



## Cash and voucher assistance (CVA) and Gender Based Violence (GBV)

### Standard Operating Procedures (SOPs)

#### About this guidance

- This guidance is a product of wide consultations and collaboration among humanitarian organizations with experience in GBV case management and cash and voucher assistance.
- This SOPs was developed by a Task Force established by the Northwest Syria GBV Sub-Cluster, and the Cash Working Group. It benefited from GBV and CVA practitioners' substantive contributions from the following organizations represented in the Task Force: UNFPA, Global Communities, Shafak (co-lead), Marram, Masrrat, Mercy Corps, IhsanRD, and NORCAP-CashCap.

#### SOPs objectives:

- Establish a common understanding of the procedures and critical touchpoints between GBV and CVA partners throughout case management.
- Ensure protection mainstreaming, and GBV risk mitigation principles are mainstreamed throughout project implementation.
- Enhance the overall quality of life-saving CVA programming for GBV survivors and other at-risk groups.
- Contribute to an efficient, holistic safety net programme for survivors and those at risk of GBV through complementary CVA.

#### Acronyms

<b>CVA:</b>	Cash and Voucher Assistance
<b>CWG:</b>	Cash Working Group
<b>GAD:</b>	Gender, age, and diversity
<b>GBV:</b>	Gender-based violence
<b>ISP:</b>	Information Sharing Protocol
<b>MoU:</b>	Memorandum of Understanding
<b>MPC:</b>	Multi-Purpose Cash
<b>PDM:</b>	Post-distribution monitoring
<b>PSEA:</b>	Prevention of Sexual Exploitation and Abuse
<b>PSS:</b>	Psychosocial (support)

## Introduction

Cash and voucher assistance (CVA), particularly unrestricted cash, can be a vital component of GBV case management. Cash assistance delivered in the framework of case management means providing cash directly to survivors and at-risk groups for the purpose of supporting them to meet essential needs related to their case action plan. Similarly, cash assistance's role is to support survivors to fully recover from their experiences of violence, including accessing services and/or to mitigate GBV risks. Some GBV actors in the context of northwest Syria have introduced and are able to provide one-off emergency cash assistance to survivors in support of GBV case management. However, this is often not enough, and survivors in many instances require multiple rounds of unconditional cash assistance, also referred to as Multi-Purpose Cash (MPC); MPC is a flexible form of aid that has been used by other humanitarian actors (non-protection specialists) in Syria since 2014. Therefore, the purpose of these SOPs is to establish parameters for the referral of GBV survivors identified by GBV actors as most urgently in need of cash assistance among their caseload to existing, separate cash assistance by other humanitarian actors either within their own organizations or externally. As a multi-sectoral modality of assistance, MPC could be integrated into a protection response strategy that assists GBV survivors to transition from relief to recovery. MPC could be part of the first-line response in a phased, inter-sector approach with other Clusters (FSL, SNFI, ERL, WASH) as needed with support from the Cash Working Group.

## SECTION A. Pre-requisites

- Facilitated designation of a focal point for GBV cases among CVA partners with the capacity to respond. Ideally, the CVA partner designates one female and one male focal point. Both names and contact information of CVA partner focal points could be shared with GBV actors sharing the same operational coverage.
- Pre-arranged partnership, for example, through a Memorandum of Understanding (MoU) between GBV actor in charge of case management and CVA partner (*please see annex A for sample MoU*).
- CVA partner already applying or commits to apply Gender, Age and Diversity (GAD) considerations in CVA programming and has the capacity to conduct gender/GBV risk analysis.
- Shared understanding of a set of potential CVA response options appropriate per case, and within recommended response time (see Section E).
- Agreement to merge CVA Post-distribution Monitoring tools to achieve adequate monitoring for both GBV and CVA partners.

## SECTION B. Definition of terms

- **GBV actor:** A humanitarian organization supporting vulnerable women and girls through case management, linking them to various services and providing them with PSS support and case action planning
- **CVA partner:** A humanitarian organization supporting crisis-affected populations with CVA and is a member of the Cash Working Group (CWG)
- **Rights holder:** It should be noted that all GBV survivors, women at risk (e.g., female-headed households and women with disabilities) are rights holders but will not all necessarily be eligible for financial/cash assistance, though they may require and receive a number of other services. The term Rights Holder is used here to refer to a vulnerable individual at risk that has been

referred by the GBV actor to the CVA partner and who meets established minimum eligibility criteria to receive cash support.

- *Recipients of CVA*: The term is sometimes used interchangeably with "Rights Holders" to refer to rights holders that have actually received the cash and voucher assistance.
- *Confidentiality*: is an ethical principle that requires service providers to protect information gathered about survivors and agree only to share information about a survivor's case with their explicit permission. All written information is maintained in a confidential place in locked files, and only non-identifying information is written down on case files. All electronic information should be password protected.
- *Informed Consent*: is the voluntary agreement of an individual who has the legal capacity to give consent, and who exercises free and informed choice. To provide informed Consent, the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their Consent. Children are generally considered unable to provide informed consent because they may not have the ability and/or experience to anticipate the implications of action and because they may not understand or be empowered to exercise their right to refuse. There are also instances where Consent might not be possible due to cognitive impairments and/or physical, sensory or intellectual disabilities.
- *Vulnerability*: Physical, social, economic, family, and environmental factors that increase the susceptibility of a community or individuals to difficulties and hazards and put them at risk as a result of loss, damage, insecurity, suffering, and death.
- *Focal point*: Refers to the part-time or full-time role of designated staff of GBV and CVA partner, who represent their organizations and are responsible for all coordination related to the CVA support to the CVA recipient. The focal points will uphold confidentiality but may engage other staff if technical support is needed and consent is given by the supported CVA recipient. They serve as the main contact person throughout the CVA referral and implementation process.

#### Can a child be a direct recipient of Cash?

As an exception, an individual who is identified as being at risk and satisfies the criteria for cash assistance but who is a minor under the age of 18 is eligible to receive a cash transfer without parent/guardian/adult supervision (In case where the child is the head of the household, exceptions could be made following a consultation with a child protection expert to determine whether the intervention is in the best interest of the child and in line with the Child Protection Sub Cluster Case Management SOPs). As a general principle, permission to proceed with providing assistance is sought from both the child and their caregiver (e.g., parent) unless it is deemed that the involvement of the caregiver/adult is against the best interest of the child. The child does, **however, remain the rights holder and is expected to be engaged and participate in the discussions of support.**

## SECTION C. Roles and responsibilities

### Shared: GBV actor and CVA partner

- Participate in arranged regular bi-monthly or quarterly meetings and ad hoc discussions as they may arise.
- Adhere to GBV guiding principles of safety, confidentiality, non-discrimination and respect and apply PSEA prevention and mitigation checklists developed by the PSEA network<sup>1</sup>.
- Uphold accountability to the community in line with organizations' accountability framework and any pre-agreed communication protocols with stakeholders. Complaints and Feedback mechanism should be put in place, and the interagency PSEA hotline should always be visible during CVA interventions<sup>2</sup>.
- Allocate a minimum quota of the overall emergency cash assistance that would go to the benefit of GBV survivors and other women at risk, with a special focus on female-headed households and women with disabilities. This should be at 10% at least and would be used in the context of attending to an urgent need arising from exposure to the GBV incident.
- Determine jointly a period in which it is possible to take GBV referrals, ideally on a rolling basis throughout the year.
- Limit information-sharing to "**need-to know**" and only with those individuals for whom the information will enable them to protect the survivor, particularly any sensitive and identifying information collected on survivors.
- Jointly develop context-specific post-distribution monitoring (PDM) tool that would capture information relevant to both actors. Agree on which findings need to be shared (Please see [sample](#) PDM module for cash referrals for GBV survivors with key proposed CVA PDM questions highlighted in yellow).
- Joint analysis of PDM findings (using de-identified findings) to ensure quality cash referral pathways for GBV survivors. Safety concerns raised through the PDM must be immediately addressed.

### GBV Actor (focal point/case worker)

- Refers eligible/recommended recipients through the established referral mechanisms between GBV and CVA partners.
- Leads induction/training of CVA partner on the referral mechanism, GBV and protection guiding principles, data management and sharing protocols.
- Follows-up on survivors who have received cash or voucher assistance from CVA partner.
- Leads on PDM using tool jointly developed with CVA partner; involves CVA partner during PDM as needed, at his/her discretion, and with informed Consent from the rights holder.
- Ensures familiarity with updated CVA partner's service mapping and focal points contacts.
- Conducts a safety plan specific to the use of cash.
- Works with cash actors to ensure CVA response analysis takes into consideration the most feasible modality within the recommended response time per case, as outlined in Section E.

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<sup>1</sup> Refer to Annex D- PSEA Prevention and Mitigation Checklists

<sup>2</sup> PSEA Network Hotline for NWS: +90 530 915 18 95. Complainants can call the number or text via WhatsApp to record complaints.

**CVA Partner (focal point)**

- **Training**

Ensure all relevant staff are trained on the referral mechanism, GBV and protection guiding principles and data management and sharing protocols.

Ensure implementing staff do not expose CVA recipients to further harm – training will be facilitated by an expert in GBV, ideally the GBV actor. If the GBV actor is not facilitating the training, they should, at a minimum, assure the quality of the training. Follow-up with FGDs or monthly meetings at the field level is also necessary.

- **Information-sharing**

Consult with GBV focal point on an individual case basis if security or PSS issues arise concerning GBV survivors.

Share CVA focal point contact details with the GBV case worker/focal point to be included in the referral pathway to ease GBV cases' referral.

Provide GBV actor indicative number of cases and intake policy: whether CVA partner can accept referrals on a rolling basis or within a specific timeframe.

- **Gender Analysis**

Use a gender lens to analyze and understand gender dynamics and avoid increasing inequalities between men and women of different ages and abilities through the selection process and distribution of cash transfers. This can be done through assessments, focused group discussions (FGDs), or PDM tools as needed.

**Gender Analysis**

Applying a gender lens would ensure understanding of gender and age issues, inter-sectionally with age and disability, including differences in men's and women's:

- Roles and responsibilities;
- Access to resources and services;
- Participation in society;
- Exposure to risks associated to violence and GBV; and
- Vulnerability linked to marital status (e.g., widowed, and divorced women).

**SECTION D. CVA recipient selection and referral process****Basic steps**

**Step 1.** GBV Actor assesses the case's vulnerability and conducts financial eligibility assessment focusing on socio-economic aspects to determine eligibility for cash assistance (refer to Section E for more details).

**Step 2.** GBV Actor refers the case to the CVA Partner. At the point when a case is referred to the CVA partners, an initial assessment of the client's care needs and the potential of cash assistance supporting this must already be done by the GBV actor in a case management process.

**Step 3.** CVA Partner provides feedback to GBV actor immediately on cases eligible to receive cash.

**Step 4.** GBV Actor informs cases of eligibility/ineligibility and leads case action planning with CVA nominees.

**Note:** *Selected CVA nominees will be targeted for assistance in accordance with the relevant sections detailed within this SOP and according to individual case action plans.*

**Step 5.** CVA Partner delivers the assistance taking into account necessary GBV risk mitigation measures that are outlined in Annex B: Risk Management Matrix.

## SECTION E. Financial eligibility assessment and potential CVA response options

Financial assessment should ideally be conducted by GBV actors as part of the whole case management process in order to limit subjecting survivors to external parties asking questions. If needed, the CVA partner could provide certain questions related to financial and socio-economic indicators to the GBV actor to use during their assessment and regular consultation with survivors/at-risk women and report back to the CVA partner to determine eligibility and response modality.

*The eligibility criteria illustrated in the table below correspond to a particular situation of GBV that survivors might be facing at a particular moment in time and does not aim to assign one specific type of assistance per GBV case. The case management process would dictate what further assistance a certain case might need throughout the different stages of the action plan implementation.*

**Table 1. Response prioritization and CVA options for GBV cases**

#	Eligibility Criteria	(i) Guiding Note, (ii) Response Time, and (iii) Potential CVA Response Options	Response Priority
1	The rights holder faces a life-threatening issue related to GBV incident, 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, including for client's infants and children, as relevant) and prevention from further harm.	<p>(i) Due to time sensitivity, such cases need to be referred immediately to a GBV actor able to support with CVA for urgent cases<sup>3</sup> (for more details, see Annex C. Resources: GBV SC referral pathways for more details).</p> <p>(ii) Recommended response time: <b>within 24-48 hours</b></p> <p>(iii) Potential CVA response option: <b>MPC one-off (1x)</b></p>	GBV programme through case management resources
2	The client requires time-sensitive health services (e.g., clinical management of rape) and has no access to financial resources to access and receive immediate interventions.  This may include cash to support access to services (e.g., transportation costs to Clinical Management of Rape services, emergency medical treatment for injuries or obstetric care or immediate alternative safe accommodation arrangements; services that should be provided free of charge any survivor).	<p>(i) Due to time sensitivity, such cases need to be referred immediately to a GBV actor able to support with CVA for urgent cases (see GBV SC referral pathways for more details).</p> <p>(ii) Recommended response time: <b>within 72 hours</b></p> <p>(iii) Potential CVA response option: <b>MPC 1x</b></p>	GBV programme through case management resources

<sup>3</sup> In cases where this support cannot be provided by the same GBV actor due to lack of resources

#	Eligibility Criteria	(i) Guiding Note, (ii) Response Time, and (iii) Potential CVA Response Options	Response Priority
3	<p>The rights-holder's life is not immediately at risk, but time-sensitive services such as medical services (or others related to the client's recovery and to mitigate further exposure to harm (as well as client's infants and children as relevant) are required, and the client needs financial resources to access and receive holistic support.</p> <p>This may include cash to support access to services (e.g., transport costs to access health services, such as surgery or pre-natal support, psychosocial support such as non-acute mental health services; services that should be provided free of charge to any survivor).</p>	<p>(i) GBV Actor should do limited financial eligibility assessment (socio-economic aspects) but avoid delaying treatment or action and refer to other GBV actors, who are able to support with one-off MPC or to external CVA partners if multiple rounds of MPC or longer-term CVA is needed.</p> <p>(ii) Recommended response time: <b>within 1 week</b></p> <p>(iii) Potential CVA response option: <b>MPC 1x or multiple rounds</b> (MPC frequency depends on assessed needs that could be met through cash or voucher within the response timeline.)</p>	<p><b>One round of assistance:</b> GBV programme through case management resources</p> <p><b>Multiple rounds of assistance:</b></p> <ul style="list-style-type: none"> <li>• CVA Programme</li> </ul>
4	<p>The client is experiencing a 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 client of accessing those resources to meet their essential needs and/or is forced to exchange sex or other acts for accessing financial resources from partner or family member).</p>	<p>(i) GBV Actor must do further financial eligibility assessment and refer to other GBV actors able to support one-off MPC or external CVA partners if multiple rounds of MPC or longer-term CVA are needed.</p> <p>(ii) Recommended response time: <b>within 1-2 weeks</b></p> <p>(iii) Potential CVA response options:</p> <p>a. <b>MPC 1x or multiple rounds</b> (frequency depends on assessed needs that could be met through cash or voucher within the response timeline.); or</p> <p>b. <b>Cash transfer outside of the standard MPC value to cover a specific need or set of needs</b>, which may include one or a combination of some of these examples: food, clothing needs, or transportation to seek health services or legal aid; or</p>	<p><b>One round of assistance:</b> GBV programme through case management resources</p> <p><b>Multiple rounds of assistance:</b> CVA Programme</p> <p><b>Cash transfer:</b></p> <ul style="list-style-type: none"> <li>• GBV programme through case management resources</li> <li>• CVA programme</li> </ul> <p><b>Voucher transfer designed to meet specific needs:</b></p> <ul style="list-style-type: none"> <li>• GBV programme through case management resources</li> <li>• CVA programme</li> </ul>



#	Eligibility Criteria	(i) Guiding Note, (ii) Response Time, and (iii) Potential CVA Response Options	Response Priority
		<p>c. <b>Voucher transfer designed to meet specific needs</b> as identified by the CVA recipients, if aligned with CVA partner's voucher programming in the same operational coverage where CVA recipient is in residence; or</p> <p>d. <b>Livelihood support, which may include paid vocational training to obtain skills, and/or Cash-for-Work</b>, if case response time coincides with CFW planning period in the same area of CVA recipient's residence/new location, and if the activity is socially/ culturally acceptable for CVA recipient's gender to join.</p>	<p><b>Paid vocational training to obtain skills, combined with Cash-for-Work, and/or livelihood support</b></p> <ul style="list-style-type: none"> <li>• GBV programmes</li> <li>• CVA programmes</li> </ul>
5	The client is experiencing a denial of rightful access to economic resources related to labour exploitation (e.g., wage theft).	<p><b>(i)</b> GBV Actor must do further financial eligibility assessment and refer to other GBV actors able to support one-off MPC or external CVA partners if multiple MPC rounds or longer-term CVA is needed.</p> <p><b>(ii)</b> Recommended response time: <b>within 1-2 weeks</b></p> <p><b>(iii)</b> Potential CVA response options: <b>(Same as above)</b></p>	Same as above
6	The client is at imminent risk of sexual exploitation (e.g., the client is threatened by a family member to engage in sexual acts in exchange for money).	<p><b>(i)</b> GBV Actor must do further financial eligibility assessment and refer to other GBV actors able to support MPC 1x, or refer to external CVA partners if MPC multiple rounds or longer-term CVA are needed.</p> <p><b>(ii)</b> Recommended response time: <b>within 1-2 weeks</b></p> <p><b>(iii)</b> Potential CVA response options: <b>(Same as above)</b></p>	Same as above
7	The client herself or her daughter is at imminent risk of early and forced marriage.	<p><b>(i)</b> GBV Actor must do further financial eligibility assessment and refer to other GBV actors able to support MPC 1x, or refer to external CVA partners if MPC multiple rounds or longer-term CVA are needed.</p>	Same as above



#	Eligibility Criteria	(i) Guiding Note, (ii) Response Time, and (iii) Potential CVA Response Options	Response Priority
		(ii) Recommended response time: <b>within 1-2 weeks</b>  (iii) Potential CVA response options: <b>(Same as above)</b>	
8	The client is selling sex to meet basic needs and is seeking alternative, safer sources of income.	(i) GBV Actor must do further financial eligibility assessment and refer to other GBV actors able to support one-off MPC or external CVA partners if multiple rounds of MPC or longer-term CVA are needed.  (ii) Recommended response time: <b>within 1-2 weeks</b>  (iii) Potential CVA response options: <b>(Same as above)</b>	
9	The client has received time-sensitive GBV response services but requires financial support over a period of time to sustain their safety in the interim of securing 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).	(i) GBV Actor must do further financial eligibility assessment and refer to CVA partners for multiple MPC rounds or longer-term CVA.  (ii) Recommended response time: <b>within 1-2 weeks</b>  (iii) Potential CVA response options: <b>(Same as above)</b>	Same as above
10	The client is not experiencing GBV or a specific imminent threat of violence, but risky coping mechanisms are increasing due to a lack of income and risks of sexual exploitation, transactional or early and forced marriage are increasingly disclosed (e.g. an indebted family three months late on rent and engaged in exploitative labour are feeling pressured to adopt further coping mechanisms) and cash assistance would mitigate the potential risk of GBV-related negative coping strategies.	(i) GBV Actor must do further financial eligibility assessment and refer to CVA partners for multiple MPC rounds or longer-term CVA.  (ii) Recommended response time: <b>within 1-2 weeks</b>  (iii) Potential CVA response options: <b>(Same as above)</b>	Same as above

## SECTION F. Documentation and information sharing

It is critical that cash assistance is provided in line with the principle of confidentiality<sup>4</sup>. Information sharing should be limited to the least number of people needed for the purposes of assessing and allocating cash assistance. All documentation should be designed to allow for the sharing on a **need-to-know basis**. No data on vulnerability assessment conducted by GBV actors should be shared with CVA partners. All actors involved in the process of cash assistance as part of case management should be aware of their obligations to maintain confidentiality. All information sharing should be done based on the survivor's ongoing **Informed Consent**. An **information-sharing protocol** should also be included in any inter-departmental/inter-agency cash assistance in GBV case management SOPs.

**Table 2. Information-sharing protocol**

Type of Information/Documents	Who Has Access Rights?
Identification documents	GBV actors- CVA partners who have signed on data security protocols
Contact information	GBV actors- CVA partners who have signed on data security protocols
Case Description	GBV actors only
Vulnerability criteria	GBV actors only
Financial eligibility evaluation	GBV actors- CVA partners as needed
Copy of voucher	GBV actors- CVA partners
Case management follow up information	GBV actors only

### Documentation and information-sharing DOs and DON'Ts

**Do** ensure cash assistance forms/tools support a collection of non-survivor labeling data.

**Do** ensure everyone involved has signed a data security protocol.

**Do** have the caseworker store all documentation in accordance with data security protocols.<sup>5</sup>

**Do** ensure that referrals to CVA partners are following a non-stigmatizing approach (e.g. In addition to GBV survivors, GBV actors are encouraged to also refer to other women at risk). GBV referrals should be categorized simply as “individual recipients”, and this category might also include other non-GBV survivors.

**Don't** involve more actors than there needs to be in the cash assistance component of case management.

**Don't** share case details as part of cash assistance approval or documentation process.

**Don't** involve third parties in cash assistance for survivors who are not aware and have not signed on to data security protocols.

**Don't** involve individuals in cash assistance for survivors who have not signed a code of conduct or have not been trained on PSEA and GBV guiding principles.

<sup>4</sup> the UN Principles on Data Protection and Privacy <https://un.sceb.org/CEBPublicFiles/UN-Principles-on-Personal-Data-Protection-Privacy-2018.pdf>

<sup>5</sup> For more guidance, refer to WFP's [Guide to Personal Data Protection and Privacy](https://docs.wfp.org/api/documents/WFP-0000004049/download/) - <https://docs.wfp.org/api/documents/WFP-0000004049/download/>

**ANNEX A. Memorandum of Understanding (MoU): Sample Text****Memorandum of Understanding**

This Memorandum of Understanding (MoU) is between

First Party: [GBV Actor]  
and  
Second Party: [CVA Partner]

The MoU is entered into effective by (- Date -) between [GBV Actor ] and [CVA Partner ].

This MoU is an expression of mutual understanding and commitment between [GBV Actor ] and (CVA Partner), engaged in implementing [project title, if any] in [location] under [programme].

By signing this MoU, the parties are marking their commitment to jointly establish, from this point forward, an enabling environment that facilitates timely and appropriate support to GBV cases through cash and voucher assistance (CVA).

By signing this MoU, the parties agree to adhere to the standard CVA and GBV SOPs (developed by the GBV Sub Cluster and the Cash Working Group) and set the following in motion:

- 1. Induction and information-sharing protocols:** geographic coverage, focal points, the scope of CVA funding for GBV cases bi-annually/annually, planning for next steps, including trainings;
- 2. Sensitization/trainings:** Code of Conduct, PSEA, GBV and protection guiding principles, data management and information-sharing protocols;
- 3. Referral System SOP common understanding:** Focal points for both parties run through SOP together and plan collaboration accordingly, including preparing pre-requisites;
- 4. Implementation.** [GBV Actor] will be primarily responsible for case management, with CVA partner support on CVA component; and
- 5. MoU validity.** Both parties agree that this MoU is valid for the programme implementation period only.

**GBV Actor (Name of Representative)**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**CVA Partner (Name of Representative)**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

## ANNEX B. Risk Management Matrix

### Background

In February 2021, a total of 15 key stakeholders<sup>6</sup> from the Cash Working Group (CWG) and the GBV Sub Cluster (GBV SC) working in northwest Syria (NWS) took part in a joint GBV risk analysis in Cash and Voucher Assistance (CVA). The 2-hour exercise focused on identifying key GBV/PSEA related risks for CVA in NWS and brainstorming potential mitigation measures. Results of this exercise are captured in the matrix below and are meant to contribute to the wider exercise currently undertaken by other stakeholders to assess the feasibility of scaling up CVA in NWS.

This exercise was not a full-scale / field-based risk analysis, and several issues raised during the discussions should be further explored. However, it does shed light on questions that cannot be ignored as they are intrinsically linked to key humanitarian principles such as the Centrality of Protection and Do No Harm. Keeping these topics in mind while designing and undertaking/scaling up CVA in such a fragile context is paramount. GBV and protection risk mitigation may also help to identify and avoid potential reputational, operational, and fiduciary risks, which have the potential for blowback on the entire humanitarian community working in NWS.

### Results<sup>7</sup>

<b>Participation and Inclusion</b> (particularly regarding information dissemination and awareness)	
<b>RISKS</b> <ul style="list-style-type: none"> <li>• There are many widowed and divorced women in northwest Syria who are often marginalized due to social stigma and are therefore excluded from aid by their male family members or communities.</li> <li>• People on the move may be the most vulnerable/at risk of GBV and may be excluded.</li> <li>• Men have more power than women – they are able to put pressure and get assistance while it's not always the case for women, especially those with intersectional risks and vulnerabilities, in particular, divorced and widowed women, and women with disabilities.</li> <li>• Local councils might be overlooking certain groups, such as women with disabilities.</li> </ul>	<b>POTENTIAL MITIGATION MEASURES</b> <ol style="list-style-type: none"> <li>1. Including vulnerable groups in targeting criteria (vulnerability scoring) is not enough in itself. CVA programmes should consider including specific quotas of assistance for vulnerable groups and increase/implement door to door reach out/ notification in order to make sure they are well-informed.</li> <li>2. Set up community channels for communication (e.g. focal points and committees) that are truly representative of the diversity of the community to ensure that the information goes through and reaches marginalized groups, including persons with disabilities.</li> <li>3. Institutionalize/incentivize recruitment of more female staff at field level and facilitate their work, including by ensuring transportation is available for them.</li> <li>4. Diversify Community Feedback Mechanisms so that everyone, including those who cannot read or have no access to a mobile phone, can still provide</li> </ol>

<sup>6</sup> Facilitated by NWS GBV Sub-Cluster Coordinator and with the support from the CashCap Whole of Syria Cash and Markets Advisor, participants represented international and national NGOs in addition to representatives from the PSEA network. Technical oversight and support was provided by UNFPA's GBV and CVA Roving Specialist.

<sup>7</sup> Exercise done with the support of the matrix provided in the Cash & Voucher Assistance and Gender-Based Violence Compendium: <https://gbvguidelines.org/en/documents/cash-voucher-assistance-and-gbv-compendium-practical/>

<ul style="list-style-type: none"> <li>• Lack of female staff, especially at the field level (enumerators, etc.) which may trigger risks of exclusion if women are not comfortable working with male enumerators.</li> <li>• Organizations' over-reliance on local councils for targeting, which may trigger risks of sexual exploitation &amp; abuse (SEA).</li> </ul>	<p>feedback (incl. for reporting of SEA cases). Ensure that people are aware of how to use complaint mechanisms, hotlines, etc. In addition, monitor through PDM and/or FGDs, where possible, people's usage of feedback mechanisms or any confusion over the many different feedback platforms and hotlines.</p> <ol style="list-style-type: none"> <li>5. Set up specific hotlines for SEA cases<sup>8</sup> where survivors/at-risk individuals feel comfortable to report. Make sure this information is visible during CVA activities.</li> <li>6. In addition to informing beneficiaries on PSEA, more effort should also be made to target local councils and community groups/networks with PSEA awareness-raising activities.</li> </ol>
<p style="text-align: center;"><b>Safe and Dignified Access</b> (particularly regarding CVA delivery mechanisms)</p>	
<p><b>RISKS</b></p> <ul style="list-style-type: none"> <li>• Women with disabilities and chronic illness have difficulties accessing cash points (physical and informational).</li> <li>• There is anecdotal evidence that field staff often ignore persons with disabilities as they often lack IDs, so assistance is often provided to someone else in the family on their behalf, which could lead to additional risks.</li> <li>• Older people during COVID-19, especially those living in remote areas and/or are not able to read, often have challenges accessing CVA.</li> <li>• Lack of enough oversight during distributions: lack of presence of humanitarian workers and lack of protection/female staff increases risks of SEA.</li> <li>• SEA risks from hawala agents, sellers, checkpoints, etc.</li> <li>• Lack of female hawala agents and available transportation for them.</li> </ul>	<p><b>POTENTIAL MITIGATION MEASURES</b></p> <ol style="list-style-type: none"> <li>1. Provide organizational IDs or establish other ways to confirm identification for those verified to be eligible to receive cash, especially PWDs and others who have lost their personal identification.</li> <li>2. Distribution is done through teams deployed to safe sites closest to the beneficiaries, also as a precaution measure in a time of COVID-19 (to avoid overcrowded places).</li> <li>3. Separate queues for women/men.</li> <li>4. Enhance information/awareness raising during and after distribution, also about complaint mechanisms, including SEA.</li> <li>5. Ensure female Protection/GBV staff are present during distributions to mitigate against SEA, fraud or abuse of power.</li> <li>6. Flexibility in terms of assistance modality (cash or vouchers, livelihoods support, cash-for-work), based on needs and capacities; there is no "one size fits all", or one modality that is less risky than others. The modality/frequency should be informed by needs, existing risks, and access/proximity to markets for goods and services.</li> </ol>

<sup>8</sup> PSEA Network Hotline for NWS: +90 530 915 18 95. Complainants can call the number or text via WhatsApp to record complaints.

	<p>7. Whenever possible, offer transportation to beneficiaries to access distributions or when collecting cash. Also, consider safe distribution sites close to markets and currency exchange.</p> <p>8. Whenever possible (with protection and hawala staff), deploy mobile teams to reach out, door-to-door, especially for persons with disabilities, chronic illness, or Covid-19 – to minimize exclusion. If their conditions allow, another option is for them to be accompanied to the distribution point by a known family member/caretaker.</p>
<b>Confidentiality of Personal Data of Survivors and Persons at Risk</b>	
<p><b>RISKS</b></p> <ul style="list-style-type: none"> <li>• Some marginalized groups lack IDs or send someone else to collect assistance.</li> <li>• Data protection; hawala companies, private companies, etc. may have access to sensitive data.</li> <li>• Lack of clear data protection protocols</li> <li>• GBV survivors easily identified by external parties</li> </ul>	<p><b>POTENTIAL MITIGATION MEASURES</b></p> <ol style="list-style-type: none"> <li>1. GBV survivors should not be labeled as such (to keep confidentiality)- eligibility criteria should not be limited to GBV survivors. GBV survivors can be included as 'individual recipients' or another non-specific category name.</li> <li>2. Institutionalize/incentivize data protection policy/protocols in agreements and MoUs. Train/raise awareness of remote management and field staff on the importance of data protection not only for beneficiaries but also for them and the organization.</li> <li>3. Assign CVA recipients a "Unique Identifier" not names, which prevent identification of beneficiaries (QR/bar codes, etc.).</li> <li>4. For people with no IDs, ensure there are alternative ways to establish identity. Whenever possible, provide legal counseling in these situations. Provide organization ID to those verified to be eligible to receive CVA.</li> <li>5. Ensure that financial service providers (e.g. hawala agents) keep no records of beneficiary data.</li> <li>6. Only engage in working relationships with hawala companies that have signed a Code of Conduct and have been trained on the basics of PSEA / Fraud &amp; Abuse of Power.</li> </ol>

Social Norms and Partner, Household & Community Relations	
<p><b>RISKS</b></p> <ul style="list-style-type: none"> <li>• Social stigma for divorced and widowed women.</li> <li>• Jealousy between beneficiaries and the ones who have not been selected in the CVA scheme (e.g. IDPs versus host communities).</li> <li>• CVA can influence positively or negatively. Households can be empowered, but it could also cause tensions.</li> </ul>	<p><b>POTENTIAL MITIGATION MEASURES</b></p> <ol style="list-style-type: none"> <li>1. A common set of communication/key messages should be agreed upon between protection/GBV and CVA partners. These messages should explain well how CVA benefits the entire community and not only the recipients, addressing potential community tensions.</li> <li>2. Where possible, conduct community consultations representative of residents and IDPs to explain vulnerability criteria in simple terms. Ensure that the community understands the targeting/prioritization approach is not status-based, and as such, it would capture the most vulnerable among both residents and IDPs.</li> <li>3. Consider to include/increase % of host communities in the beneficiaries list, or consider other types of CVA, which directly/indirectly benefit local markets and public spaces.</li> <li>4. On the long term, important to work on changing social norms through engagement with key stakeholders.</li> <li>5. Rigorous post-distribution monitoring (led by GBV actors in charge of GBV case management as recommended by the Cash and GBV SOPs developed by the GBV Sub Cluster and Cash Working Group) is in place, which includes questions related to unexpected positive/negative impacts of CVA (such as increase/decrease of household/family/intimate partner violence).</li> </ol>



## ANNEX C. Resources

[GBV SC Guidance Note on Cash in the Framework of GBV Case Management](#)

[Fabo learning page https://fabo.org/enrol/?id=550](https://fabo.org/enrol/?id=550) where draft Standard SOP on GBV-CVA referrals is available on the page under GBV response along with a few other resources

PSEA Prevention and Mitigation Checklists available in English and Arabic. The Field Checklist has a section on PSEA related indicators in Cash-Based Interventions

<https://drive.google.com/drive/folders/1foeDcyGHSdGrfzF0p3AjdXl7aA0WZdW?usp=sharing>

PSEA Awareness Raising Materials developed by the PSEA

Network: <https://drive.google.com/drive/folders/18wM1rb1F2eE6lhqpEV9FxSnj5ylexnDu?usp=sharing>. If organizations are interested in receiving PSEA posters and/or banners for using in the field activities, please email Kemal ELMUNAVIR at [kelmunavir@iom.int](mailto:kelmunavir@iom.int) with your request

[Cash & Voucher Assistance and Gender-Based Violence Compendium](#)

GBV Referral Focal Point list: Available to support humanitarian actors in the referral of GBV cases: [https://drive.google.com/drive/folders/1GrYgBTTo2nq9\\_g9LW-b4Znuqyt3qBtqx](https://drive.google.com/drive/folders/1GrYgBTTo2nq9_g9LW-b4Znuqyt3qBtqx)