

A Roadmap for Collective Action to Enhance the Integration of Cash and Voucher Assistance within Gender-Based Violence Programming in Northwest Syria

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Acknowledgements



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Cover photo: Diminishing purchasing power and the resulting socio-economic pressures on families are among the triggers of gender-based violence (GBV). Cash and vouchers assistance are increasingly considered as part of an aid package for GBV prevention and life-saving support in humanitarian settings. © Ihsan Relief and Development

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Terminology



CVA	<p>Cash and Voucher Assistance (CVA) refers to all programs where cash transfers or vouchers for goods or services are directly provided to recipients. In the context of humanitarian assistance, the term is used to refer to the provision of cash transfers or vouchers given to individuals, household or community recipients, but not to governments or other state actors. This excludes remittances and microfinance in humanitarian interventions (although microfinance and money transfer institutions may be used for the actual delivery of cash). The terms “cash” or “cash assistance” should be used when referring specifically to cash transfers only (i.e., “cash” or “cash assistance” should not be used to mean “cash and voucher assistance”). This term has several synonyms including Cash-Based Interventions, Cash-Based Assistance, and Cash Transfer Programming). Cash and Voucher Assistance is the recommended term.¹</p>
IPA	<p>Individual Protection Assistance (IPA) is a one-off, unconditional intervention in the form of CVA targeting individuals with exacerbated vulnerabilities. IPA is a program model applied by UNFPA in NW Syria to reduce, remove, or prevent an individual’s exposure to protection risks or address the immediate impact of protection violations through a simple, time-bound intervention.²</p>
Cash Assistance for GBV Case Management	<p>Cash assistance delivered in the framework of case management means providing cash directly to the survivors for the purpose of supporting them to meet essential needs related to their case action plan. Similarly, the role of cash assistance is to support survivors to fully recover from their experiences of violence through services and/or mitigate GBV risks.³</p>
Multipurpose Cash Transfers	<p>Multipurpose Cash Transfers (MPC) are transfers (either periodic or one-off) corresponding to the amount of money required to cover, fully or partially, a household’s basic and/or recovery needs. The term refers to cash transfers designed to address multiple needs, with the transfer value calculated accordingly. MPC transfer values are often indexed to expenditure gaps based on a Minimum Expenditure Basket (MEB), or other monetized calculation of the amount required to cover basic needs. All MPC are unrestricted in terms of use as they can be spent as the recipient chooses. This concept may also be referred to as Multipurpose Cash Grants (MPG), or Multipurpose Cash Assistance (MPCA).⁴</p>

1 CALP glossary, <https://www.calpnetwork.org/resources/glossary-of-terms>.

2 UNFPA Arab States, Case Study On Cash And Voucher Assistance In Northwest Syria. <https://arabstates.unfpa.org/en/publications/case-study-cash-and-voucher-assistance-northwest-syria>.

3 Cash Assistance in GBV Case Management Guidance Note, GBV Sub Cluster Turkey Cross Border, June 2019. <https://drive.google.com/drive/folders/1x2syutqvejpbgrjrmervew4huni8uonh>.

4 CaLP Glossary of Terms, <https://www.calpnetwork.org/resources/glossary-of-terms>.



Background



With support from the Swiss Agency for Development and Cooperation (SDC), the Women's Refugee Commission (WRC) and CARE are leading an initiative on behalf of the Global Protection Cluster (GPC) Task Team on Cash for Protection (TTC4P) to expand access among field-level practitioners to the requisite knowledge, skills, guidance, and tools to integrate cash and voucher assistance (CVA) into gender-based violence (GBV) programming in humanitarian settings.

Accompanying this and other case studies are training materials, workshops, webinars, and podcasts that document programmatic and operational learning on CVA for GBV outcomes in the Middle East and North Africa (MENA). Together, these resources contribute to local, national, regional, and global learning on integrating CVA within GBV programming, as well as improved practice by a range of stakeholders, including humanitarian and development professionals, governments, and international donors.

Introduction



This case study highlights the practical importance of coordination between CVA and GBV actors at all levels and shows how working in silos is detrimental to assisting to the fullest extent possible women and girls affected by GBV. It documents the conditions that led to the creation of a joint taskforce (TF) in Northwest Syria (NWS) to tackle this gap and the challenges faced by the TF, as well as the programmatic and operational learning from the coordination process. It also offers specific recommendations for stakeholders to build on the work of the TF to date in NWS.

Many of the challenges around integrating CVA into GBV programming experienced in NWS are mirrored in other response contexts. Thus, the learning and recommendations in this case study are also relevant for stakeholders in the MENA region and beyond.



Starting point: Coordination



In 2020, the coordination teams of the Cash Working Group (CWG) and the GBV Sub-Cluster (GBV SC) for the NWS humanitarian response decided to work together toward a common purpose: to break down silos and collaborate to scale up the integration of CVA within GBV programming.

The two coordination bodies gathered equal numbers of CVA and GBV practitioners (representing a diverse group of humanitarian organizations) to jointly systematize the application of CVA in support of GBV case management. Figure 1 describes the operational environment and key stakeholders.

Figure 1. Operational environment and stakeholders

Operational environment	Stakeholders
<ul style="list-style-type: none"> • Protracted displacement and a complex protection context.⁵ More than a decade of conflict has led to nearly permanent displacement to northwest Syria, with 1.72 million people residing in last-resort sites in Aleppo and Idlib governorates. A significant majority of this most vulnerable IDP group (80%) are women and children. Overcrowded camps have prevailing shelter issues that create GBV risks for women and girls, such as the lack of privacy, doors and windows without secured locks, and inadequate lighting. • Lack of comprehensive GBV services. In the context of NWS, many essential services (e.g., safe shelter and legal services) are not available to survivors for free. CVA could therefore positively contribute to survivors’ agency and achieving protection outcomes, as long as cash is designed with risk mitigation mechanisms to ensure that survivors are not exposed to further harm. • Shrinking cross-border corridor. UN and international NGOs deliver humanitarian assistance, including CVA, through implementing partnerships with Syrian NGOs and via a shrinking humanitarian cross-border corridor from Turkey into NWS. UN Security Council Resolution (UNSCR) 2585, which allows for the cross-border response, is constantly at risk of non-renewal. This means that most UN agencies are planning for contingencies and ways to future-proof mechanisms, including support to those in need of GBV services in the event of a UN drawdown. CVA is one of the forms of aid perceived to be more flexible and agile vis-à-vis the shifting context, including the non-renewal of UNSCR 2585. 	<ul style="list-style-type: none"> • GBV survivors • National NGOs implementing GBV and/or CVA programming • Local authorities/communities • UN agencies and INGOs managing GBV and/or CVA programming implemented in NWS remotely from Gaziantep, Turkey • Donors • Auditors and third-party compliance monitors • Financial service providers (<i>hawalas</i>)

⁵ OCHA, *Humanitarian Needs Overview 2022, Syrian Arab Republic* (2022), www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hno_2022_rev-1.15.pdf.



A joint TF, composed of CWG and GBV SC members, was established amidst a rising number of reported GBV incidents experienced by Syrian women and girls in NWS. The uptick in GBV cases could be attributed to the cumulative impact of a succession of shocks that continue to degrade the quality of life of the displaced population in NWS today:

- the prolonged humanitarian crisis (continuation of armed conflict, population movements, and cyclical displacement);
- the swift deterioration of Syria's economy (currency devaluation, rising food prices, rising unemployment); and
- COVID-19 pandemic lockdowns and movement restrictions, fear of infection, and resulting losses in livelihood opportunities.⁶

This concerning development provided the TF with the impetus to strive for productive collaboration.



6 UNFPA, Whole of Syria GBV AOR, *Voices from Syria 2022, Assessment Findings of the Humanitarian Needs Overview, Whole of Syria Gender-Based Violence Area of Responsibility* (2022), https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/voices_from_syria_2022_online_version_final_draft.pdf.

Coordination output: Standard operating procedures



The TF developed [Standard Operating Procedures \(SOPs\)](#) to guide GBV case managers and CVA program staff on how and when to engage in order to maximize and optimize the package of support for GBV survivors and at-risk women and girls. The SOPs align with best practices, normative guidance addressing GBV programming in humanitarian settings such as the [Inter-Agency GBV case management guidelines](#), the WRC- Mercy Corps- International Rescue Committee [Toolkit for Optimizing Cash-Based Interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response](#), and the standards set in the [Cash Learning Partnership \(CaLP\) Programme Quality Toolbox](#), as well as the [Cash & Voucher Assistance and GBV Compendium: Practical Guidelines for Humanitarian Practitioners](#).

The SOPs, the main output of the collective work of the TF, benefited from GBV and CVA practitioners' substantive contributions.⁷

The main objective of the SOPs was to establish parameters for internal⁸ and external⁹ referrals of GBV survivors for whom CVA is deemed appropriate by case workers and of individual survivors during assessment and case action planning. One key section of the SOPs is a table outlining examples of GBV cases, their prioritization in terms of response times, and recommendations on potential CVA response options.

Figure 2 is an excerpt from this section, exemplifying how a survivor in a life-threatening situation could be eligible to receive emergency cash/one-off MPC¹⁰ within a 24- to 48-hour window. The cash assistance would be part of a broader package of support through case management, complementary to medical, psychosocial, and other services as needed. The emergency cash could cover the costs of transportation, for example, to a safe shelter and other most immediate needs.

7 The following organizations participated in the Task Force: UNFPA, Global Communities, Shafak (co-lead), Marram, Masrart, Mercy Corps, IhsanRD, and NORCAP-CashCap.

8 Across units/programs within one humanitarian organization.

9 Across multiple humanitarian organizations.

10 Multipurpose Cash (MPC) is a form of assistance that has been widely implemented in NWS since 2014. Many humanitarian organizations in NWS have experience distributing one-off MPC as a first-line emergency response in support of newly displaced people, who may be on the move and would benefit from cash for a diverse set of needs.



Figure 2. Excerpt from SOPs Section E: Financial eligibility assessment and potential CVA response options

#	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: within 1 week.</p> <p>(iii) Potential CVA response option: MPC 1x or multiple rounds (MPC frequency depends on assessed needs that could be met through cash or voucher within the response timeline.)</p>	<p>One round of assistance: GBV programme through case management resources</p> <p>Multiple rounds of assistance: CVA Programme</p>



Lessons and highlights from the SOPs development process



“We speak different languages.”

Finalizing the initial draft of the SOPs involved a participatory, iterative process carried out through monthly TF meetings for six consecutive months. This included some key steps needed to arrive at a collective understanding and agreement on the minimum actions the SOPs needed to address. During the first few meetings, for example, practitioners introduced key concepts and terminology from each side for a series of mutual sensitization sessions. Some examples of the questions tackled were: “How does GBV case management work?” from a CWG member; and “What is MPCA?” from a GBV SC representative.

The overall outcome of just this initial step was the common realization that “We speak in different ‘languages.’” Another emerging distinction between practices is that GBV case management is more focused on the affected individual, whereas CVA responses are most commonly designed to meet household needs.

Such learning exchange grounded one of the SOPs’ primary recommendations of having pre-arranged partnerships as a prerequisite. This is based on the reality that unless there is an established channel between GBV and CVA actors that they can actually use—to communicate, coordinate, collaborate, problem solve, and optimize interventions together—then referral pathways will not achieve what they are intended to.

The development of the SOPs was not the end goal of the collaboration between the CWG and GBV coordination teams. What was key was the operationalization of these SOPs. As such, another important exercise undertaken by the taskforce worth highlighting was the joint GBV risk analysis in CVA conducted in February 2021. The exercise focused on identifying key GBV-/protection from sexual exploitation and abuse (PSEA)-related risks for CVA in NWS and brainstorming potential mitigation measures. Results of this exercise were captured in an annex to the SOPs. This exercise 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.

Following the completion and wide circulation of the initial SOPs draft in 2021, a validation workshop was held in February 2022. The coordination teams from both sides worked to implement two key action points from the workshop: (1) the GBV SC coordination team shared key GBV guidance and GBV context-related information with CWG members to be used in their funding proposals and advocacy related efforts; and (2) the CWG and GBV coordination teams conducted a donor briefing on the SOPs and key recommendations. Mirroring the joint efforts of practitioners and coordination bodies, technical advisors for protection/GBV and cash in donor agencies were invited to the briefing. The key aspects of the SOPs and recommendations to donors were presented and donors endorsed the joint efforts.



Key challenges and opportunities



While there are many challenges in NWS, there are also many opportunities. The path forward involves critical problem solving, and a more enabling environment, to which the coordination efforts of the CWG and the GBV SC contribute. Figure 3 describes key challenges and opportunities.

Figure 3. Key challenges and opportunities

Key operational challenges	Opportunities
<ul style="list-style-type: none"> The operational environment (see Figure 2), especially the remote management context and multi-country authorities governing NWS, makes coordination between GBV case managers and CVA implementers challenging. The lack of mutual understanding of each other’s subject matter and standards, as well as “language” differences (i.e., terminology, acronyms, etc.), lead to siloed ways of working and mindsets that undercut coordination, synergies and, most importantly, the potential to maximize the package of assistance for GBV survivors through the integration of CVA, when appropriate for individual survivors’ recovery. 	<ul style="list-style-type: none"> There is a large group of humanitarian organizations, including national NGOs, that have five to eight years’ experience in delivering multi-sectoral CVA. Strong momentum for integrated/ cross-sectoral programming and area-based coordination that could facilitate systematic inclusion of GBV survivors in caseloads for emergency cash/MPC one-off, as a first step. Over the years, the NWS-CWG has earned the trust of traditional donors and Cluster stakeholders supportive of CVA. The CWG is recognized as a driver of quality CVA delivery and coordination. During the review period of funding requests, donors usually asked partners if they had consulted with the CWG about their CVA project proposal. Over time, it has become a practice for partners to share their CVA project design at draft stage with the CWG and request feedback in writing to include as a supporting document to their funding requests. Strong interest to continue collaborating between CWG and GBV Sub-Cluster coordination teams.
<p>Key programmatic challenges</p> <ul style="list-style-type: none"> Some GBV actors have been able to provide one-off emergency cash assistance to survivors in support of GBV case management. However, this is often not enough. Survivors, in many instances, require multiple rounds of cash assistance; thus, it is important to agree and coordinate toward an efficient and effective referral system. External referrals across different organizations and even, to some extent, across departments within the same agency, are not yet a common practice. This programming gap is only exacerbated by shrinking budgets that intensify competition for project funds and disincentivize external referrals. This leads to less optimal, less holistic GBV programming. Donors’ discordant and siloed orientation vis-à-vis GBV and CVA programming tends to also overlook that CVA implementing teams are not GBV specialists and vice versa; case managers are not usually well versed in other cash modalities outside of Individual Protection Assistance (IPA), much less implementation of CVA programming. This is also true, applied to the other side: CVA implementing partners, who in most cases do not have understanding of GBV case management processes, are requesting funding for CVA targeting GBV survivors. GBV programming is universally underfunded, which means that despite the global shift toward scaling up CVA assistance in humanitarian settings, CVA is yet to be regarded as a core component of GBV case management delivery. 	



Key findings and lessons learned



In February 2022, a year after the wide circulation of the “living” SOPs document (March 2021) and following advocacy to partners to pilot its operationalization, the GBV SC, the CWG, and the International Organization for Migration (IOM) convened a two-day in-person validation workshop as a follow-up to the TF work and to continue the dialogue and learning exchange around the SOPs.

The workshop was designed to collect feedback from a broader set of actors beyond TF participants and to validate that the SOPs recommendations remained relevant in an ever-shifting NWS operational environment. As such, other organizations that were not part of the SOPs development were able to interact with those in the TF during this workshop.

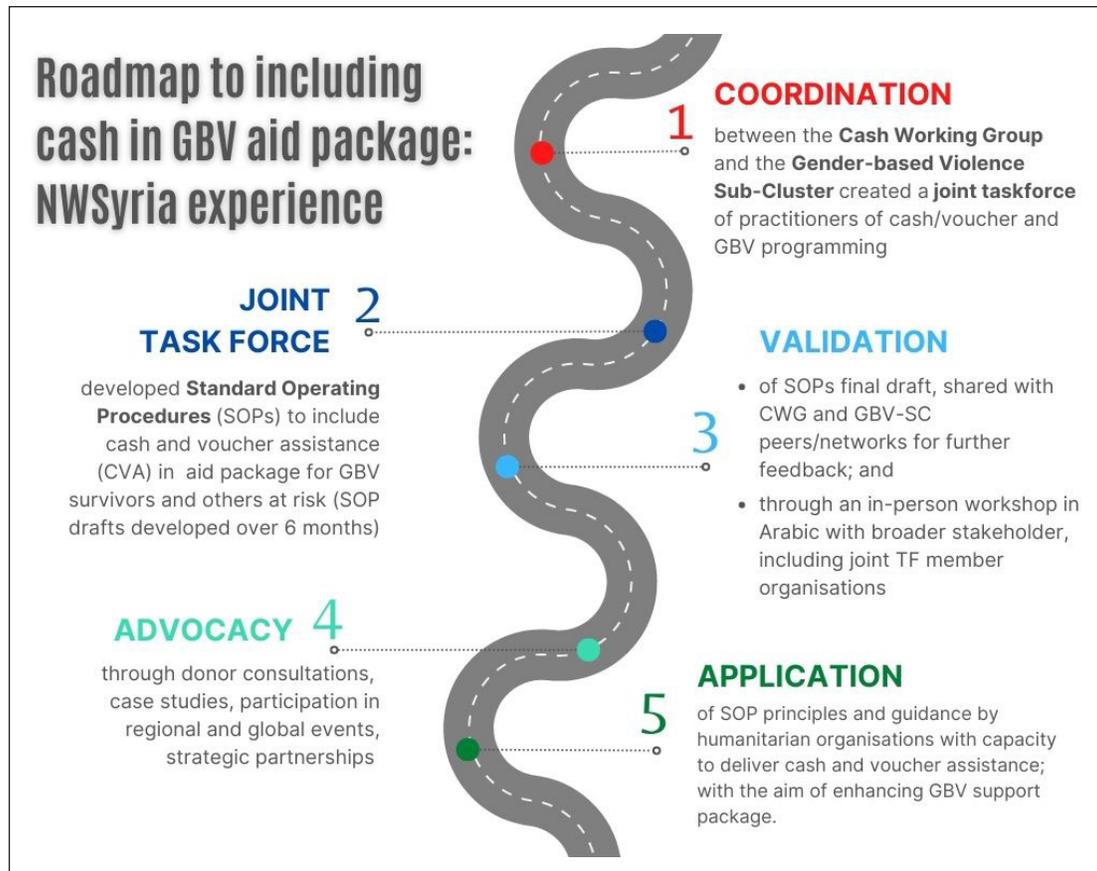
Working groups were organized so that each group had balanced representation of GBV case management and CVA programming perspectives. Participants remained in the same group for the duration of the workshop. One of the more immediate outcomes of the face-to-face workshop was the connection established between these two specialized groups, which did not cross paths much before the workshop. Now, having met each other and working together in a team, GBV case management practitioners reported in their post-workshop evaluation that they feel better positioned to contact and engage their CVA colleagues for referrals and vice versa.

The SOPs have inspired some operational partners, including donors, to invest in CVA within GBV programming. Since the beginning of 2022, one traditional GBV and CVA donor has invested US\$300K in a CVA pilot project within GBV case management, while a UN agency has allocated 25 percent of its cash-for-work project caseload to GBV survivors and other at-risk groups.

Figure 4 illustrates the steps the TF and the coordination teams of GBV SC and the CWG have embarked on.



Figure 4. Roadmap to Including Cash in GBV Aid Package: NW Syria Experience



Women and children in a safe space for women and girls.

Figure 5 captures specific bottlenecks to operationalizing the SOP; it also highlights key programmatic and operational lessons learned, as documented across the TF lifecycle and through the workshop.

Figure 5. Bottlenecks, good practice and centering localization

Bottlenecks, good practice and centering localization
<p>Programmatic bottlenecks</p> <ul style="list-style-type: none">● GBV-survivors and other women and girls at risk are often left out of CVA; their vulnerabilities are not always spelled out in standard eligibility criteria for MPC and other CVA modalities. In addition, referral systems from GBV service providers to CVA implementing partners usually don't exist or are weak. Typical selection process for cash recipients involves applying categorical/observable vulnerability criteria or conducting household economic assessments. GBV case management, on the other hand, focuses assistance on individuals directly affected by GBV and does not have the same household-level needs consideration that CVA implementing partners have.● GBV practitioners, who are less familiar with CVA, are often concerned that CVA as a modality of assistance presents an inherent risk to their clients and that certain internal, as well as donor-related requirements, might jeopardize adherence to GBV guiding principles and so are reticent to integrate CVA referrals into GBV programming. CVA is not inherently risky but associated risks related to age, gender, diversity, and context need to be proactively identified and mitigated—as with any modality of aid. This same logic applies to CVA referrals specifically so that any CVA-associated risks can be mitigated within an individual GBV client's case action plan—if CVA is appropriate for their individual recovery.● On the case management side, safeguarding survivor identity/information is paramount in any aid package designed for them. As such, sharing data in an identifying manner with other aid providers external to the case is often considered unethical and a risk.● These perceptions and practices on the CVA—as well as the GBV practitioners'—sides become unintended roadblocks for establishing, maintaining, and strengthening referral pathways between GBV case managers and CVA teams.● Auditors'/donors' third-party monitors (TPMs) tend to have extra-robust standards and information requests for CVA implementing partners compared to other forms of aid, combined with the high-risk profile of Syria.● Inadvertently, perhaps subconsciously, CVA program teams may hesitate to accept GBV referrals, anticipating a future onerous auditing procedure. If they accept an external referral, for example, auditors/TPMs may ask them to provide some data points on beneficiary eligibility, which they would not have because they agreed to the requisite confidentiality protocols with the GBV referring agency.

Bottlenecks, good practice and centering localization

Operational lessons and good practices

- This type of coordination provides the foundational framework for effective CVA-integrated GBV programming—without which CVA distribution to survivors could not be scaled up.
- The SOPs provide a roadmap identifying the intersections, including the coordination required and the separation of duties between GBV and cash actors, but a lot more work and resources are required to operationalize the SOPs to jump from set-up to implementation.
- Commitment to coordinate and formalize partnership through an MoU for external referrals, as recommended in the SOPs, would create shared data protection minimum standards. Moreover, such prearranged partnership would facilitate merging and pre-positioning of common assessment and monitoring tools, where possible, avoiding duplication of processes and imposition on the time of people suffering from GBV.
- CVA interventions, along with other GBV services, have to be tailored to individual needs based on the nature of the GBV case. However, there is often not enough funding for GBV case management to achieve a holistic outcome for survivors, necessitating internal and/or external referrals to other organizations funded to distribute CVA.
- Referrals to CVA partners should follow a non-stigmatizing approach, meaning that in addition to GBV survivors, GBV actors should also refer other women at risk of GBV. GBV referrals should be categorized simply as “individual recipients,” and this category might also include non-GBV survivors.
- Even if there are organizations with resources to include repeat cash or voucher distributions into their GBV support package, case managers may not be “fluent” enough in CVA to understand the myriad of considerations that go into cash transfer programming (e.g., markets; transfer values; delivery service providers, such as hawalas and e-transfer companies; the correct currency to distribute, given the multi-currency context of NWS). As such, case managers may not be well placed to determine which types of CVA would be appropriate case by case.
- Targeting strategies of CVA-implementing organizations also create operational complications when it comes to supporting GBV survivors and at-risk women and girls. Registration processes and prioritization of households most in need of CVA usually involve local authorities providing an initial list of the most vulnerable households in the community, which partners then crosscheck through a household-to-household verification process. Due to the nature of GBV and the paramount need to protect the identity and situation of individuals affected by it, organizations distributing CVA cannot explicitly state to local authorities that they are including GBV survivors in their caseload. Doing so could lead to unintended consequences, such as collusion, reprisal, or sexual exploitation and abuse.
- All of the above highlight the need for consistent, sustained engagement across coordination and implementation levels, and the rationale for a more systematized external referral pathway. Finding solutions to such bottlenecks requires strong commitment to engage and coordinate to ensure those struggling to survive from violence at home do not get left behind.

Bottlenecks, good practice and centering localization

The role of localization

- The CWG and the GBV SC agreed at the outset that for the taskforce to develop an operational SOP, local NGO partners from both sides needed to be represented and substantively involved in the TF work. This is critical, particularly in the remote management context of NWS, where the response is primarily led by Syrians, who have the passion, the commitment, and the sense of solidarity to do what it takes to help GBV survivors and other women and girls at risk.
- To further elevate the perspective and voices of Syrians, the TF nominated a female representative of a local NGO as TF co-chair.
- A culture of free expression in their preferred language, Arabic or English, was promoted from the beginning of the TF work, such that a “language barrier” was not ever a cause for self-censorship.
- The two-day SOPs validation workshop was conducted entirely in Arabic, generating rich discussions of operational and other challenges, and leading to increased mutual understanding of each other’s roles (case managers and CVA implementers).



Inside a health facility.

Recommendations for stakeholders



The recommendations that follow are based on the lessons learned that our outlined above. They are directed to donors, implementing partners, Clusters/Sub-Clusters, and the Cash Working Group. These recommendations, if taken forward by all stakeholders, would improve significantly the package/quality of support for different types of GBV cases. They would also help GBV survivors meet their lifesaving/urgent needs and enable their recovery through comprehensive programming.

Donors

- **Create dedicated funding streams** to support the integration of CVA and GBV response.
- **Fund pilots/projects** that are informed by the engagement, information-sharing, and risk mitigation framework of the SOPs.
- **Actively encourage partners to strengthen their operational capacity** to support GBV mitigation and lifesaving response by using the SOPs to inform their project design and funding requests.
- **Engage partners about their perceived challenges with auditors' and TPMs' data collection processes** that may impinge on data protection/information-sharing protocols designed to safeguard GBV-affected individuals.
- **Promote enhanced engagement between in-house protection and CVA technical advisors** and facilitate joint consultations with partners and with GBV SC and the CWG.

Implementing partners

Senior management

- **Use the SOPs as a foundation to integrate GBV and CVA programming as a corporate policy.**
- **Mobilize resources needed to operationalize the SOPs**, including capacity building and investment in recruitment and retention of female field staff.
- **Allocate a percentage**—the SOPs indicated a minimum 10 percent, but be as ambitious as possible—**of the CVA caseload to supporting referred cases for GBV mitigation and lifesaving response.** This will allow your organization to accept referrals on a rolling basis and thus reach and support a greater number of GBV survivors.
- **Secure funding to pilot GBV-CVA programming integration** based on operationalizing the SOP.
- **Build on pilot learning** to: (1) expand and further systematize program integration; (2) strengthen organizational capacities to provide timely and appropriate support to GBV cases; and (3) enhance learning on CVA, including MPC, which could contribute to achieving protection outcomes.



GBV and CVA program teams

- **Use the SOPs to establish a referral system if one doesn't already exist.** The SOPs identify the specific points of engagement between the GBV case manager and the CVA focal point and the distinct roles and responsibilities to be completed by each to facilitate timely and needs-based assistance on a case-by-case basis in alignment with global standards of GBV case management, as reflected in the [Inter-Agency GBV Case Management Guidelines](#). **Do not miss the opportunity to engage, learn, and exchange ideas with internal and external colleagues, as the SOPs are applied,** around multi- and cross-sector programming that helps GBV survivors to transition from relief to recovery. Doing so builds individual and collective capacity and helps breaking down silos.
- **Adhere to the principles highlighted in the SOPs,** particularly the guiding principles on (1) GBV/gender, age, diversity, and (2) documentation and information-sharing.
- **Capture and document learning throughout the operationalization of the SOPs;** conduct after-action reviews or similar, systematic reflections, and proactively share lessons learned in future GBV SC and CWG meetings.
- **Consult the GBV SC and the CWG for technical advice on pilot/project proposals.**
- **Identify together opportunities presented by technology to enhance data protection,** for example the use of electronic cash transfers, unique ID systems, and QR codes, which are already being used in NWS.

Cluster/Sub-Cluster and Working Groups

- **Proactively integrate support to GBV prevention and lifesaving response in your strategic response plans.**
- **Encourage members with CVA programming to use the SOPs** and to allocate a percentage (minimum 10 percent per the SOPs) of emergency CVA to supporting GBV cases and other women and girls at risk as referred by GBV SC partners.
- **Promote integrated protection response strategies** and devote time in your coordination platform for learning exchange, featuring organizations, which have partnered to support GBV cases using the SOPs.
- **The GBV SC should provide support to GBV SC members** on how to conduct a safety plan specific to the use of cash.

Cash Working Group

- **Proactively integrate support to GBV prevention and lifesaving response in your strategic response plans.**
- **Collaborate with the GBV SC in organizing capacity building/learning events** on how to conduct GBV and protection risk analysis and mitigation for CVA programming.
- **Encourage partners to use the SOPs** and to allocate a percentage (minimum 10 percent as per the SOP) of emergency CVA to supporting GBV cases and other women and girls at risk as referred by GBV SC partners.

- **Promote integrated protection response strategies** and devote time in your coordination platform for learning exchange, featuring organizations that have partnered to support GBV cases using the SOP.

Next steps



The Whole of Syria cash and markets adviser (CashCap) will facilitate replication of this collaboration and adaptation of SOPs in other Syria response hubs and share SOPs and lessons with CWGs and CashCap experts in the MENA region and beyond. CashCap will also actively seek synergies and collaboration opportunities at the MENA region with other sectors critical to GBV case management, such as health, and early recovery and livelihoods, among others.

UNFPA, through its implementing partners, will continue accepting referrals from other GBV SC members that do not have the funding and operational capacity to provide cash assistance for GBV case management purposes. At the regional and global levels, UNFPA will support the replication of the NWS CVA GBV Task Force and referral SOPs.

The GPC Task Team on Cash for Protection will continue to support protection and CVA practitioners to apply the best practices; update evidence and field resources for broad access; equip protection and CVA practitioners with the knowledge, skills, guidance, and tools to use CVA for protection outcomes; and support protection and CVA practitioners to effectively coordinate to exchange knowledge, information, and resources.

The NWS CWG and GBV AoR will jointly plan future activities building on what has already been achieved, including a next phase-focused workshop and a donor consultation event, and will carry out broader stakeholder advocacy.



Conclusion



The integration of CVA within GBV case management and the coordinated delivery of CVA to GBV survivors, when appropriate, is lifesaving and enhances the safety and resilience of GBV survivors. GBV actors in NWS should systematically take forward the integration of CVA within GBV response programming, while CVA actors should continue to accept referrals in a safe and coordinated manner and dedicate at least 10 percent of their emergency CVA caseload to supporting referred cases for GBV mitigation and lifesaving response.

These efforts would build on the SOPs and facilitate appropriately tailored assistance for specific GBV cases. NW Syria's strong and many local organizations, as demonstrated by their robust participation in the TF and contributions to it, must be at the center of integrated CVA-GBV response in this setting.

The growing interest in the model of integrating CVA within GBV case management in the MENA region has been propelled by the consequential coordination efforts between the CWG and the GBV SC in NWS. This has led to the sensitization of donors, implementing organizations, and coordination structures to the opportunities and creative ways to help women and girls more meaningfully through integrated CVA-GBV programming. The process and procedures laid out in the SOPs for the referral of GBV survivors to CVA actors, or referral between departments within the same organization, is just a starting point. Ensuring coordination by these two sets of humanitarian actors at implementation level throughout GBV case management, the progression of this relationship as a common practice, is ultimately what will make the most difference for GBV-affected individuals, who are often hidden and excluded from humanitarian assistance. Local GBV actors are key stakeholders as they continue implementing, learning, and refining their approaches, despite challenging times.

A similar interest in CVA and GBV program integration is building in other regions, including Latin America and the Caribbean and Southeast Asia. From familiarity must come commitments to realizing the full-scale potential of cash assistance to contribute to survivors' recovery through the systematization of the approach, operationalization and funding, leveraging existing field resources, including but not limited to the SOPs (see Annex for a list of resources).

Reinventing the wheel each time is a loss: it is a loss for GBV survivors, who have the right to comprehensive and quality care and have immediate protection needs; it is a loss for implementing and coordinating organizations and donors alike in terms of efficiencies. The SOPs, and other global resources, need to be taken forward as a strong foundation and adapted to contexts as appropriate. Doing so enables effective, efficient, and accountable response for survivors of GBV.



Annex



Resources

- The GBV Sub Cluster and Cash Working Group Referral SOP:
[English version](#)
[Arabic version](#)
- [Establishing a Cash Working Group and Gender-Based Violence Sub-Cluster task force, NWS Case Study](#)
- GBV SC and Cash Working Group coordinators along with two national organization representatives recorded two podcasts that were published by Care International HQ, focusing on the joint taskforce experience, challenges, and lessons learned.
[Podcast 1](#)
[Podcast 2](#)
- [Lebanon case study integrating cash assistance into GBV case management](#)
- [UNFPA Global Case Study on cash assistance in GBV case management](#)
- [Case stories from NWS on the need for CVA integration into GBV programming](#)



Abbreviations



CVA	Cash and Voucher Assistance
CWG	Cash Working Group
GBV	Gender-based violence
GBV SC	Gender-Based Violence Sub-Cluster
GPC	Global Protection Cluster
IPA	Individual protection assistance
MENA	Middle East and North Africa (region)
MPCA	Multipurpose cash assistance
NGO	Nongovernmental organization
NWS	Northwest Syria
SOPs	Standard operating procedures
TF	Taskforce
TPM	Third-party monitors
TTC4P	Task Team on Cash for Protection
WRC	Women's Refugee Commission



