

“No one has power over me”

The Impact of Integrating Cash Assistance into Gender-Based Violence Response in Northwest Syria

Evaluation Snapshot



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“It is safer. Cash assistance helped me pay off my debts, and no one asked me anymore. I felt that I am independent and stronger. No one has power over me.” – IDP woman, Northwest Syria

BACKGROUND

Traditionally, refugees and internally displaced persons (IDPs) have received aid in the form of in-kind assistance, such as food and blankets. Increasingly, however, cash and voucher assistance (CVA) are being used in humanitarian response to meet the diverse needs of those displaced by crisis and conflict, enhancing recipients’ autonomy over what they purchase. However, the use of CVA in programs to achieve protection—including to support the prevention of and response to gender-based violence (GBV)—lags far behind its use in other areas.

[Research](#) by the Women’s Refugee Commission (WRC) indicates that CVA integrated within GBV programming has the potential to support GBV prevention and response. However, humanitarian GBV programming does not comprehensively or consistently consider using CVA. This is a critical gap for refugee, internally displaced, and migrant women and girls and individuals with diverse sexual orientations, gender identities and expressions and sex characteristics (SOGIESC) face risks of exposure to and incidents of GBV before, during, and after crises.

As a complement to core aspects of GBV case management, CVA may strengthen survivors’ capacities to recover and enable access to services. CVA can, for example, help a GBV survivor cover the costs associated with fleeing an abusive relationship, such as safe accommodation, transportation, and legal assistance. There also may be indirect ways in which CVA could reduce survivors’ exposure to GBV, such as by decreasing their financial dependence on abusive partners or family members.

From 2020–2022, WRC, with research partner South Africa Medical Research Council and CARE, undertook a study in Northwest Syria and Colombia to understand the potential of integrating CVA into GBV case management for comprehensive support to survivors in humanitarian emergencies.

Northwest Syria has the [highest population of IDPs](#) in Syria, as of 2022 hosting 2.8 million of the country's 6.9 million IDPs. Violence against women and girls in the region predates the decade-long conflict and is rooted in harmful gender norms. GBV has been exacerbated by the conflict, COVID-19, drought, and acute poverty, as well as ongoing, and in some cases repeated, displacement.

In Northwest Syria, WRC and partners sought to examine changes among internally displaced GBV survivors in a cash and in-kind assistance-integrated GBV case management program, looking at outcomes at three months and nine months after the start the program. The study drew on the expertise of WRC and used best practice guidance and tools implemented by CARE Turkey and its local partners, including Syria Relief and Development (SRD).

GBV case workers assessed whether cash was appropriate for survivors' individual cases and, if so, the transfer amount was tailored for their needs and distributed cash directly to them. Survivors received up to a maximum of US\$500; however, there was no pre-defined transfer amount. The majority of GBV survivors received US\$150. In-kind support was delivered to enable access to temporary shelter, transportation, clothing, etc., was provided in cases where the survivor preferred not to receive cash assistance. Case workers also provided survivors with referrals to complementary services, such as health services, mental health and psychosocial support services, legal assistance, and livelihoods programming. Case management follow-up included monitoring of assistance received by the survivor to ensure the survivor was not exposed to further harm.

The project was evaluated at three months and nine months using questionnaires, in-depth interviews with participants, and interviews with key informants (caseworkers from implementing partners, cash and GBV experts, and project staff).

KEY FINDINGS

- GBV case management that integrated cash and in-kind assistance not only helped survivors' recover from incidents of violence and reduced exposure to future risks of GBV, but also improved economic capacity, personal well-being and the well-being of survivors' children, interpersonal relationships with family members, and interactions with the host community.
- In some cases, the amount of the transfer was insufficient to address survivors' protection needs, for example, the cost of transportation to reach services and the cost of childcare during survivors' time spent in case management.
- The assistance allowed some participants to invest in enterprises that became a source of sustainable income.
- At nine months after the start of the program, participants still saw improved protection impacts, economic capacity, personal well-being, and asset outcomes, as compared to those at three months. However, some changes, like reduced reliance on risky coping strategies, depreciated over time.



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Counseling and psychosocial support sessions for women and survivors of gender-based violence at a CARE-supported SRD center in Northwest Syria.

TOP RECOMMENDATIONS

- To support survivors' long-term recovery from GBV, case management should strengthen referrals to active, effective livelihoods programming; given the gaps in livelihoods programming in Northwest Syria, GBV and livelihoods actors may consider the design and implementation of livelihoods support alongside cash-and in-kind-integrated GBV case management within the program model.
- GBV case management programs that integrate CVA should dedicate resources to reaching adolescent girls aged 10 to 19 years who have experienced or are at risk of exposure to GBV. For this age group CVA should be provided following informed consent of the care giver and assent from the adolescent.
- Programs should consider launching awareness campaigns in sites where the program is to be implemented and challenging existing gender norms that are barriers to participation.
- Although GBV specialists are directly responsible for GBV response, other actors, including livelihoods service providers, are responsible for ensuring their interventions do not increase risks of exposure to GBV and are inclusive of GBV survivors. Proactively coordinating with GBV service providers will support cross-sectoral collaboration and inclusive referrals to meet survivors' recovery needs, as well as prevent their falling back into a cycle of violence.



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An awareness session was conducted by the mobile team, in Northwest Syria. During the session, the service provider communicates awareness messages about gender-based violence and child labor.

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Read the full report [here](#).

For more information, contact Tenzin Manell, associate director, cash and livelihoods: tenzinm@wrcommission.org

The Women's Refugee Commission improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. www.womensrefugeecommission.org.

Founded in 1945, **CARE** is a leading humanitarian organization fighting global poverty. Our emergency responses focus on the needs of the most vulnerable populations, particularly girls and women. www.care.org.

Syria Relief & Development (SRD) is a humanitarian NGO operating on the ground in Syria since 2011. SRD provides life- services through the integration of sexual and reproductive health (SRH) and gender-based violence (GBV) programs for vulnerable women and girls affected by crisis. <https://srd.ngo>.

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