Evaluation Toolkit.
[13] See Annex VII for PDM.

from Gender-based Violence: Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response

- IRC, Mercy Corps and WRC. Protocol for GBV Caseworkers for Assessing Survivors' Financial Needs and Referring Clients of GBV Case Management for Cash Assistance
- CaLP Program Quality Toolbox

6. Annexes

Annex I: GBV Risk Analysis for CVA in NWS[14]

GBV/CVA Risk Category	GBV Risks (Context-Specific)	Potential GBV Types	Humanitarian Actor Mitigation Measures
Participation and Inclusion (Particularly Regarding Information Dissemination and Awareness)	-Women and girls do not seek support from GBV CM due to fear of being identified as a survivor, which results in not being assessed for/participating in the CVA intervention -Widowed women, older women and women with disabilities in northwest Syria who are often marginalized due to social stigma in their communities and their access to information and awareness of services are limited. They are therefore excluded from assistance -Disputes between host community and IDPs occur during the distribution of cash -Women and girls on the move may be the most vulnerable/at risk of GBV and may be excluded from the assistance	Physical assault, psychological abuse Discrimination based on gender	-Consider increase/implement door to door outreach /information sharing in order to make sure the most marginalized women and girls are well-informed about GBV services -Utilize already established Community Committees as channels for communication to ensure that the information goes through, and reaches marginalized groups including persons with disabilities
Safe and Dignified Access (Particularly Regarding Delivery Mechanisms of CVA)	-Theft -Often older women, pregnant women, and women with disabilities and women with chronic illnesses have difficulties accessing cash points	Sexual assault, Physical assault, Sexual exploitation	-Recruit qualified case management staff and train them particularly on GBV risk mitigation and gender and CVA. - Diversify Complaint and Feedback Mechanisms so that everyone,

[14] Conducted in February 2021, by involvement of CARE Turkey Program Staff and Ihsan RD. This particular risk analysis was not able to accommodate participation of women and girls in NWS due to time constraints.

	-For some girls with disabilities, older women and younger adolescent girls, it may be difficult to spend the cash -Using vouchers as a delivery method through Hawala agencies may put survivors at risk as it is difficult to maintain confidentiality in this process -SEA risks from hawala agents, sellers, check points, as well as cash staff of the organizations -Lack of female hawala agents and available transportation for them -Delivering cash assistance in USD may put survivors at further risk (such as theft, being identified by the family members) as they need to visit exchange centers -Providing in-kind assistance where the survivor lives may result in 'identification' of the survivor		including those who cannot read or have no access to a mobile phone can still provide feedback (incl. for reporting of SEA cases). Ensure that people are aware of how to use complaint mechanisms, hotlines, etc. -Provide flexibility in terms of assistance modality (cash, in-kind livelihoods support, cash-for-work), based on needs and capacities. The modality/frequency should be informed by needs, exiting risks, and access/proximity to markets for goods and services. Put the voucher assistance on-hold until a mechanism is set for safe delivery for the GBV survivors. -Ensure that all staff involved in cash assistance understand and sign data protection and information sharing protocol. -Ensure that all staff involved in cash assistance adhere to humanitarian and GBV guiding principles.
Confidentiality of Personal Data of Survivors and Persons at Risk	-Some marginalized groups lack IDs or send someone else to collect assistance -Data protection; hawala companies may have access to identifying and sensitive data as there is lack of clear data protection protocols with hawala companies	Sexual assault Sexual Exploitation	-Train/raise awareness of management and field staff on the importance of data protection not only for beneficiaries, but also for them and the organization - Do not collect identifying information of the survivor in the financial documents of the assistance provided -For people with no IDs, ensure there are alternative ways to establish identity. Whenever possible, provide legal counseling in these situations
Social Norms and Partner, Household & Community Relations	-Continuous or increases in domestic violence between spouses to control the cash the survivor receives -Long term cash assistance may affect the resilience of the survivor and make her dependent on	IPV	- Work on changing social norms through awareness sessions and community dialog that is informed by the Social Action and Analysis approach -Conduct post distribution monitoring (PDM) which includes

	assistance -Provision of voucher and in-kind assistance to survivors may be more visible than other modalities, and may cause identification of the survivor as aid recipient		questions related to unexpected positive/negative impacts of CVA (such as increase/decrease of HH/family/intimate partner violence)

Annex II: Questions to Assess Financial Needs and Capacity

Immediate Safety Needs (Priority 1):

1- Does the closeness of the relationship between the perpetrator and the survivor have implications for the survivors's immediate safety?
2- Can the perpetrator access the survivor easily?
3- Does the perpetrator's position and level of power in relation to the survivor raise further safety concerns?
4- Has the frequency of violence escalated within the past week, either the same form of violence or a new form of violence?
5- Has the perpetrator threatened to kill the survivor(and/or children, as relevant)?
6- Does the perpetrator have access to weapons, and has the perpetrator used weapons or threatened to use weapons?
7- Does the perpetrator control and/or monitor the client's activities?

Considering all those factors; does the survivor have urgent needs that are associated with costs/ fees (e.g. temporary accommodation, transportation)?

Immediate, Time-Sensitive, Health Needs (Priority 2):

1- Does the survivor have urgent fee-based medical needs (e.g. Private medical services fees)? Are there costs associated with her accessing these services (e.g. cost of transportation)?
2- Does the survivor require stabilization/treatment of an acute injury(ies) or pain for broken bones, wounds, or internal injuries?
3- Does the survivor require immediate obstetric care?
4- Does the survivor require clinical examination within 72 hours?
5- Does the survivor require any medical attention during a timeframe in which humanitarian service providers do not operate (e.g., weekend, holiday, or evenings)?
6- Does the survivor require specialized mental health care, including pharmacological management of mental health concerns as a result of attempted suicide/frequent suicidal thoughts?

Non-Immediate, Time-Sensitive Needs (Priority 3):

1- Does the survivor have non-urgent but time-sensitive fee-based medical needs or that are associated with cost (e.g. transportation)?
2- Does the survivor wish to seek legal redress for which legal and representation fees apply?
3- Does the survivor need access to legal services related to personal status documentation for which legal fees apply?
4- Does the survivor need specialized mental health care, including pharmacological management of mental health concerns?
5- Does the survivor need access to legal services in relation to personal status documentation for which legal fees apply?

Non-immediate, Time-Sensitive, Risk Mitigation Measures (Priority 4):

1- Is the survivor, or her children under 18 years old facing an imminent threat of early or forced marriage?
2- Is the survivor, or her children under 18 years old at risk of sexual exploitation because the family lacks other ways to meet basic needs? Are they being pressured into survival sex (for cash/goods/services) to meet the family's basic needs? Is the client increasingly being pressured by family members to contribute to the household financial needs and engage in survival sex/selling sex to meet the family's basic needs?
3- Has the survivor engaged in or felt obliged to engage in survival sex/selling sex (selling sexual services/exchanging sex for cash/goods/services) to meet their basic needs and is the survivor feeling increasingly unsafe and at risk of violence?
4- Is there a partner or family member controlling their income and/or access to financial resources? If so, how?
5- Is the survivor obliged to provide for their family because their partner or family member is not giving them money?
6- Is the survivor denied access to resources or services because she's discriminated against for her disability, social status, ethnic origin, etc.?

Annex III: Safety Plan Prompts/ Questions

1- What issues could arise at home if you receive cash/in-kind which would make you feel uncomfortable, unsafe, or unable to use the cash/in-kind as we discussed?

2- What issues could arise in the community if you receive cash/ in-kind that would make you feel uncomfortable, unsafe, or unable to use the cash as we discussed?

3- What strategies/approaches could you use to feel safer inside your house and/or to reduce the risks you mentioned?

4- What could we do (or not do) to reduce the risks you mentioned inside your house?

5- What strategies/approaches could you use to feel safer in the community to reduce the risks you mentioned?

6- What could we do (or not do) to reduce the risks you mentioned in the community?

7- How would you explain having this cash to your partner/family member/community member or friend without letting them know you have come to see me today about GBV?

8- Is there a place where you can keep/hide the cash?

9- Do you have a trusted person that can keep the cash for you? Who? Can you provide any contact details about him or her?

10- Can you rank the places to receive the cash/in-kind assistance on a scale of 1 to 3, where 1 is the safest and 3 is the least safe?

11- (In cases where survivor needs to collect cash assistance in another location other than WGSS) How would you get to the location to collect the cash assistance/in-kind? Are there any risks for you on the way there or back?

12- Can you rank these ways a cash transfer could be delivered: **delivery mechanism 1: cash-in-hand** and **delivery mechanism 2:** in-kind assistance.? Why have you ranked these options in this order?

13- How and when are you going to use this cash? Do you think there are any risks as part of this (e.g., En route to service, exchanging cash for service, etc.)? What kinds of things might reduce this risk (e.g., Transportation, accompaniment)?

14- Is there anyone that you could talk to freely about the cash assistance you are receiving and would be supportive? Would this person be in a good position and willing to support you in explaining to your husband/family about the cash assistance you are receiving and what are its objectives?

15- Is there someone that you trust and can help you in receiving the cash assistance in case of an emergency?