



**Inter-Agency
Coordination
Türkiye**

**INTER-AGENCY GUIDANCE NOTE:
Cash-based Interventions in Gender-based Violence Risk
Mitigation, Prevention, and Response**

This note is created by CBI in GBV Task Team in Türkiye, 2022



CONTENT

INTRODUCTION

1. OBJECTIVES
2. DEFINITION OF TERMS
3. ROLES AND RESPONSIBILITIES
4. EXISTING CBI MECHANISMS FOR RESPONSE
5. ELIGIBILITY and RESPONSE OPTIONS
6. REFERRALS
7. RISKS AND MITIGATION MEASURES
8. MONITORING
9. COORDINATION

ABBREVIATIONS

AGD: Age, gender, and diversity
CBI: Cash Based Intervention
CBI-TWG: CBI Technical Working Group
CWG: Cash Working Group
GAM: Gender with Age Marker
FGD: Focus Group Discussion
FSP: Financial Service Provider
GBV: Gender-based violence
IARF: Inter Agency Referral Form
IASC: Inter-Agency Standing Committee
MoU: Memorandum of Understanding
MPC: Multi-Purpose Cash
PDM: Post-distribution monitoring
PoC: People of Concern
PSEA: Prevention of Sexual Exploitation and Abuse
PWD: People with Disabilities
PSS: Psychosocial (support)
SASF: Social Assistance and Solidarity Foundations
SoPs: Standard Operating Procedures
TT: CBI in GBV Task Team



INTRODUCTION

- This guidance is the product of the dedicated Task Team (TT) established for the use of **CBI in GBV risk mitigation, prevention, and response** (referred as CBI in GBV from here on) by 3RP partners in Türkiye to harmonize and increase CBI support to survivors and those at risk of GBV. TT has completed its task as of completion of this document.
- TT was established by the Cash-Based Interventions Technical Working Group (CBI TWG) to create this inter-agency guidance note through consultations with and the collaboration between its member organizations, which focused on gender-based violence (GBV) and cash-based interventions (CBIs) in the refugee response context in Türkiye.
- CBI TWG identified the CBI and/or GBV expert members of the TT based on their self-nomination. Members of the TT were CARE, GIZ, IFRC, IGAMDER, IOM, TRC, UNFPA, UNHCR, UNICEF and Welthungerhilfe. In addition, ASAM and KADAV provided contributions on an ad-hoc basis.
- Chair and INGO technical advisor of CBI TWG, CARE and UNHCR were anonymously selected as chairs of the TT.
- Objectives, tasks, roles, responsibilities and meeting timeline of the TT were defined by the [Terms of Reference](#) document.
- This guidance document benefited from various inter-agency coordination tools, analysis and good practice reports and guidance materials; most significantly from the “Cash and voucher assistance (CVA) and Gender Based Violence (GBV) - Standard Operating Procedures (SOPs)” by NorthWest Syria Cash Working Group.

1. OBJECTIVES

- Providing a Türkiye-specific inter-agency guidance on how best to utilise CBI in GBV Case Management that in turn can be used by organisations to develop and/or fine-tune their own practices and contributing to harmonisation of the response of all relevant actors providing cash assistance to vulnerable individuals in GBV contexts.
- Contribute to establishment of efficient, holistic safety net programmes for survivors and those at risk of GBV through complementary CBIs.
- Providing guidance relevant for Türkiye context on issues such as selection criteria, financial eligibility, roles and responsibilities etc. in the contexts of CBI in GBV.
- Presenting advised standards of procedure, suggested approaches.
- Support good practices related to use of CBI in GBV in light of integrated strategies and coordinated activities, in accordance with a common vision, strategic framework.
- Establishing linkages to inter-agency coordination tools for referrals including the Inter-Agency Referral Form (IARF) and [Services Advisor](#) for quality referrals and mapping of the current services in place.
- Providing basic guidance related to fundamental aspects of CBI including program design, eligibility, accountability, risk analysis and monitoring.



2. DEFINITION of TERMS

GBV actor: A partner organisation specialized in GBV and undertakes targeted programmes for the prevention of and response to GBV with its staff specialized on GBV through professional training and/or has considerable experience working on GBV programming.

CBI actor: A partner organization supporting vulnerable individuals and households with CBI

Recipients of CBI: The term is sometimes used interchangeably with "Rights Holders" to refer to rights holders that actually received the cash and voucher assistance.

What is a Rights holder?

It should be noted that all GBV survivors (Women, Men, Boys, Girls), are rights holders but cash assistance may not be the right tool to assist and accompany every GBV survivor or those at risk. The term Rights Holder is used here to refer to GBV survivor or those at risk referred by the GBV actor to the CBI actor, for whom cash assistance is identified as the right tool of intervention and who meets eligibility criteria to receive the cash support.

Confidentiality: is an ethical principle that requires service providers to protect information gathered about survivors and agree only to share information about a survivor's case with their informed consent. All written information is maintained in a confidential place in locked files, and only non-identifying information is written down on case files. All electronic information should be password protected. Additionally, confidentiality at the macro level needs data sharing and data protection protocols which are established among institutions.

Informed Consent: is the voluntary agreement of an individual who has the legal capacity to give consent, and who exercises free and informed choice. To provide informed Consent, the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their Consent. Children are generally considered unable to provide informed consent because they may not have the ability and/or experience to anticipate the implications of action and because **they may not understand or be** empowered to exercise their right to refuse. There are also instances where Consent might not be possible due to cognitive impairments and/or physical, sensory or **intellectual disabilities**.

Informed assent: Informed assent is the expressed willingness to participate in services. For younger children who are by definition too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought. Informed assent is the expressed willingness of the child to participate in services.

Vulnerability: Physical, social, economic, family, and environmental factors that increase the susceptibility of a community or individuals to difficulties and hazards and put them at risk as a result of loss, damage, insecurity, suffering, and death.

Focal point: Refers to the part-time or full-time role of designated staff of GBV and CBI Actor, who represent their organizations and are responsible for all coordination related to the CBI support to the CBI recipient. The focal points will uphold confidentiality but may engage other staff if technical support is needed and consent is given by the supported CBI recipient. They serve as the main contact person throughout the CBI referral and implementation process.



3. ROLES and RESPONSIBILITIES

This part aims to lay out roles and responsibilities of GBV actor and CBI Actor. GBV actor and CBI Actor maybe in the same organization, and also can be in two different organizations working together through referrals.

Shared Responsibilities: GBV actor and CBI actor

- Adhere to survivor-centred approach through four principles: safety, confidentiality, respect and non-discrimination.
- Uphold accountability to the community in line with organizations' accountability framework and any pre-agreed communication protocols with stakeholders. **Complaints, Feedback and Response mechanism should be put in place, and the PSEA hotline/mechanism should always be visible and accessible during CBI interventions.**
- Provide cash to GBV survivors only through Case Management since targeting people at risk of GBV outside case management creates more risk to survivor or those at risk.
- Limit information-sharing to "**need-to know**" and share information only with those who can provide protection and cash assistance to protect the survivor or those at risk under case management.
- Jointly develop context-specific post-distribution monitoring (PDM) tool that would capture information relevant to both actors. Agree on which findings need to be shared.
- Conduct joint analysis of PDM findings to ensure quality cash referral pathways for GBV survivors and those at risk. **Safety concerns raised through the PDM must be immediately addressed for the case in point, as well as following rounds of the intervention.**
- Participate in coordination meetings and ad-hoc discussions at inter-agency level to ensure information sharing, provide opportunities for harmonization and prevent chances of overlapping with similar interventions.

Practicing a survivor-centered approach means establishing a relationship with the survivor that promotes their emotional and physical safety, builds trust and helps them to restore some control over their life.

TT noted that there are situations where GBV actor and CBI actor might be the same department in the responding organization. In this document, these two roles are separated based on the overview of practices in Türkiye: Situations where both actors are the same does not constitute risks nor indicate deficiency in response.

GBV Actor (focal point/case worker)

- Through GBV case management assessment and action planning to identify those survivors for which cash would mitigate GBV risk or respond to GBV consequences.
- Uses Services Advisor and initiate IA referral mechanisms between GBV and CBI actor.
- Leads induction/training of CBI actor on the referral mechanism, PSEA and referral (hotline and focal points) for SEA concerns, GBV and protection guiding principles, GBV risk mitigation, data management and sharing protocols.
- Follows-up on survivors who have received cash or voucher assistance from CBI actor.
- Using the PDM tool, developed jointly or in consultation with CBI actor if applicable, conducts the PDM with the informed consent from the rights holder. Feeds information back to CBI only regarding the technical aspects of cash assistance (i.e. user experience of the transfer modality), ensuring that whole PDM process, including data collection (i.e. survey) is only conducted by GBV case worker, supervisor or protection staff.



- Conducts a safety plan specific to the use of cash.
- Works with cash actors to ensure CBI response analysis, takes into consideration the most appropriate delivery mechanisms within the recommended response time per case, as outlined in Section 5.

Review of organizational structures of partners in Türkiye brought out that majority of partner organisations do not assign a **GBV focal point in their protection team**. Inter-agency coordination strongly recommends all program designers and funding agencies to provide guidance and support for assigning a GBV focal in organisation which provide protection services. This focal point, who must be provided with required technical training in GBV, will conduct properly functioning referrals between cash and GBV actors, in addition to increasing quality and efficiency of protection services.

CBI Actor (focal point)

- Ensure all relevant staff are trained on the referral mechanism, PSEA and referral (hotline and focal points) for SEA concerns, GBV and protection guiding principles and data management and sharing protocols.
- Ensure implementing staff do not expose CBI recipients to further harm –training of the staff will be facilitated by an expert in GBV. If the GBV actor is not facilitating the training personally, they should, at a minimum, assure the quality of the training.
- Consult with GBV focal point on an individual case basis if security or PSS issues arise concerning GBV survivors. Refer to protection services if need arises.
- Share CBI actor contact details with the GBV case worker/focal point to be included in the referral pathway to ease GBV cases' referral.
- Provide GBV actor **indicative number of cases and intake criteria**: i.e. whether CBI actor can accept referrals on a rolling basis or within a specific timeframe. Although GBV caseload cannot be planned and foreseen, CBI programs may have project timeframe and limitations in availability. GBV actor should be able to access this information to filter the viable CBI actors in referring cases.
- Use a gender and age lens to analyse and understand gender dynamics and thus avoid increasing inequalities between men and women of different ages, and abilities through properly set eligibility criteria. This can be done through assessments, focused group discussions (FGDs), or PDM tools as needed.
- Allocate a minimum quota of the overall emergency cash assistance that would be dedicated to the ones under the risk or survivor of GBV¹; hence, always have the capacity to accept referrals from GBV actors to CBI, considering that caseload and urgent needs cannot be foreseen.

Why is GAM important?

Applying a gender and age lens ensures understanding differences in men's and women's roles and responsibilities, their access to resources and services, participation in society, their exposure to risks associated to violence and GBV and vulnerability linked to marital status (e.g., widowed, and divorced women). Gender with Age Marker (GAM) should be incorporated in project proposals, and scoring can be conducted for the on-going projects to feed in future revisions. Program designer should use GAM as a basis but should be ready to conduct in-depth analysis based on gender, age and disability to ensure inclusiveness and effectiveness of interventions. Please refer to the IASC GAM for further details.

¹ TT recommends that for emergency cash programs to dedicate at least 10 percent of their cash resources. Analysis brought out that although cash for protection programs exist to provide assistance, there are limited options available and generic emergency cash interventions do not necessarily target to meet GBV related cash needs.



4. EXISTING CBI MECHANISMS for RESPONSE

TT reviewed the existing programs of public institutions and partners which respond to and related with GBV through cash-based interventions. Existing CBI mechanisms by public institutions are reviewed in this chapter for the easy reference of GBV and CBI actors in section **Public Mechanisms**.

Cash-based interventions provided by partners are significantly dynamic owing to the nature of humanitarian response programs, annual planning and programming structure, changing needs, funding opportunities, organizational priorities, and capacities. TT provides an overview of existing CBI in GBV programs of partners in **Annex A**. CBI TWG annually conducts mapping of cash interventions in Türkiye across sectors. Partners can refer to annually updated [Cash-based Interventions in Türkiye Mapping dashboard](#) to review the CBIs and refer to Services Advisor for most up-to-date service information. TT strongly suggests that GBV SWG and CBI TWG benefit from the annual cash mapping to update the mentioned **Annex A** and prevent duplication of efforts.

Social Protection programmes: TT concluded that in Türkiye, an ad hoc social protection schemes to provide regular cash assistance specifically to the survivors of GBV does not exist. Partners can refer survivors to various different assistance schemes, which includes CBIs², to provide support in GBV cases. As a reference, the current mechanisms in place are overviewed.

The social assistance system in Türkiye consists of various programmes administrated by different General Directorates of Ministry of Family and Social Services (MoFSS). Social assistance programmes' eligibility criteria, target groups and transfer amounts vary based on programme objectives, level of beneficiaries' vulnerabilities as well as the assessment of the social workers who provide service under the Ministry and its provincial entities – Provincial Directorate of Family and Social Services (PDoFSS). Social Safety Nets in Türkiye are administered by Ministry of Family and Social Services (MoFSS) through Social Solidarity and Assistance Foundations (SASFs) and Provincial Directorates of Family and Social Services (PDoFSS). SASFs have an economic and neediness based assessment, targeting the families in need of basic need support; PDoFSSs have a mandate to focus on protection along with socio-economic vulnerability. The types of available assistances are:

- Family Assistances: Food or clothing, heating, assistance for widowed women, and ad-hoc financial assistance for food and shelter.
- Education Assistance: Material assistance, school feeding, free schoolbook, CCTE.
- Health Assistance: Conditional health and pregnancy assistance.
- Assistances Regulated under Law No: 2022: This assistance is granted to Turkish citizens at the age of 65 or over who lack any support. The programme also covers Turkish citizens over the age of 18 with disabilities and Turkish citizens who are legally liable to provide care for disabled relatives below 18 years old. The payments under the programme are done on quarterly basis. This specific programme is not accessible for refugees due to the clear indication that beneficiaries must be Turkish citizens.
- Assistances under DG of Child Services and DG of Services for Disabled and Elderly Persons: Social and Economic Support Programme (SED), home care allowance.

² Temporary cash assistance is regulated under Law on Protection of Family and Prevention of Violence Against Women numbered 6284, according to which those older than 16 can receive financial aid (Law 6248, Article 17).



Another entity, identified to provide financial support to ones at risk or survivors of GBV is Violence Prevention and Monitoring Centres (ŞÖNİMs). Regulation on Violence Prevention and Monitoring Centres (ŞÖNİMs) details their responsibilities in provision of financial support with respect to relevant guidance according to the Law on Social Assistance and Solidarity Fund (No. 3294) (ŞÖNİM Regulation Article 20/1b); Livelihood and Occupational Guidance (ŞÖNİM Regulation Article 20/1a); Implementation and Follow-up of Temporary Financial Support (ŞÖNİM Regulation Article 21/1); and determination of the amount and period of financial support according to a Social Inquiry Report conducted by ŞÖNİM (ŞÖNİM Regulation Article 21/2)

Review of current mechanisms in place by TT brought out that in response to the current need of GBV survivors, public services require to be fastened and need to be improved in terms of capacity. The context of public services should be extended and reviewed of procedures to cover variety needs of GBV survivors in a timely manner. Consequently, CBIs provided by partners play an important role in closing gaps and providing solution alternatives that can meet the needs timely.

5. ELIGIBILITY and RESPONSE OPTIONS

Inter-agency coordination notes that GBV is not necessarily linked to socio-economic profile of the household; yet in the case of refugees, survivors are socio-economically vulnerable in addition to other protection-based vulnerabilities. GBV survivors in the refugee context can be directly assumed to have intersecting vulnerabilities in Türkiye, therefore response needs to be multi-dimensional. Intake criteria for CBI in GBV helps determine if the cash intervention would be effective for the GBV prevention, mitigation, and response.

Overview of the CBI in GBV in Türkiye brings out that vulnerability of single women and single parent are prioritised, in line with the Turkish national protection system. However, member of other groups can be at risk of or survivors of GBV and be in need of cash assistance. GBV and CBI actors should approach equally when identifying needs and base their assessment on overall vulnerability over solely focusing on gender. In addition, in terms of children it can be sentenced that girls are more likely to be forced to marry while boys are more likely to be forced to work as a result of poverty and neediness in the households. So, vulnerability of children should be considered in line with these risks.

The group highlighted the issues below for the consideration of GBV and CBI actors in defining the scenarios when cash can be a relevant response to mitigate GBV risks, respond to GBV consequence or support survivor in the recovery process. the list of issues below is not exhaustive of all situations but brings forward those which are below most relevant and common in Türkiye context.

- I. Economic deprivation is a key factor leading GBV survivors to reunite with the perpetrators especially for survivors with children. If the provided cash is not covering the basic expenses of the survivor in terms of amount and duration of assistance, i.e. renting a new house to remove themselves from the violent situation; those who are exposed to or at risk of GBV may stay in the violence cycle and continue to share the same space with the perpetrator following the incident.
- II. Women's Shelters are temporary stations for ensuring the safety of the survivors, leaving these institutions without a safety net or a livelihood opportunity usually causes stress of finding an income resource and results in several protection risks.



- III. Boys over the age 12 cannot stay with their parents in Women's Shelters and are referred to child protection mechanisms. Many survivors do not want to stay in the shelters in order not to be separated from their children and thus cash assistance could support them paying for alternative accommodation
- IV. Survivors might not be able to initiate lawsuit process due to legal fees. Survivors might benefit from legal aid in Türkiye; however, they might not have resources to cover additional costs such as translation of documents, notary costs and interpretation.
- V. Survivors, especially beneficiaries of international protection -given that their health insurance can be temporary, might not have the means to cover medical expenses for physical and psychological treatment resulting from domestic injuries or self-inflicted injuries.
- VI. Survivors might not have been able to cover expenses of transportation to benefit from shelter, accommodation, or transfer to TACs.

Socio-economic assessment is to be conducted by GBV actors as part of the whole case management process to limit subjecting survivors to external parties asking questions. If needed, the CBI Actor could provide certain questions related to financial and socio-economic indicators to the GBV actor to use during their assessment and regular consultation with survivors/at-risk women, and report back to the CBI Actor to determine eligibility and response modality.

In the table below, TT provides sample eligibility criteria to correspond situations of GBV that survivors might be facing but it does not aim to instruct partners to assign one specific type of assistance per GBV case. The case management process would dictate what further assistance a certain case might need. In cases when individual falls under more than one type of GBV case, CBI and GBV actor should consider combination of CBI responses here i.e. providing immediate CBI response at a life threatening situation, and complement this response with medium term, multiple cash assistance to achieve targeted protection outputs.

Table 1. Response timeframe and CBI options for GBV cases

GBV Case	Guiding Note for CBI response	Ideal Response Time	CBI Response Options
Individual faces a life-threatening issue related to GBV incident, or protection-related risks (i.e. verbal death threat, severe physical assault, sexual assault, rape etc.) and has no access to financial resources to support immediate life-saving interventions and prevention from further harm.	Considering time sensitivity and severity of potential outcomes of such cases, provision of cash assistance can provide access to life-saving solutions including immediate safety and security, including for client's children and dependents if relevant.	24-48 hours	MPC* one-off
Individual requires time-sensitive health services (e.g., clinical management of rape) and has no access to financial resources access and receive immediate interventions.	Considering time sensitivity and severity of potential outcomes of such cases, provision of cash assistance can provide access to life-saving solutions including transportation costs, emergency medical treatment for injuries or obstetric care or immediate alternative safe accommodation arrangements	Within 72 hours	MPC one-off
Individual does not face an immediate life-threatening issue, but time sensitive services (such as medical) are required. Rights-holder needs financial	Cash assistance can provide access to solutions i.e. transportation costs covered for accessing health services (such as surgery or pre-natal support),	Within 1 week	MPC one-off/ MPC multiple rounds**



resources access and receive holistic support.	psychosocial support (such as non-acute mental health services) etc. GBV actor should do limited financial eligibility assessment (socio-economic aspects) but avoid delaying action, and if needed refer to other GBV/CBI actors who may multiple rounds of MPC or longer-term CBI.		
Individual experiences denial of access to economic resources/assets within domestic violence (e.g., a partner or family member is in control of financial resources and is depriving the individual from accessing resources to meet essential needs).	GBV actor should do in-depth financial eligibility assessment (socio-economic aspects), and if needed refer to other GBV/CBI actors who may multiple rounds of MPC or longer-term CBI.	Within 1-2 weeks	MPC one-off/ MPC multiple rounds** <i>or</i> Cash or voucher to cover a specific need or set of needs (i.e. food, clothing needs, transportation to seek health services or legal aid); <i>and/or</i> Livelihood support, which may include paid vocational training and/or Cash-for-Work
Individual or their children is at imminent risk of early marriage.	GBV actor should do in-depth financial eligibility assessment (socio-economic aspects), and if needed refer to other GBV/CBI actors who may provide multiple rounds of MPC or longer-term CBI.	Within 1-2 weeks	Same as above
Individual is at imminent risk of sexual exploitation or having to is selling sex to meet basic needs and is seeking alternative, safer sources of income (includes situations when the individual is forced by a family member to engage in sexual acts in exchange for money).	GBV actor should do in-depth financial eligibility assessment (socio-economic aspects), and if needed refer to other GBV/CBI actors who may provide multiple rounds of MPC or longer-term CBI.	Within 1-2 weeks	Same as above
Individual has received time sensitive GBV response services but requires financial support over a period of time to sustain their safety in the interim of securing longer-term livelihood options (includes situations when a survivor of domestic violence who relocated but requires cash assistance until they establish their livelihood).	GBV actor should do in-depth financial eligibility assessment (socio-economic aspects), and if needed refer to other GBV/CBI actors who may provide multiple rounds of MPC or longer-term CBI.	Within 1-2 weeks	Same as above

* In the table below, MPC refers to Multi-purpose Cash, which is not a set amount in the Türkiye context considering the diversity and complexity of different groups and geographical locations. Transfer amount will be decided by the program designer/CBI actor based on market assessment and program targets. A pragmatic approach to read this table may be taking Minimum Expenditure Basket as the MPC amount.

**MPC frequency depends on assessed needs that could be met through cash or voucher within the response timeline.



6. REFERRALS

As described by the IASC, referral is the process of referring a beneficiary to another service provider because s/he requires access to service that is beyond the expertise or scope of work of the current service provider. A referral can be made to a variety of services, for example health, psychosocial activities, protection services, nutrition, education, shelter, in-kind assistance or financial assistance, physical rehabilitation, community centre and/ or a social service agency.³ In Türkiye context, IA/IM made coordination tools for referrals which are [Inter-Agency Referral Form](#) and [Services Advisor](#). By following the advised basic operational procedures, partners are provided the means to effectively facilitate referrals between organizations.

IA coordinators, specifically Protection WG, GBV SWG, and cash coordination should continue and enhance the use of cash-based interventions in GBV, refer relevant partners to this CBI in GBV guidance document, share information about resources, identify training needs and share information about existing opportunities; thus, contribute to effective use and harmonization of cash programs through existing coordination platforms in Türkiye.

For a referral to be protection sensitive and not to create any harm for the individual in need of assistance, the referral needs to respect the principles of safety and security, confidentiality, informed consent (if applicable assent). IARF has an addendum for recording and sharing sensitive information related to individuals such as those exposed to or at risk of GBV. Brief guidance on how to record information related to such cases IARF is provided in the IARF package.

TT has highlighted the points below for the referral of those exposed to or at risk of GBV.

- To avoid duplicative efforts and parallel processes, all partners should use the IARF ensuring the directives in the IARF for GBV data are applied. Related to use of IARF, contribute to enhancement of the form and its guidance package for CBI in GBV by contacting IA Protection Coordinator and IM.
- Public institutions and several partners do not have dedicated cash support for those exposed or at risk of GBV. Cases that are identified as in need of financial support are referred to limited cash actors.
- Management of certain cases might require combination of multiple cash-based interventions by one or multiple CBI Actors. These different CBIs aim might serve for one protection output, coming into force in different stages of the intervention, and always with the principle of preventing duplication of assistance. This requires continuous and effective coordination in management of a case.
- To ensure effective referrals, cash actors are advised to keep their program information updated on Services Advisor for easy access and referral of the GBV actors.
- Referrals of survivors of GBV to CBIs might be challenged due to lack of documentation i.e. lack

³ Confidentiality and informed consent should always be prioritized. However, limits to these can occur under exceptional circumstances determined in Turkish Law. Please refer to “Exceptions to Confidentiality in Fulfilling Legal Liabilities” in Inter-Agency Referral Form Package p10-11



of permanent address or being in shelter. Although CBIs by humanitarian partners come with documentation requirements, these interventions can be exceptionally provided to sensitive cases in cases of lack of documentation in Türkiye; GBV actors are advised to check bilaterally with agencies about eligibility criteria and exceptions for document requirements for sensitive cases.

- Referrals to CBI Actor can provide much needed and life-saving solutions in short-run; nevertheless, longer-term and sustainable solutions should be considered to overcome aid-dependency. Referral of survivors to livelihood opportunities, especially vocational training and skills development programs with stipends combined with job placement plans, can support survivors to re-establish their lives and prevent them from reuniting with their perpetrators due to financial constraints. In the context of medium and long term case planning that targets self-reliance of the survivor, it is important to inform the survivor about the duration of the assistance, and plan the referral and case management process accordingly during the assistance.
- Data protection risks should be mitigated at all times; partners should refrain to refer GBV survivors to service providers that do not comply with data protection principles.

7. RISKS and MITIGATION MEASURES

TT overviewed the risks of CBI in GBV comprehensively and agreed that risk assessment and mitigation should be embedded in entire project cycle since risks in GBV contexts may arise in all steps of a process (namely “assessment, resource mobilisation, project proposal writing, implementation and monitoring & evaluation” including equal representation of gender in the project team). With that being agreed on TT brought forward some major risk areas that GBV and CBI actors should be mindful of in the Türkiye context, shared in matrix below. This matrix was not a full-scale risk analysis of all CBIs in Türkiye, and TT worked to narrow it down to CBI in GBV context. In an ideal risk assessment matrix, one should expect to see assessment columns impact, likelihood, and risk classification, and also a column for responsible units/individuals to implement mitigation measures. Table below does not aim to act as a risk assessment matrix template, but it aims to capture several issues raised during the discussions which can shed light on topics that are closely linked to key humanitarian principles.

Table 2. Risk Analysis Matrix for CBI in GBV

Risk Category	Definition	Potential implications	Mitigation Measures
Confidentiality of Personal Data	Breach of data security	Data sets of beneficiaries are breached, resulting in protection threats	-Full review of data storage systems -Analysis of organization infrastructure -Invest in staff training and capacity related with data protection
Confidentiality of Personal Data	Breach or sharing of data with third parties including FSP, private companies, etc.	Beneficiary identity disclosure to third parties, resulting in protection threats	-Anonymizing the beneficiary data to reduce risk of breach (i.e. case numbers stored instead of names) -Do a privacy impact assessment of the third party. -Ensure data protection clauses in the contract - Define data access flow for the different referral pathways and delivery mechanisms
Safe and Dignified Access	Children cannot receive CBI assistance	Incomplete coverage of targeted group	-Possibility to appoint alternate principal applicants to ensure that vulnerable children who are GBV survivors or at risk under case management benefit from the CBI



Risk Category	Definition	Potential implications	Mitigation Measures
			<ul style="list-style-type: none"> - Phone and HHs visits to identify issues related with access - Working with Child Protection actors
Safe and Dignified Access	Older persons cannot use mobile technology	Incomplete coverage of targeted survivors	<ul style="list-style-type: none"> -Weekly review and reconciliation of delivered cards -Reports received from financial provider, -Phone and HHs visits to identify issues related with access - Identify alternative familiar mechanism to deliver assistance
Safe and Dignified Access	Insecurity during cash distribution	Increased violence, tensions	<ul style="list-style-type: none"> -Ensuring confidentiality of sensitive CBI for GBV support -Prevention of overcrowding in card/voucher/cash delivery locations -Alternative distribution schedule and locations for GBV survivors
Safe and Dignified Access	Increased violence in household resulting from use of the CBI	Household violence, increased GBV	<ul style="list-style-type: none"> - Develop Cash Safety plan with each survivor/at risk - Monitoring, targeted questions on household dynamics in the PDMs -Ensuring confidentiality of sensitive CBI for GBV support -Phone and HHs visits to identify issues related with increased violence -In polygamous communities, second and subsequent wives and their children may claim their own cash as a separate family unit
Safe and Dignified Access	Persons with disabilities cannot access the CBI/market	Incomplete coverage of targeted survivors	<ul style="list-style-type: none"> -Possibility to appoint alternate principal applicants - Disability friendly service provision
Inclusion	Risk of survivor or those at risk not being able to disclose	Individual cannot get support and protection risks increase	<ul style="list-style-type: none"> -Provide alternative access points to services for communities with specific needs including LGBTIQ+ (as they may fear from discrimination by the law enforcement officers.) -Work at community level to increase awareness on GBV to enhance identification of violence.
Accountability	Complaint and feedback mechanism is not in place; or it is in place but not survivor friendly and/or responsive	Problems are not addressed in a timely manner, expected protection outcome is not reached, risk of causing further harm	<ul style="list-style-type: none"> -Set robust compliant and feedback mechanism which operates by a well-defined process. If necessary, involve third parties (FSP etc) in setting up complaint and feedback mechanism. -Define roles and responsibilities both for collecting complaint, feeding information to respective departments, and for providing feedback to beneficiary -Clear and effective information dissemination to target population about complaint and feedback mechanisms
Sexual Exploitation and Abuse	Risk of beneficiary of being sexually abused and exploited by the CBI/GBV actor	Further exposure to protection risks	<ul style="list-style-type: none"> -Continuous messaging to communities (in general and specifically to potential beneficiaries/recipients of CBI) on what SEA is and



Risk Category	Definition	Potential implications	Mitigation Measures
			<p>how to report it. Posters/leaflets at point of CBI distribution</p> <p>-Establishment/maintenance effective and accessible complaints channels. Obligatory trainings/awareness raising for staff</p> <p>-Adopting a PSEA policy and ensuring that staff/beneficiaries/recipients are well aware of policy content</p>
PSEA and Accountability (Community based Feedback and Response Mechanism)	PSEA mechanism is not in place or CBFMR is not inclusive to SEA reporting	Victims of SEA is not supported in a timely manner, all humanitarian aid system is under threat as a result of the SEA event.	<p>-Initiation of PSEA Risk Assessment process and finalise it</p> <p>-Inclusion of SEA reporting to CBFMRs, PSEA and Accountability teams work hand in hand</p>
Technical Aspects	Beneficiaries spend on anti-social items (cigarettes, alcohol) or extorted by perpetrator	Lower impact of the intervention in preventing and/or mitigating GBV	<p>- If risk of expenditure on anti-social items identified, restrict cash to certain classes of goods</p> <p>- Covering costs on behalf of the GBV survivor rather than providing cash assistance to prevent extortion by perpetrator</p>

8. MONITORING

Cash-based interventions require investment in monitoring and evaluation for all humanitarian actors. Monitoring provides cash actor to identify whether the CBI support was accessible, accountable and safely received and spent; and also, the understand the impact that cash assistance had on the lives of beneficiaries. In addition to systematically checking on relevant conditions to intervention, monitoring provides opportunity to take timely action to correct possible deficiencies in interventions. Evaluation is the process in which a cash actor determines the relevance, effectiveness, efficiency and impact of activities with respect to specified program objectives. It is a learning and action-oriented management tool and organizational process for improving both current activities and future planning, programming, and decision-making.

Monitoring and evaluation of CBI in GBV, as in all programs, is expected to establish a gender sensitive approach while ensuring CBI does not cause any harm to beneficiary; continuously assess appropriateness and validity of cash assistance implementation for various groups (for example, based on gender), and identify positive impacts of CBIs on GBV risks, augmenting the evidence-base on effectiveness of cash assistance in GBV and protection case management.

Although impact assessment is often too complex and sophisticated to conduct in the context of humanitarian support; conversations with beneficiaries, women's groups or key-stakeholders, key informant interviews may give implementer ideas about the impact. Even though there may have been other reasons for decreasing GBV in a certain number of households, actors can also attribute some part of it to cash assistance.



Utilization of qualitative data is beneficial in relation to GBV indicators as it provides greater insight into how a programme is working. Monitoring strategies are advised to include a combination of both quantitative and qualitative data to triangulate the data and supplement findings with a participatory approach.

Findings of M&E can be used in **advocacy** and fundraising efforts to increase use of CBIs in humanitarian context, and more specifically in prevention, mitigation and response to GBV.

Depending on the M&E framework of each organization, CBI in GBV monitoring might employ several quantitative and qualitative data collection and analysis methods and approaches:

- PDM is an integral part of cash-based interventions and partners agree that GBV considerations should be mainstreamed to all PDMs of CBIs; and cash assistance through referral of the GBV actor under case management should differ from the standard PDMs of CBI, considering the principal units of measurement in line with the objectives of the assistance.
- It is essential that it is always the trained GBV staff conducts the PDM, and feeds information about technical aspects of the CBI to the cash actor without jeopardising protection of the sensitive data of survivors or those at risk. CBI actor should always act in collaboration with the GBV actor, and it should not commit to monitor any aspect of the cash support related with GBV Case Management.
- Although PDM guidelines and data collection tools are standardized (at HQ level) for many organisations, it is crucial to check for **cultural appropriateness** of the questions by ensuring they are adequately phrased and additional data needs with respect to both the local and sectoral context.
- As in general PDM of CBIs, disaggregation of data including age, gender identity, sexual orientation, disability, ethnicity is crucial in quantitative data for proper analysis and evaluation.
- When confidentiality principles can be guaranteed, partners conduct Focus Group Discussions to understand a situation in a given period of time by collecting in-depth qualitative information and to follow-up on relevant indicators and state that FGDs can be useful in GBV contexts, especially if conducted in line with the feminist methodology and gender equality standpoint.
- Face-to-face interviews with persons with specific needs is also a useful approach in GBV context since it allows to collect additional information on a specific thematic area. Thereby, experiences of GBV survivors can enlighten the needs of cash assistance from survivor's point of view.
- As it is applicable to all CBIs, mystery shopping option (a team member pretending to be beneficiary during distribution) can be considered to bring out the actual user experience.
- Partners can explore the use of phone verification and SMS messages and other emerging technologies, minding the risks of technological divide and possible risks on the side of survivor in accessing such medians.

In case of identification of negative impacts on beneficiaries, such as creating security risks or resulting in unsustainable solutions which would force survivor back to violence cycle, actor can immediately stop the



implementation or fine-tune it according to needs. The protection staff's inclusion should be ensured while developing and implementing the monitoring tools.

General purpose CBI indicators may not directly capture CBI in GBV measurement. Regarding the operational aspects, there can be indicators relating to easy-to-answer questions that can be quickly analysed and fed back into decision making such as asking about timeliness of distribution, amount of transfer received, costs incurred by recipients, etc. More specific to CBI in GBV context, indicators may include number of GBV survivors who were assisted with CBI, % of beneficiaries who know the complaint, feedback and response mechanism, % of beneficiaries who did not feel at risk or face any safety issues while receiving or spending the cash, % of beneficiaries who reported at least one negative coping strategy, % of beneficiaries having access to safety shelter/accommodation and/or increased access to livelihoods/livelihoods programmes, and if PSEA mechanism is in place.

Conducting monitoring and evaluation and identification of positive impacts of CBI in GBV has significant cost implications and is time intensive. CBIs by partners depend on funding availability, and monitoring may not be possible due to financial and human resources constraints especially in the closure period of the interventions. When needed, partners should consider alternative options to in-house monitoring such as using third party monitoring and/or advocate with funding institutions to account for extended work period for M&E staff.

9. COORDINATION

Depending on the needs identified through GBV case management, responding to a GBV case with cash support requires coordination within the organisation and between different organisations. As stated in previous chapters, coordination of CBI in GBV at the level of case management must respect do-no-harm principle and should ensure protection of sensitive data.

Coordination at inter-agency level related with CBI in GBV includes but not limited to these platforms: Cash-Based Interventions Technical Working Group, Gender-Based Violence Sub Working Group, KRG Thematic Coordination Group, Protection Working Group and Information Management Working Group. As TT is a task-based collaboration platform, it will be abolished following the endorsement of this guidance note. In case of further action, TT can be called for duty, however primary respondent of CBI in GBV issues at inter-agency coordination level should be Gender-Based Violence Sub Working Group, Protection Working Group and Cash-Based Interventions Technical Working Group.

Expected roles of coordination platforms linked to CBI in GBV are listed below:

- Gender-Based Violence Sub Working Group: Providing guidance to GBV actor related with use of CBI, working with CBI TWG to update the guidance document if needed, dissemination of the guidance document among GBV actors.
- Cash Based Interventions Technical Working Group: Mapping of cash-based interventions,

providing guidance to CBI actor, advocacy to increase cash specific to GBV.

- Protection Working Group: Ensuring continuous collaboration between CBI TWG and GBV SWG, endorsing and disseminating the guidance note among its partners, providing protection perspective/lens to CBI in GBV.
- Information Management Working Group: Ensuring smooth facilitation of Services Advisor, responding to needs and feedbacks related with development of referral tools.

Structure of the coordination in Türkiye and contact information of each working group can be seen in the shared [organigram](#).



Annex A. Existing CBI Mechanisms by Partners – Updated: 2022 August

Based on the minutes of the meetings of the CBI in GBV TT – Please make sure to check the services advisor and bilaterally with the agencies ahead of referrals.

Areas of cash support (in general): Shelter, legal fees, food, clothing, transportation, hygiene, health, reallocation, and translation.

- **TRC:** Conducts cash plus implementation under their programme since April 2020 as a protection referral mechanism regarding cases that include risks such as child labour, GBV or child abuse etc. Focus area is noted as economic violence.
- **WHH:** Provides legal aid for divorce. Additional costs to the legal aid that is available, such as translation fees in the notary, are covered. Provides rent support for 3 months and follow up with beneficiaries after 3 months. If their vulnerability continues, the support can be extended up to 6 months. In addition, food, kitchen, and hygiene kits, mattresses etc. and transportation cards are provided.
- **UNFPA:** Helps survivors with finding safe shelter/accommodation, covering the rent and buying the basic house necessities for women. Form of assistance can be cash assistance as well. Rent assistance is provided for the maximum period of 3 months, but for the basic house necessities, the support can be one-time.
- **UNICEF:** Helps survivors by providing cash assistance; if the person in need of cash assistance is a child, the support goes to the guardian/caregiver of the child for 6 months.
- **UNHCR:** After identifying cases for cash for GBV programme, protection interview is conducted. Case is followed up for 3 months, and then 6 months and so on. In addition to the cash assistance to GBV survivors, cash support to transgender and intersex beneficiaries is provided.
- **CARE:** Provides cash support under their case management process mainly to cover basic needs through either voucher or cash distribution. Also legal fees, translation fees, transportation fees, and reallocation fees are covered. Stipends for Turkish language courses are provided. Survivors can be referred to microcredit support for the establishment or expansion of small businesses.
- **IOM:** IOM has not been providing cash assistance for GBV cases specifically, but their protection unit provides emergency case management assistance often to GBV cases.
- **IGAMDER:** Does not directly provide cash assistance but refer individuals to cash actors. Various services are provided to GBV survivors in Kecioren district of Ankara under a protection project since 2018.