

CVA-GBV in MENA WEBINAR 1/3 Q&A

NW Syria:

- **What are the key mitigation measures you put in place to ensure protection risks were mitigated in general, and when delivering cash as cash-in-hand, to not put survivors at risk?**

Building on a detailed assessment of the GBV survivor's financial needs and identified potential risks associated with cash assistance, the Case Worker and the survivor develop a cash safety plan to mitigate any identified risks. Cash safety planning is conducted in addition to the standard safety plan developed as part of GBV case management (CM). Any CVA-associated risks identified and mitigated during the cash safety planning are monitored throughout the case management process and during post-distribution monitoring specifically to ensure that the support does not expose the survivor to harm. This continuous monitoring of associated risks is embedded in the follow-up step. One of the important points that is highly considered in the cash safety plan is the cash delivery mechanism - if it's cash in hand, in-kind, or others since this can affect the survivor's safety and security. The cash-in-hand or in-kind assistance is delivered at the Women and Girls' Safe Spaces (WGSS), however, if for any reason the survivor is not able to come to the Women and Girls Safe Spaces (WGSS) location a safe alternative location is identified by the survivor and Case Worker for delivery outside of the WGSS. Also, we provide them with transportation if survivors need to access an alternate agreed upon location to receive cash in hand or in-kind assistance. The existence of a supportive network around the survivors can help to mitigate potential protection risks associated with cash assistance.

- **What are considerations when supporting survivors who are minors – what are the challenges faced and risk mitigations needed?**

In our program, we only target adolescent girls who are at risk of GBV or who are survivors of GBV. In targeting adolescent girls, permission to proceed with providing assistance is sought from both the adolescent girl and their caregiver (e.g. parent) unless it is deemed that the involvement of the caregiver/adult is against the girls' best interest. In either case, the adolescent girl remains the rights holder and is expected to be engaged and participate in the discussions about cash assistance. In cases where the adolescent girl is without a parent/ guardian/ adult supervision, exceptions can be made to provide cash assistance following a consultation with a child protection expert to determine whether the intervention is in the best interest of the girl's protection.

The below assent/consent table is an excerpt from the program's SOP which are here:

- [Standard Operating Procedures - Northwest Syria \(English\)](#)
- [Standard Operating Procedures - Northwest Syria \(Arabic\)](#)

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

- Why did you use cash in hand instead of other financial service providers (for example digital platforms)?**

- The first reason is the unavailability of digital platforms in the NWS context. In the design phase, we conducted a desk review to understand which delivery modalities and delivery mechanisms exist in NWS that are used by cash and protection actors, what are their pros and cons in order to analyse which would be the best model to use in working with the survivors. We then conducted a GBV risk and benefit assessment and analysis to understand the potential risks and mitigation methods as well as benefits in relation to modalities and delivery mechanisms. Important resources for this are the Cash and GBV Compendium (accessible here in [English](#) and [Arabic](#) and the accompanying GBV Risk and Benefits Analysis Tool (accessible here in editable format in [Arabic](#) and [English](#)). As a result of this GBV risk assessment we decided on the two modalities to work with that are cash-in-hand and in-kind. Main reasons were to maintain the confidentiality and safety of the survivors. You may find the GBV risk assessment in the CARE SOP.

- Any challenges associated with targeting the right beneficiaries and what were the eligible criteria? Any lessons you can share with us?**

In GBV CM, there is no 'right' beneficiary to target, as our GBV CM program is designed to support women and girls of any age who experienced any type of GBV. Cash-in-hand and/or in-kind assistance is provided once the survivors are in the CM process, their needs are understood at the CM assessment step and following assessment of whether cash and/or in-kind assistance is appropriate. For many cases it is but it is not always appropriate. Following the GBV Sub-Cluster's guidance, we included priority categories of GBV cases for cash assistance which are included in the Standard Operating Procedures. One main challenge we faced was the limited access among women and girls living in far camps to GBV services and case management. We tackled this through conducting outreach in these areas and providing transportation for them to access to the WGSSs. This requires a budget consideration during program design.

- Have you done a community led approach in targeting GBV survivors for cash for protection? How did you engage women leaders from the community across the program cycle?**

The cash integration into GBV case management was implemented along with other components of GBV programming that included working in partnership with women-led networks. Working with women-led networks and conducting sessions to consult them around the needed services in the areas we operate in helped us to understand the needs of women and girls more and adapt programming.

- **Does GBV case management continue after cash distributions are complete?**

Case management continues as long as the survivor needs; the case is closed when it achieves its planned goals. Cash assistance is only one service among many within the case management service.

- **What impacts/outcomes did you see from the program?**

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 wellbeing and the well-being of survivors' children, interpersonal relationships with family members, and interactions with the host community.

At nine months after the start of the program, participants still saw improved protection impacts, economic capacity, and personal well-being, when it is compared to those at three months. However, reliance on risky coping strategies has depreciated over time. Please see the Evaluation Report for more details. It is accessible here in [Arabic](#) and [English](#).

- **How do you manage relationships within the community avoiding tension between who receives cash and who does not?**

Cash integrated into GBV case management is provided as part of the GBV case management, it is provided in a confidential way in accordance with a survivor-centred approach, so no one is aware except the survivor and Case Workers.

- **How did you make the verification of survivors receiving cash?**

- Aligned with the global and context-specific guidelines and tools, such as the Cash and GBV Compendium and the Women's Refugee Commission-International Rescue Committee and Mercy Corps' Cash and GBV Toolkit (accessible here in [English](#) and [Arabic](#) - see Section II) as well as regional guidelines, CARE and partners developed a program-specific SOP, that includes monitoring tools such as Post Distribution Monitoring, and the financial documents that need to be collected. During the evaluation WRC, CARE and partners developed a baseline and endline tool. The financial documents include a receipt form that is signed by the GBV survivor. Important to note, none of these documents include any identifying information of the survivors, only the assigned case code.

- **How do you manage expectations from survivors and other community members when some survivors receive cash and others do not?**

There was no outreach to disseminate information on this particular service, as we embedded cash within the GBV CM process. The Case management process is confidential in accordance with a survivor-centred approach - only the survivor and Case Worker know what services are provided to the survivor. Therefore, we did not experience any related community tension. Managing the survivors' expectations, on the other hand, relies heavily on the Case Workers. We make sure that Case Workers and the GBV Supervisors know and understand the project, the deliverables, regulations, flexibilities, and restrictions of the project. They work with the survivors to manage expectations vis-à-vis the overall project, the SOPs, guidelines, and tools

we work with. And they receive case management supervision by the GBV Supervisors which also helps them to manage the relationships with the survivors.

Turkey:

- **How do you manage the data protection of survivors in your program when working with partners and financial service providers?**

CARE Turkey has identified multiple measures to ensure the confidentiality of personal information and adherence to the Law on the Protection of Personal Data No. 6698 which include:

- 1- Ensure all program participants (also referred to as rights holders) read, understand and sign a consent form to record, process and potentially share their personal information.
- 2- Data collection is conducted in a safe environment, usually at the rightsholders' residence, or at one of CARE Turkey's field offices (also known as Information and Protection Spaces or IPSs), which is done by specific trained personnel.
- 3- Data is stored and processed using a proprietary software that was developed by CARE Turkey, where data is accessed only by authorized personnel on a need-to-know bases.
- 4- CARE Turkey agrees with relevant actors, service providers and stakeholders which we might refer a GBV survivor to, on CARE minimum standards of personal data protection and confidentiality.
- 5- When sharing information externally for referral, CARE informs the rights holder, and only shares relevant data (e.g., name and surname may not be shared - a code identifying the GBV survivor is shared instead).
- 6- CARE Turkey follows up with the rights holders to ensure that they are satisfied with the service provided by the agent they were referred to and if they felt safe throughout the process.

- **How do you design and implement the program with the existing social protection system to make sure that GBV response that includes CVA is linked to overall assistance?**

CARE engages with other organizations bilaterally and through coordination mechanisms (working groups) to know about any other programs implemented in CARE's areas of operations. We take into considerations other social protection programs and other sector specific assistance that are available (which right holders may or may not already be benefiting from). Moreover, we analyze what these social protection programs are covering in terms of basic needs (based on calculating minimum expenditure basket and comparing to average needs of targeted households/individuals) to understand any existing gaps in overall amount of support or what needs are not met.

Then we design support modalities accordingly. For example, in Turkey under the Emergency Social Safety Net (ESSN) programme, which supports over 1.6 million individuals from the refugee community, every month each family member receives 155 Turkish Lira, enabling them to decide for themselves how to cover essential needs like rent, transport, bills, food and medicine. The program offers additional quarterly top-ups based on family size. However, based on current market prices the ESSN support covers no more than 26% of the household monthly expenses. This means that even without exposure to any GBV risk, recipients of ESSN cannot fully depend on this assistance. Therefore, CARE Turkey's Protection and Case Management team has developed forms of assistance, including in kind and CVA to support GBV survivors, which includes but not limited to:

- E-vouchers to cover clothing and winterization items
- E-Vouchers to cover food and essential items
- Cash to cover transportation (to and from medical facilities, courts, etc.)
- Cash for shelter (to cover accommodation like rent for a specific period of months, usually between one and three months)
- Cash to cover medial costs; and
- Cash to cover translation of documents related to legal procedures.

- **What are some of the challenges and solutions taken regarding delivering cash assistance in local currency versus foreign currency?**

As I mentioned during the webinar, Turkey is suffering from high inflation, reaching over 80% on annual basis in August, 2022 according to the central bank of Turkey. This with the devaluation of the Turkish Lira against the US Dollar, has resulted in underspending and the need to revise the budgets of CARE Turkey's programs since all costs are budgeted in either USD or Euro and delivers support in local currency (Turkish Lira). CARE continuously monitors exchange prices, the central bank estimation of exchange rates and changes in market prices, which allows for timely budget revisions that are communicated to donor agencies and reflected on Targets and CVA value. For example, CARE Turkey under its livelihoods programming provides microcredit support (loans) to adult female GBV survivors that have the ability, skills, and desire to establish their own home-based businesses. The loan principal amount was increased by 66% for the year 2022 compared to 2021 to mitigate the devaluation of Turkish lira and to enable women entrepreneurs to continue covering their business establishment and operating costs. CARE continuously updates its donors to introduce any changes in Targets and or support amounts in accordance with any award agreements.

- **What is your framework to ensure and maintain high quality of CVA?**

CARE Turkey has developed and periodically reviews and updates a CVA Standard Operating Procedure (CVA SoP), where all CVA related processes are explained clearly. This SoP was developed based on national laws, core humanitarian standards and CARE International's guidance materials. Moreover, CARE consults and collaborates with different stakeholders and coordination bodies (e.g. financial service providers like Ziarat Bank and the Cash Based interventions technical working group) for guidance. Unfortunately, the SoP is not available for external sharing.

- **How do you manage an exit strategy so that survivors are not dependent on humanitarian assistance?**

CARE follows an integrated approach when supporting GBV survivors. This means that after a survivor is identified and their need(s) are assessed by the case manager, the case management team refers the rights holder internally or externally to the relevant CARE program/ external service provider to ensure holistic support. For example, CARE has a women's economic program under its Livelihoods sector, in which women who have been supported under GBV case management and has met their immediate/urgent/basic needs, can benefit for business or employment support. In case CARE Women's economic empowerment program cannot meet the needs of a particular woman, the case is referred to an external service provider which could be governmental or non-governmental.