Establishing a Cash Working Group and Gender-Based Violence Sub-Cluster task force

Northwest Syria Case Study

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As Cash and Voucher Assistance (CVA) becomes increasingly relevant in responding to gender-based violence (GBV), so does the need to operationalise the use of the modalities. In Northwest Syria, the Cash Working Group and the GBV Sub-Cluster established a task force to build bridges between GBV and CVA actors. The task force has focused on strengthening partner capacities to enable systematic referrals from GBV case management to CVA to transition GBV survivors from relief to recovery.

The humanitarian situation for the more than 4 million people living in Northwest Syria remains dire with protection concerns continuously increasing, compounded by the impacts of COVID-19. Reported cases of GBV are rising, while the economic downturn is making it harder for people to meet their basic needs. Women and girls, people living with disabilities, the elderly, and pregnant women are particularly vulnerable and at risk of adopting negative coping mechanisms, survival sex, abortions, and early and forced marriages, as well as being subjected to sexual exploitation and abuse.

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2 UNFPA 2020, Regional Situation Report for the Syria Crisis.
3 Ibid.
In the context of Northwest Syria where most essential services (e.g., safe shelter, legal help) are not available to survivors, CVA can positively contribute to achieving protection outcomes. CVA can also contribute to the safety, dignity through choice and agency, and resilience of women and girls. The Cash Working Group and GBV Sub-Cluster task force in Northwest Syria was established to ensure CVA is included to support GBV survivors.

"In situations where GBV specialists are present, they should regularly assess survivors’ needs and risks and refer them to CVA (anonymously/discreetly) when appropriate."  
(Cash & Voucher Assistance Compendium to the Gender-Based Violence Guidelines, 2019).

The Cash Working Group and Gender-Based Violence Sub-Cluster Task Force

Task force members are all active GBV Sub-Cluster and Cash Working Group members working in GBV response and programming with CVA. The task force engagement with other clusters has widened the scope of implementing partners to support GBV survivors gain access to livelihoods opportunities, safe shelter, and other forms of assistance. Shafak, a national NGO, was selected as co-lead for the task force and several priority actions were determined to realise GBV-CVA referrals.

The actions in the Terms of Reference for the task force include:

- Strengthening capacities across CVA and GBV actors to understand processes behind GBV case management and CVA programming. This will create a strong foundation for and common understanding of the feasibility and appropriateness of GBV-CVA referrals.
- Mapping services for GBV and CVA actors in Northwest Syria to systematise referral pathways.
- Developing joint, but short and concrete tools for integrating CVA in GBV, e.g., Standard Operating Procedures for referrals, risk mitigation guidance, short trainings, and data protection protocols.
- Engaging donors and advocating for increased funding to: (i) GBV-CVA referrals, and (ii) capacity strengthening of local and national actors, and seeking donors’ and the humanitarian community’s endorsement of the developed procedures.

The task force and its objectives have buy-in from Cash Working Group and GBV Sub-Cluster partners alike. A collaborative consultation session facilitated via Zoom and with the participation of members from both groups identified gaps, challenges, and existing capacities. GBV actors highlighted that they feel unequipped to introduce larger-scale CVA. On the other hand, CVA partners expressed that they are not well-placed to identify or target GBV survivors, much less to deliver GBV response services. Hence, it was essential for the task force to highlight that their purpose is to strengthen collaboration and establish strong referral systems between GBV and CVA actors.

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4 The Food Security and Livelihood, Early Recovery, and Shelter/NFI Clusters
“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 including through accessing services and/or to mitigate GBV risks.” (Cash Assistance in GBV Case Management Guidance Note, GBV Sub-Cluster Turkey Cross Border, June 2019)

Capacity strengthening needs and efforts

The task force supports collaboration between the respective partners through fostering mutual understanding of GBV and CVA activities respectively. Key steps taken and planned in Northwest Syria are:

- Ensuring that CVA actors understand the process of GBV response and case management.
- Ensuring that GBV actors understand the operationalisation of CVA and how to integrate CVA in GBV case management.
- Facilitating joint webinar series for partners in the region, including learning exchanges with actors who can give examples of existing GBV-CVA referrals mechanisms from other contexts.
- Ensuring that local and national Syrian partners are engaged in coordination and feel confident sharing their perspectives when working with cultural norms vis-à-vis CVA and GBV considerations.
- Facilitating meetings and trainings in Arabic or mixed Arabic-English.
- Supporting the translation and contextualisation of global GBV and CVA tools.

Key challenges in establishing GBV-CVA referrals

The establishment of the Northwest Syria CVA-GBV task force was based on a genuine interest from partners, and there was a high appetite for setting up CVA referrals as part of GBV case management services in Northwest Syria. Despite its relevance, the task force was confronted with several challenges:

1. National staff double-hatting: Local actors, who make up the majority of both GBV and CVA partners in Northwest Syria, are already extremely overburdened with many staff members doing multiple jobs. This impacts their ability to build the required expertise in new programmatic areas despite their interest.

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While wage work is still generally reserved for men, women in northwest Syria have been historically involved across the value chain of indigenous industries, such as olive oil, dairy production, and soap-making. They are also prominent in civil service roles in education, social work, child and health care, including as social mobilizers and frontline workers during COVID-19.
2. **Challenged confidentiality standards**: Reporting and documentation requirements from donors, funding INGOs and UN agencies are difficult to align with confidentiality standards in GBV response and to a survivor-centred approach. In particular, local NGOs engaged in GBV response face barriers in negotiations with donors or their funding partners, e.g., around confidentiality measures related to CVA in case management, and therefore local NGOs need continued support from the GBV Sub-Cluster.

3. **Lack of continuity in coordination structures**: Frequent turnover in cluster and working group coordinators impact inter-sector coordination. Coordinators expressed apprehension that personal interests and experiences can negatively disrupt ongoing and future initiatives if an incoming coordinator comes with a different agenda. In the Cash Working Group, this challenge was mitigated with the long-term deployment of a CashCap to the Syria response since 2017. In-depth knowledge of the context, partners’ capacities and activities have facilitated linkages and synergies.

**Early learnings to integrate in other contexts**

As the task force is still relatively young, the key learnings so far relate to establishing collaboration between GBV and CVA actors and to recognise how they – and not least rights holders – can benefit from the collaboration. CVA is recognised as a resource to access services and meet priority needs for GBV survivors and women and girls at risk, however the use of the modalities has to be designed and implemented safely. This requires continuous collaboration between GBV and CVA actors and specialists. The following are recommendations based on the early learnings from Northwest Syria:

**Strengthening capacities of Cash Working Group and GBV Sub-Cluster leads**

- **Engagement across CVA and GBV partners**: Engage regularly across the Cash Working Group and GBV Sub-Cluster and offer to serve as technical counterparts in the use of CVA for GBV response and integration of GBV in CVA. This includes collaboration on designing a Survival Minimum Expenditure Basket (SMEB), developing referral systems and SOPs that integrate CVA in GBV prevention and case management.

- **Capacity strengthening**: Include thematic sessions on GBV prevention and response through CVA within Cash Working Group meetings, meanwhile invest in capacity strengthening of GBV and CVA actors to establish and strengthen CVA-GBV referrals.

**Strengthening cross-sectoral partnerships**

- **Cluster outreach**: Prioritise cluster outreach and relationship building before developing CVA tools and guidance. This ensures that responses using CVA and their outputs are owned by the cluster members and endorsed by Cash Working Groups. Decentralising the ownership can promote uptake and continuation of priority approaches in the clusters. Moreover, CVA can become a more systematic response option to achieve sectoral objectives within Humanitarian Response Plans.

- **Building partnerships**: Partnerships across clusters must go beyond task forces to ensure GBV risk mitigation. Be proactive and support other clusters, for example, through regular attendance and trainings in their cluster meetings. The GBV Sub-Cluster in Northwest Syria has taken an almost intersectoral role, similar to that of the Cash Working Group.