

A ROADMAP FOR COLLECTIVE ACTION TO ENHANCE THE INTEGRATION OF CASH AND VOUCHER ASSISTANCE WITHIN GENDER-BASED VIOLENCE PROGRAMMING IN NORTHWEST SYRIA

SNAPSHOT

OCTOBER 2022



BACKGROUND

More than a decade of conflict has led to nearly permanent displacement from across Syria into Northwest Syria, with 1.72 million people residing in last-resort sites in Aleppo and Idleb governorates. A significant majority (80%) of the internally displaced people (IDPs) are women and children. Overcrowded camps have prevailing shelter issues, such as the lack of privacy, doors and windows without secured locks, and inadequate lighting, that together with gender norms that marginalize women and girls create gender-based violence (GBV) risks. The situation is exacerbated by the deterioration of Syria's economy, COVID-19 lockdowns, and movement restrictions. Many essential services, for example, safe shelter and legal services, are not available to GBV survivors for free.

Cash and voucher assistance (CVA) is increasingly used in humanitarian settings. Recipients can use cash or vouchers to pay for goods and services, including health care, legal assistance, and shelter. However, CVA is not widely used in GBV programming in humanitarian settings to help survivors and individuals at risk of GBV cover the costs of goods and services they need to recover from violence and reduce their exposure to risks of GBV.

This snapshot summarizes a [case study](#) that highlights the practical importance of coordination between CVA and GBV actors and shows how working in silos is detrimental to assisting to the fullest extent possible women and girls affected by GBV. The case study covers work undertaken between 2020 and 2022.

COORDINATION EFFORTS

In 2020, member organizations in the Cash Working Group (CWG) and the GBV Sub-Cluster (GBV SC) for the Northwest Syria humanitarian response decided to work together toward a common purpose: to break down silos and scale up GBV programming that integrates cash transfers in order to reach greater numbers of survivors in need. The CWG is a forum of technical professionals dedicated to improving the quality of CVA and the coordination of its delivery. The GBV SC is made up of 47 partners, including international nongovernmental organizations (INGOs) and Syrian NGOs, and works to prevent and respond to abuse, neglect, exploitation, and violence against women and girls by strengthening GBV programming.

The two coordination groups gathered equal numbers of CVA and GBV practitioners that represented a diverse group of humanitarian organizations to systematize using CVA in GBV case management to support survivors and women and girls at risk of GBV.

The taskforce developed standard operating procedures (SOPs) to guide GBV case managers and CVA program staff on how and when to collaborate to optimize services and support for GBV survivors and at-risk women and girls. The SOPs align with standards and guidelines for GBV and CVA programming in humanitarian settings and outline how referrals should function to deliver CVA to survivors whose protection can be improved from receiving financial assistance. This assessment is led by the GBV case worker with input from the survivor themselves.



Cash and voucher assistance is increasingly considered as part of an aid package for GBV prevention and life-saving support in humanitarian settings. © Ihsan Relief and Development

In February 2021, the taskforce undertook a joint analysis of potential GBV risks associated with CVA to ensure that delivering CVA is safe and does not expose recipients to any further harm.

KEY FINDINGS

- When the task force first met, participants realized that GBV practitioners and CVA practitioners “speak different languages” given their training in their different areas of expertise. They also recognized that GBV case management is more focused on the affected individual, whereas CVA responses are most commonly designed to meet household needs.
- CVA program teams, who are often responsible for reporting to auditors, may hesitate to accept GBV referrals given the importance of keeping survivors’ data confidential to protect their safety in line with protocols on data protection. They may be asked to provide data points on beneficiary eligibility, which GBV referring agencies have and cannot share.
- 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.
- Without training, GBV case managers may not be “fluent” enough in CVA to understand the key considerations that go into cash transfer programming. As such, without support to build new knowledge and skills, they may not be well placed to determine which types of CVA would be appropriate case by case.

TOP RECOMMENDATIONS

- Agreed modes and frequency of communication between GBV and CVA actors must be established so they can communicate, coordinate, collaborate, problem solve, and optimize interventions together.
- Donors should create funding streams to support the integration of CVA and GBV response.
- Humanitarian agencies delivering CVA should allocate at least 10 percent of their caseload to supporting referred cases for GBV mitigation and lifesaving response.
- Donors should actively encourage and fund service providers to strengthen their operational capacity to support GBV survivors with CVA. Donors should also encourage organizations seeking funding to use the SOPs as the foundation of their program design.
- Humanitarian service providers should invest in recruitment and retention of female field staff to support programming that aims to reach women and girls..

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 Northwest Syria should systematically take forward the integration of CVA within GBV response programming. CVA actors should continue to accept referrals in a safe and coordinated manner. The SOPs have inspired some donors and service providers 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.

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Read the full case study [here](#).

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CashCap aims to increase the use and effectiveness of cash and markets programming in all stages of a crisis response: from preparedness and prevention to emergency and recovery activities. CashCap | NRC

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