



Cash and Voucher Assistance Standard Operating Procedure

Table of Contents

Cash and Voucher Assistance Standard Operating Procedure.....	1
Acronyms	4
Introduction	5
Objective of the SOP.....	5
Defining CARE Turkey’s Cash and Voucher Assistance Approach.....	5
CARE Turkey’s value proposition and point of difference	5
Guiding Principles for implementation of Cash and Voucher Assistance	6
Cash and Voucher Assistance System	9
Cash and Voucher Service Providers.....	9
E-Voucher Process Flow Diagram.....	10
Cash Process Flow Diagram.....	11
CVA Documents List.....	12
Identification and referral of potential clients.....	13
Case Management and CVA.....	13
Core Relief Items, In Cash	14
Rent Assistance, In Cash	14
Shelter Assistance, In Cash	15
Unrestricted Cash to Meet Urgent Immediate Needs, One-Off	15
Unrestricted Cash to Meet Urgent Immediate Needs, Time Bound	15
CM/IPA Exception Circumstance Direct Assistance (ECDA)	17
Protection Outreach and CVA	19
Stipends of Community Activators.....	19
Women’s Economic Empowerment and CVA.....	19
Microcredit loans.....	19
Cash for Training	20
Cash for Work.....	20
Basic Needs (Shelter/WASH).....	20
Cash for Shelter	20
Program Quality Activities	20
ANNEX 1: Financial Service Provider Contracts	24
ANNEX 1.1: CARE PTT Protocol.....	24
ANNEX 1.2: CARE Grameen Protocol	24
ANNEX 1.3: CARE Ziraat Bank Protocol.....	24
ANNEX 1.4: CARE A-101 Contract	24
ANNEX 1.5: CARE LCW Contract	24
ANNEX 2: Programing related SoPs	24

ANNEX 2.1: Case Management SoP	24
ANNEX 2.2: Protection Outreach SoP	24
ANNEX 2.3: SHELTER/WASH SoP	24
ANNEX 2.4: WEE's SoP	24
ANNEX 2.5: M&E SoP	24
ANNEX 2.6: Field Movement SoP	24
ANNEX 2.7: IPS Management SoP	24
ANNEX 2.8: SMC SoP	24
ANNEX 2.9: AAP CRM SoP	24
ANNEX 2.10: Matrix Structure Guidelines.....	24

Acronyms

ACD- P	Assistant Country Director - Programs
BN	Basic Needs
CM	Case management
CVA	Cash and Voucher Assistance
CBI-TWG	Cash-based Interventions Technical Working Group
CAAFAG	Children associated with armed forces and armed group
CA	Community activator
CRM	Complaints response mechanism
CSI	Coping strategy index
ESSN	Emergency Social Safety Net
ECDA	Exceptional Circumstance Direct Assistance
FP	Focal Point
IPA	Individual protection assistance
IPS	Information and Protection Spaces
IMO	Information Management Officer
IEC	Information, Education, Communication
IASC	Inter-agency Standing Committee
LCW	LC Wakiki
LGBTI	Lesbian, gay, bisexual, transgender, intersex
LH	Livelihoods
MHPSS	Mental health and psychosocial support
ME	Microcredit Entrepreneur
MEAL	Monitoring, evaluation, accountability and learning
NGOs	Non-governmental organisations
PAM	Post activity monitoring
PTT	Posta ve Telgraf Teşkilatı
PQ	Program Quality
PM	Project Manager
PO	Protection Outreach
PSO	Protection Services Officer
PFA	Psychosocial First Aid
SGBV	Sexual and gender based violence
SNF	Special needs fund
SOP	Standard operating procedure
SPCMO	Statutory Pathway Case Management Officer
TGMP	Turkish Grameen Microcredit Program
UASC	Unaccompanied or separated children
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
WASH	Water, Sanitation, and Hygiene

Introduction

This document aims to provide a structured and coherent approach to CARE Turkey's Cash and Voucher Assistance (CVA) within the Refugee Program in Turkey. It includes principles, values and procedures of implementing as a way of delivering services.

This document is subject to periodic revision and, for this purpose, it should be updated as needed or on a yearly basis.

Objective of the SOP

This SOP outlines the actions involved in current processes relating to CARE Turkey's Refugee Program Cash and Voucher Assistance (CVA) activities. This document should be updated if changes to staffing structure occur and as the processes are continually developed and improved. Super-market cards/e-vouchers distribution and monitoring processes are outlined in the Distribution SOP and MEAL SOP, respectively. Additionally, this SOP aims to standardize the procedures and decision making processes in documentation across CARE Turkey's programs.

Defining CARE Turkey's Cash and Voucher Assistance Approach

The conflict in Syria continues to drive the largest refugee crisis in the world. As of May 2019, over 5.604 million Syrians were registered as refugees in neighboring countries, including Egypt, Iraq, Jordan, Lebanon, and Turkey. While host countries and communities have shown exceptional generosity in their response to the refugee influx, protracted displacement has seen Syrian families exhaust their initial savings and, struggling to access regular work opportunities in host countries, most Syrian refugee households in the region now fall below the poverty line, lacking the necessary resources to meet even their basic needs.

Today, Turkey hosts the largest refugee population of any country in the world. Nearly 3.6 million Syrians – including over 1.6 million children – live in Turkey, side by side with almost 363,000 nationals from countries like Afghanistan, Iraq and Iran who are also under international protection

CARE Turkey's first refugee operations were in response to the refugees Influx in September 2014, providing assistance to vulnerable families to meet their basic needs (food and non-food), first in-kind and later transitioning to cash-and-voucher based approaches incorporating lasting solutions to support vulnerable refugee individuals and vulnerable host community members.

CARE Turkey's value proposition and point of difference

CARE Turkey's value proposition

CARE Turkey supports communities affected by conflict and/or displacement – especially women, girls and boys – to become self-reliant, empowered and able to achieve basic needs and rights.

We do this by collaborating with civil society, women's movements and Turkish authorities and through utilising community and gender-based approaches to achieve long-term sustainable solutions, lasting change and social cohesion.

CARE's point of difference

- CARE has access to vulnerable communities affected by conflict and/or displacement, with open registration and active collaboration with government authorities.
- CARE's integrated humanitarian and sustainable economic empowerment programming approach works across the humanitarian–development nexus.
- CARE is open to engaging in a range of partnerships across multiple levels with the government of Turkey, civil society organisations and the Private Sector.
- Promoting protection, social cohesion and integration is core to the program approach, as is community-based needs assessment and program design (from community, back to community).

- CARE is actively contributing to and leading on various coordination mechanisms and technical working groups (Protection, WASH, Livelihoods, Cash-based programming and Gender)

Driven by our Program Strategy, CARE Turkey has been using cash and voucher as a mechanism to deliver assistance as follows:

1. Cash for Work Beneficiaries (Daily Workers) – Individuals who are not Turkish but support CARE in different jobs such as:
 - a. Survey Takers/Monitoring supporters work with different CARE teams (PQ Team, Shelter, WASH and Protection) to administer surveys in the community or support monitoring some project activities.
 - b. Projects helpers who work with case management team to accompany beneficiaries to access services (hospital, legal, SASF etc) and provide translation.
2. Community Activators (CA) are project participants and are responsible for reaching the community with essential information on rights and services, and work in partnership with the Protection Outreach Team.
3. Clients (Project participants) who will receive support in the form of Cash and Voucher to address urgent, critical and special needs; additionally, similar mechanism has been used to livelihoods project participants under the cash for training/work framework.
4. Women's Economic Empowerment Clients (Project participants) who receive microcredit loans with the aim of supporting women's ability to build financially sustainable, profitable and growing enterprises, with the potential to enter the formal economy.
5. Shelter Clients (Project participants) who receive cash for shelter to improve the housing stock in areas where refugees live and likely to continue to live for some time. Within the frame of CARE Shelter/WASH programming, Cash for Shelter is extended to cases of minor upgrades which can be done by the family themselves or skilled labor from their neighborhoods.

Guiding Principles for implementation of Cash and Voucher Assistance

Guiding principles are a set of norms which are considered best practice. All guiding principles below adhere to CARE International's global values of integrity, excellence, respect and commitment. The observance of these CVA guiding principles, will ensure that we are able to deliver the programming objectives (above), whilst providing the most ethical, safe and appropriate service possible.

All CARE Turkey staff, as well as community activators and daily workers, respective partners and non-program staff working in CARE must adhere to the following principles as guidance for their behavior, intervention, and assistance.

Respect Confidentiality

Respect the confidentiality of the client, child and their family at all times. Confidentiality is linked to sharing information on a need-to-know basis. The term "need-to-know" describes the limiting of information that is considered sensitive, and sharing it only with those individuals who require the information in order to protect the client. Any sensitive and identifying information collected on client should only be shared on a need-to-know basis with as few individuals as possible. Respecting confidentiality requires service providers to protect information gathered about clients and to ensure it is accessible only with a client's explicit permission. For agencies and their project staff involved in the process, it means collecting, keeping, sharing and storing information on individual cases in a safe way and according to agreed upon data protection policies. Staff should not reveal children's/case's names or any identifying information to anyone not directly involved in the care of the child/case. This means taking special care in securing case files and documents and avoiding informal conversations with colleagues who may be naturally curious and interested in the work. Importantly, confidentiality is limited when case management staff identify safety concerns and need to reach out to other

service providers for assistance (e.g. health care staff), or where they are required by law to report crimes. These limits must be explained to the clients (including children and their parents) during the informed consent or assent processes. Supervisors and case management staff should work together closely to take decisions in such cases where confidentiality needs to be broken. Encourage other community members and humanitarian actors to respect the confidentiality of the client and do not discuss a case with others.

Respect the wishes, rights, and dignity of the client.

We understand the importance of meeting the client where s/he is and view her as the expert of his/her own life. All actions taken will be guided by respect for the wishes, the rights, and the dignity of the survivor. We express to clients that we care about their experiences, their history and what happens to them now and in the future. We let him/her know that s/he is valuable and that s/he matters in the world and to us. This is particularly important for Gender Based Violence survivors given the relational dynamics of his/her life and/or experiences with violence. Offer information about available support services and respect the choice of the client concerning which services s/he wishes to access. Maintain a non-judgmental manner; do not judge the person or her/his behavior or decisions. Be patient; do not press for more information if s/he is not ready to speak about it; and try to ensure that putting the client in a position where they have to repeatedly disclose distressing information is avoided. Ensure that children are involved in all decision making processes regarding referral and access to services.

Seeking Informed Consent/Informed Assent

All actors must receive informed consent from the client (or legal guardian if working with a child) prior to any response service or sharing of information. If the client cannot read and write an informed consent statement will be read to the client and a verbal consent will be obtained. and recorded. The objective of informed consent is that the client understands what s/he is consenting and agreeing to. Children must be consulted and given all the information needed to make an informed decision (informed assent) using child-friendly techniques that encourage them to express themselves. Their ability to provide consent on the use of the information and the credibility of the information will depend on their age, maturity and ability to express themselves freely.

Do No Harm

This means ensuring that actions and interventions designed to support the client do not expose them to further harm. At each step of the case management process, care must be taken to ensure that no harm comes to clients as a result of case management staff conduct, decisions made, or actions taken on behalf of the client. Caution should also be taken to ensure that no harm comes to survivors, children or families as a result of collecting, storing or sharing their information. For example, care should be taken to avoid creating conflict between individuals, families or communities, and collecting unnecessary information that, if in the wrong hands, could put the survivor, child or family at risk of violence. Unless care is taken, this may expose a survivor, child and his/her family to further harm such as revenge acts/violence.

Non-discrimination

Adhering to the non-discrimination principle means ensuring that clients are not discriminated against (treated poorly or denied services) because of their individual characteristics or a group they belong to (e.g. gender, age, socio-economic background, race, religion, ethnicity, disability, sexual orientation or gender identity). Clients in need of protective services should receive assistance from agencies and case management staff that are trained and skilled to form respectful, non-discriminatory relationships with them, treating them with compassion, empathy and care. Case management staff must actively work to be non-judgmental and avoid negative/ judgmental language in their work. Whether engaged in awareness raising, prevention or response activities agencies and case management staff should challenge discrimination, including policies and practices that reinforce discrimination.

Ensure Accountability

Accountability refers to being held responsible for one's actions and for the results of those actions. Agencies

and case management staff involved in case management are accountable to the client adult, child, the family, and the community. Agencies and individuals providing case management must comply with the national legal and policy framework. They will also have to comply with professional codes of conduct where these exist. Agencies introducing or supporting case management services must take responsibility for the initial training, ongoing capacity building and regular supervision of staff to ensure appropriate quality of care. This must also provide clients, adults, children and their families with routine opportunities to give feedback on the support and services they have received.

Establish and ensure physical safety and security

Ensure the safety of the client, child and family at all times. Remember that s/he may be frightened, and need assurance that s/he is safe. In all types of cases, ensure that s/he is not placed at risk of further harm by the perpetrator or by referral to other services. If necessary, ask for assistance from security, police, community leaders or others who can provide security (the client's permission should be sought before this occurs but the team should also be conscious of mandatory reporting requirements and take the approach agreed by the relevant Working Group). Maintain awareness of safety and security of people who are helping the client, such as family, friends, counsellors, health care staffs, etc.

Prioritize Best Interest of the Child

The "best interests of the child" encompass a child's physical and emotional safety (their well-being) as well as their right to positive development. In line with Article 3 of the United Nations Convention on the Rights of the Child (UNCRC), the best interests of the child should provide the basis for all decisions and actions taken, and for the way in which service providers interact with children and their families. Case Management staff and their supervisors must constantly evaluate the risks and resources of the child and his/her environment as well as positive and negative consequences of actions and discuss these with the child and their caregivers when taking decisions. The least harmful course of action is the preferred one. The Best Interests Principle must guide all decisions made during the support process. Often in child protection there is no one "ideal" solution possible, but rather a series of more or less acceptable choices that must be balanced with a child's best interests.

Survival and Development

Children should be provided with an environment that enables them to grow and develop to their full potential. This includes the provision of skills, resources and protection from neglect, exploitation and abuse. Where organizations are not able to provide the necessary resources they will refer the child to services to ensure the child's health and development, including medical and psychosocial activities.

Strength-based approach

Identifying, nurturing and building on the strengths and resilience of clients as well as the different systems/networks in which they are located is a vital component of case management work. Rather than merely assessing needs and challenges, the Case Management team must assess their ability to help themselves through the support of existing protection mechanisms at the individual, familial, community and societal level and endeavor to facilitate the ability of the client to engage with these mechanisms.

Particularly for gender-based violence survivors, given that one of the core experiences of gender-based violence is disempowerment, at the center of the survivor's recovery is empowerment. The core of the relationship between the case staff and the survivor, and the process of case management must be about restoring power and control back to the survivor. The survivor is considered the director and owner of his/her own recovery and the case management process is intended to be transformative in the sense that the survivor finds his/her own agency and autonomy, including the right to make decisions that case staff think are 'mistakes' or the 'wrong' decision.

Cash and Voucher Assistance System

Cash and Voucher Service Providers

PTT

Working in cooperation with PTT (Postal and Telegraph Corporation, Turkey), CARE provides cash assistance through PTT debit cards, "PTTkart", to refugees and asylum seekers. The cash assistance is labeled to different programming, such as Cash for Work, Cash for Training (stipends), Cash for Shelter, Cash for Rent, and Cash for micro-grants. Cards can be used with any shop or service provider which is part of the MasterCard circuit network across the country, and, or cashed from any of PTT over 5000 offices in Turkey.

Ziraat Bank

Providers of financial services can play a critical role in empowering refugee populations. By offering credit, insurance, savings and other products, these providers can help refugees transition beyond reliance on economic assistance programs, achieve independence, and contribute to their host countries.

CARE is embarking on a new partnership Ziraat Bank. Through this partnership, any refugee with TPID starting with 99 number is able to open a personal bank account at any of their branches. CARE clients will be able to access funds transferred by CARE quickly and easily and at no cost for CARE or our clients. Once the funds have been transferred, Ziraat bank will send SMS to all clients informing them to visit the nearest bank branch to open an account and receive their money. Clients with their IDs visiting the nearest bank branch opening an account, receiving their banking card, and be able to withdraw money transferred by CARE to their account.

A-101

Protection issues, including child protection, can be expected to persist among economically vulnerable clients. By providing A101 Super Market cards to vulnerable households, we can help bridge the gap between their income and their basic expenditure needs, which in turn prevents refugee households from being forced to resort to a wide range of negative coping mechanisms.

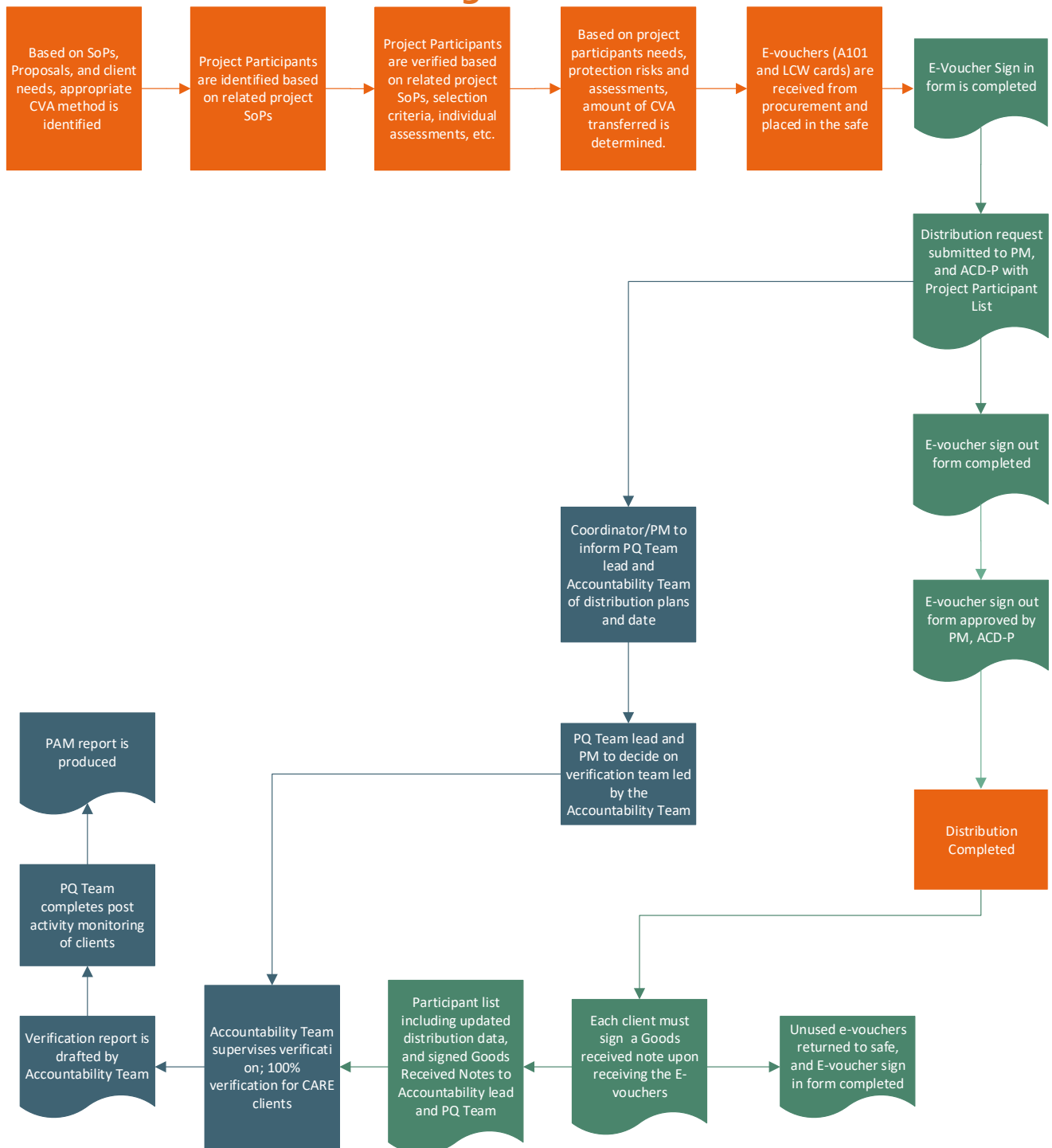
The use of A101 cards in CARE's Case Management and IPA programming seeks to address this financial gap and support individuals and families with increased protection risks and who continue to resort to negative coping mechanisms, including child labour and early and/or forced marriage.

LCW

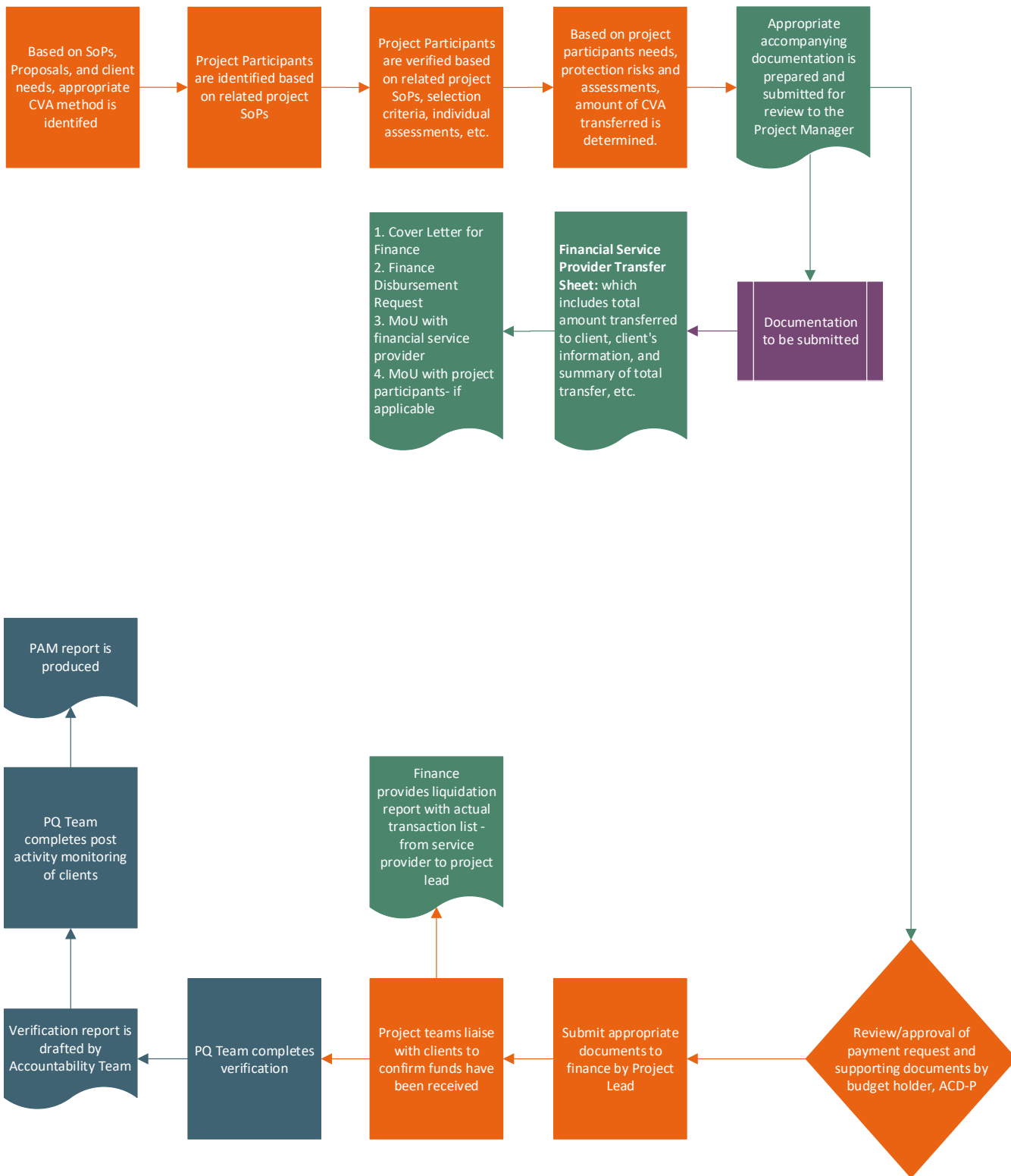
Families who are currently not receiving ESSN, have additional socio-economic deprivation which can force Syrian refugee families in Turkey to cut a range of costs. Enabling vulnerable families to purchase new clothes for themselves and for their children, has shown to bolstered the children's self-esteem and sense of wellbeing. Many families have been unable to purchase new clothes since they have arrived in Turkey, relying, until now, on second-hand donations from their neighbours. By providing clients with new clothes, it can reduce social isolation, and increase confidence of vulnerable families. In addition, given the critical time of year, with the school year fast approaching, the provision of clothing support will also provide families with some level of temporary reprieve from the stress associated with the chronic struggle to meet their basic needs. The purchase of new clothing may incentivize families, and motivate children to continue to attend school.

Given the current economic climate; the increase in prices due to the weakened Turkish Lira, CARE will provide funds to client to support in the purchase of new clothing. These funds will allow each client to purchase: One outfit, which can include; shoes, trousers and t-shirt, or a dress and abaya, and underwear.

E-Voucher Process Flow Diagram



Cash Process Flow Diagram



CVA Documents List

1. Financial Service Provider Transfer sheet
2. Financial Service Provider Liste (PTT/Ziraat)
3. Cover Letter for Finance
4. Finance Disbursement Request
5. Service Provider MoU
6. MoU with project participants
7. Voucher Sign In Form (A101/LCW)
8. Voucher Sign Out Form (A101/LCW)
9. Distribution Request
10. Project Participant List
11. Project Participant Good Received Form
12. Voucher Tracker (A101/LCW)
13. Copy of the beneficiary ID
14. Verification Report
15. PAM Report

Assistance	Project Participant	Documentation Needed
Cash	Microcredit	1, 2, 3, 4, 5, 14, 15
	Entrepreneur, cash for training, cash for work	
	Case Management Client	1, 2, 3, 4, 5, 14, 15
	Cash for Shelter ¹	1, 2, 3, 4, 5, 6, 14, 15
	Cash for Rent	1, 2, 3, 4, 5, 14, 15
Vouchers	All Clients	7,8,9,10,11,12,14,15

¹ Given the high level of vulnerability of our clients, the increased protection risks, and the financial insecurity, it is acknowledged that rental support through CVA assistance is provided to support clients to meet basic needs. Protection issues, including child protection, early forced marriage, child labour, can be expected to persist among economically vulnerable clients. By providing rent to vulnerable households, we can help bridge the gap between their income and their basic expenditure needs, which in turn prevents refugee households from being forced to resort to a wide range of negative coping mechanisms. Therefore, CARE Turkey does not request copies of rent agreement signed between the Beneficiary and Landlord including the rental period, amount, terms and conditions, nor a copy of the Landlord's ID and personal data from clients for CVA Rental Assistance.

Identification and referral of potential clients

Potential CARE clients will be identified through a number of different sources:

CARE'S CRM. CRMs enable our stakeholders to safely raise a concern or make a complaint in respect of CARE's work and to be assured that appropriate action will be undertaken. The CRM line has also been used for self-referral/receiving new cases. CARE's CRM number is disseminated during outreach activities and distributions throughout targeted communities as well as through IEC materials. It is accessible for survivors, family members or witnesses to directly report themselves and/or a case in need of protection assistance, but it is also used by community activators (CAs) to report/refer cases identified during the protection outreach activities. The CRM hotline is operated by the PQ team, calls are processed and relevant cases with protection concerns are referred (and followed up) to Program Teams by the PQ team on a daily basis.

Community Activators(CAs) CAs are part of the Protection Outreach (PO) team; they are trained to disseminate protection and other messages refugees and host communities. This is done through door to door visits or through group sessions. Through their outreach work, CAs play an important role in the identification of protection cases. CAs should be trained in identification of vulnerability and protection concerns in order to avoid missing hidden or unexpected high risk profiles. PO team's focal point(s) will receive cases from his/her CAs colleagues through filled in registration forms and will refer those cases to CARE Program Teams for assessment and assistance. The referral should be done through the internal referral pathway.

Protection Outreach (PO) Team. The PO team plays an important role in supporting refugee communities. They have direct interaction with CAs and conduct community awareness sessions, informative and cohesive community and group activities, and direct observation of clients groups. They are therefore responsible for direct identification of cases while conducting the above mentioned activities. Staff should be trained in identification of vulnerability and protection concerns in order to avoid missing hidden or unexpected high risk profiles. PO staff will directly address the cases they do identify through the above mentioned activities by filling in the standard registration form and then will refer those cases through internal referral systems to the appropriate Programs Team.

Other Program Outreach Teams: Program outreach team members can identify cases within protection target areas in need of further protection support during their activities (or in other areas from which cases will be referred to other agencies). Staff should be trained in identification of vulnerability in order to avoid missing hidden or unexpected high risk profiles. The other CARE program team members will directly address the cases they do identify during their routine activities by filling in the standard registration form and then will refer those cases to the CARE CM team for assessment and assistance. The referral should be done through the internal referral pathway.

Information & Protection Spaces (IPS) walk-in: Survivors and people in need have the option to approach CARE's IPS to directly report themselves (and/or other cases that they are witnessed) to seek support. They may report themselves or others directly to CARE staff who will support in filling in the registering the clients. The information is then transferred to the appropriate Program Teams for review and assessment.

Case Management and CVA

Case management is a collaborative, client-focused approach and process of delivering services. It is aimed at empowering (by focusing on client's needs, issues and goals together with their strengths and resources) and working together with clients to effectively address their needs and achieve their goals. CM is a medium to long-term intervention that aims towards one or more specific, intentional and articulated protection outcomes. CM is a two pronged approach incorporating direct client services (available through CARE CM resources/support pathways), based on sound assessment and support planning, and coordination of access

to and delivery of, a range of other appropriate support services that are available through external resources.

Core Relief Items, In Cash

Core Relief Items are defined as essential material items aiming to improve the immediate living circumstances of beneficiaries. These items may include: clothing, kitchen kits, stoves, heaters, bedding materials. There are no restrictions or limitations on cash assistance for core relief items under IPA².

Cash for core relief items that serve a protection outcome should be reported in ActivityInfo under the indicator # of individuals receiving material assistance to meet their urgent protection needs (disaggregated by age, gender and disability; disaggregated by modality: cash, e-vouchers, or in-kind).

Rent Assistance, In Cash

Rent assistance may be provided either while a sustainable alternative is being sought or while other processes in the case plan are being carried out (for example, during out-of-town medical treatment, while waiting for ESSN acceptance or to enable MERNIS registration and ESSN application³).⁴

Such cases must be reviewed monthly. If rent assistance is still being provided after three months, the case plan must be reviewed and a decision taken to 1) extend the current plan (including rent assistance) for up to a maximum of an additional three months 2) change the case plan, trying an alternative IPA intervention or approach to achieve the desired protection outcome(s) or 3) transfer the case to case management⁵.

The cost ceiling for rent assistance must be in line with the rent assistance provided for Turkish nationals by the Ministry of Environment and Urbanization (MoEU) within the frames of urban transformation. The MoEU has divided provinces into seven groups and identified the average cost of rent assistance per each group.

Case workers applying the MoEU guidelines should keep in mind that it is not necessary to use the entire limit. Rental situations, and the rent assistance provided, should take into consideration longer term sustainability. For example, if rent assistance is provided to a family while waiting for ESSN approval, the rent should not be higher than what the family can pay once receiving the ESSN.

The MoEU guidelines are based on an average household size of five or six individuals, some large families may need a higher level of rent assistance. In these cases, cost sharing arrangements may be sought (for example, the family contributing some funds to compliment the IPA assistance) or a higher amount can be paid through IPA with donor approval.

Through CARE's agreement with PTT, the Turkish Postal Service, CARE can transfer funds directly to the client or the landlord to cover the cost of rent, when applicable.

Cash for rent assistance that serves a protection outcome should be reported in ActivityInfo under the indicator # of individuals receiving material assistance to meet their urgent protection needs (disaggregated by age, gender and disability; disaggregated by modality: cash, e-vouchers, or in-kind).

² For non-registered / excluded groups, sector specific IPA can be supported by ECHO: the partner is requested to inform ECHO upfront about the intended CRI, until a list of CRI is included in this document.

³ Note that all interventions under IPA must be in support of protection outcomes determined through a protection risk analysis, as outlined in the definition on page three of the IPA SOPs.

⁴ For non-registered / excluded groups, sector specific IPA can be supported by ECHO: For accommodation, rent, shelter - Referral to specialist organizations is preferred (used to deal with landlords for instance)

⁵ This may be necessary in situations where a case becomes, or is revealed to be, more complex than initially understood.

Shelter Assistance, In Cash

Referral to a shelter specialist organization is preferred. However, if this is not possible shelter assistance in cash⁶ can be provided through IPA.⁷ Through CARE's agreement with PTT, the Turkish Postal Service, CARE can transfer funds directly to relevant parties in order to provide shelter assistance, when applicable.

Cash for shelter assistance that serves a protection outcome should be reported in ActivityInfo under the indicator # of individuals receiving material assistance to meet their urgent protection needs (disaggregated by age, gender and disability; disaggregated by modality: cash, e-vouchers, or in-kind).

Unrestricted Cash to Meet Urgent Immediate Needs, One-Off

Some donors do not allow this assistance type under IPA⁸. Check with your donor to confirm whether or not they will allow unrestricted cash assistance under IPA programming.

Through CARE's agreement with PTT, the Turkish Postal Service, CARE can transfer funds directly to the client, when applicable.

Unrestricted cash that serves a protection outcome should be reported in ActivityInfo under the indicator # of individuals receiving material assistance to meet their urgent protection needs (disaggregated by age, gender and disability; disaggregated by modality: cash, e-vouchers, or in-kind).

Unrestricted Cash to Meet Urgent Immediate Needs, Time Bound

Some donors do not allow this assistance type under IPA⁹. Check with your donor to confirm whether or not they will allow unrestricted cash assistance under IPA programming.

Time-bound cash may be provided, either while a sustainable alternative is being sought or while other processes in the case plan are being carried out (for example, during out-of-town medical treatment or while waiting for ESN acceptance). Such cases must be reviewed monthly. If cash assistance is still being provided after three months, the case plan must be reviewed and a decision taken to 1) extend the current plan (including cash assistance) for up to a maximum of an additional three months 2) change the case plan, trying an alternative IPA intervention or approach to achieve the desired protection outcome(s) or 3) transfer the case to case management¹⁰. Time-bound unrestricted cash assistance is also subject to a per head / per month maximum equivalent to the southeast Turkey minimum expenditure basket (MEB), as determined and periodically revised by WFP and published in the Turkey Emergency Social Safety Net Market Bulletin¹¹.

Unrestricted cash that serves a protection outcome should be reported in ActivityInfo under the indicator # of individuals receiving material assistance to meet their urgent protection needs (disaggregated by age, gender and disability; disaggregated by modality: cash, e-vouchers, or in-kind).

Remedial care for individuals who have already experienced a rights violation can also be provided under IPA. The codes for protection outcomes therefore focus on these four factors (decreasing vulnerability, increasing capacity, mitigating or removing threats and providing remedial care) and the sectors related to the protection outcome (basic needs, education, health, livelihoods, etc.). For example, enrolment in school helps increase a child's capacity and could mitigate exposure to an abusive employer; the action is related to education sector.

⁶ Efforts are underway to organize a Workshop on Shelter Programming in Turkey coordinated by the southeast Basic Needs Working Group. Partners may refer to the outcomes of the workshop regarding the targeting methodologies and other technical issues linked to provision of shelter assistance, once they are published.

⁷ For non-registered / excluded groups, sector specific IPA can be supported by ECHO: For accommodation, rent, shelter - Referral to specialist organizations is preferred (used to deal with landlords for instance)

⁸ ECHO does not allow unrestricted cash assistance under the IPA programmes that it funds.

⁹ ECHO does not allow unrestricted cash assistance under the IPA programmes that it funds.

¹⁰ This may be necessary in situations where a case becomes, or is revealed to be, more complex than initially understood.

¹¹ The most recent ESN Market Bulletin is available online here: <https://www.wfp.org/content/turkey-emergency-social-safety-net-market-bulletin-2017>

Cash and Voucher Assistance Standard Operating Procedure

Through CARE's agreement with PTT, the Turkish Postal Service, CARE can transfer funds directly to the client, when applicable.

Case workers may need additional help linking actions or assistance to specific sectors. The below table can be used as a reference:

Outcome aims to...	Sector	Action & Assistance Areas
Reduce vulnerability Increase capacity Remove or mitigate threats Provide remedial care	Basic Needs	Non-food assistance ESSN Other cash assistance
	Education	School enrolment Special education and rehabilitation Accelerated learning/study support Enrolment for higher education Conditional Cash Transfer for Education (CCTE) Scholarships School equipment and clothing
	Food Security & Agriculture	Food assistance Job placement (agricultural) Cash for work (agricultural) Work permit (agricultural) Vocational training (agricultural)
	Health	Access to health care services Medication Medical equipment Physical rehabilitation Medical documentation Home care support Home care fees
	Livelihoods	Job placement (non-agricultural) Cash for work (non-agricultural) Work permit (non-agricultural) Vocational training (non-agricultural) Language trainings In-kind grants
	MHPSS	Mental health support Psychological support Psychosocial support Rehabilitation
	Protection	Temporary Protection registration Humanitarian Residence International protection Civil Registration (new-born/marriage/divorce/death/citizenship/address) Voluntary return/repatriation

	<ul style="list-style-type: none"> Lawsuit Family unification Access to territory or suspension of removal Care arrangement Protective shelter Sensitization
Shelter	<ul style="list-style-type: none"> Camp placement Rental support Temporary accommodation Improvement of shelter

CM/IPA Exception Circumstance Direct Assistance (ECDA)

Exceptional circumstance direct assistance (ECDA) will be treated as an invaluable resource to be used within the CARE Protection Case Management System to address emergency needs/issues of highly vulnerable individuals and households. For an individual to be eligible for ECDA, they would not have an immediate protection concern, they do not meet the CARE IPA or CM eligibility criteria, and their needs/issues cannot be addressed by the existing services available on a timely manner and with respect to human dignity. The purpose of ECDA is to address specified urgent and critical needs/issues of highly vulnerable individuals and household through one-off (in-kind) direct assistance (for a preplanned period of time which will not exceed 3 months). ECDA is not a resource to assist the general basic needs of refugee individuals and families, it is rather a resource to be used to stabilize emergency and critical situations of those highly vulnerable individuals and households. Eligible individuals will be supported through the CARE case management system by referring/accompanying them to other external services and to other CARE services including for more sustainable solutions.

Potential ECDA beneficiaries

Any refugee/asylum seekers (registered or unregistered with the authorities) who do not meet CARE CM/IPA criteria but have a critical, urgent or special conditions within a specific and exceptional circumstance/context which puts them at risks, and if they are not supported through ECDA, they may potentially develop serious protection concerns.

Family Profiles that will be considered

#	Profile/Circumstances of Eligible Families
1	<p>New/Recent Comers</p> <p>Individuals who are not registered and don't have IPIDs/TPIDs, who don't have Turkish language skills, who are not aware of and/ or in touch with any other humanitarian assistance providers, etc.</p> <p>Families having no apparent/immediate protection risks apart from being not registered with the authorities.</p>
2	<p>Families who have children with in need of special medical assistance, such as dietary supplements or expensive medications, that are not currently covered by other assistance programs.</p> <p>Families having no apparent/immediate protection risks</p>
3	<p>Woman headed households with no apparent/immediate protection risks.</p> <p>Separated, single, divorced, widows, etc. with children who are not receiving ESN assistance and are unable to work at this time.</p>
4	<p>Families and individuals who are not considered new/recent comers, they are either not registered with the authorities, or they are residing in a city where they are not currently</p>

	registered and therefore they have no or severely limited access to existing services and assistance Families having no apparent/immediate protection risks
5	Crowded/Large Families The families with a high number of individuals living in a single household who are having difficulties meeting basic needs due to combination of reasons. Families having no apparent/immediate protection risks
6	Families in extreme poverty with children who are vulnerable to malnutrition. Families facing extreme poverty without access to ESSN or any other humanitarian assistance. Families having no apparent/immediate protection risks apart from being not registered with the authorities.
7	Families who are depending on their children to financially support the household. Families having no immediate protection risks except child labor
8	Families who have disabled person (s) Families who have individuals who are disabled, or have mental health concerns. Some of these families may already be receiving ESSN (having people who are disabled dependents with special needs requires additional expenses that effect all over family basic needs capacity). Families having no immediate protection risks

Criteria and rules to activate ECDA

1. ECDA should be used as individualized case support.
2. CARE CM SOPs applicable to support individualized ECDA case i.e. each case should go through a case plan, limited though a follow up and case closure, etc. processes.
3. The planned outcome for the one-off (in-kind) ECDA support must have a basic internal theory of change. This will support the use of ECDA, and provide justification for the assistance. Each case plan for ECDA should aim to achieve specific and measurable results to reduce social and physical risks of highly vulnerable individuals and families. This will be accomplished through addressing their specific, emergency, special and critical needs/issues (that fall outside of CM/IPA eligibility criteria).
4. ECDA assistance cannot be used to replace/duplicate regular assistance and services generally available from humanitarian or governmental entities.
5. ECDA interventions should be one-off (for a pre-planned duration) and cannot to be designed/used as a repetitive and/or regular assistance.
6. ECDA should be used as a last resort only where/when community based supports, emergency or other social assistance (i.e. humanitarian or governmental) are not available in a timely manner.
7. Case plans for ECDA should include goal(s)/outcome(s) that link each case to more sustainable solutions and resources.
8. Individual ECDA cases should be treated with respect to core CARE values and principles as outlined in the CARE CM SOPs and other CARE policies.

If a client meets the vulnerability criteria, and referral pathways have been exhausted, ECDA will be available to them. This support would complement CARE's protection outcomes and contribute to reducing an individual's protection risk, which could include preventative actions.

Material Support Distribution

There are two ways the distribution of items is conducted:

1. E-vouchers.
2. In kind distribution

Super-market cards/vouchers

The Case Management Officer prepares the list of super-market cards/vouchers and the Coordinator shares

with the agreed super-market cards/vouchers supplier after ensuring that there is no duplication and that the super-market cards/vouchers and their values match the case plans approved by the case committee. Through CARE's agreement with PTT, the Turkish Postal Service, CARE can transfer funds directly to the client, when applicable.

Please refer to the ANNEX 2.8, Standard Operating Procedure (SOP) for super-market cards/vouchers Activities for CARE CM/IPA Clients, for further details of documentation requirements. The case worker then delivers the e-vouchers to the beneficiaries and asks them to sign a receipt. The case worker also helps the beneficiaries to purchase the items, in cases where they need support.

Protection Outreach and CVA

Protection Outreach is an community-based model mainly utilising peer to peer (P2P) education in order to improve access to information about services and rights, to reinforce positive behaviours, to change risky protection related behaviours and develop new recommended ones, to build community capacity for identifying own priorities, resources, needs, and solutions and promoting representative participation, accountability, and resilience within refugees and asylum seekers in Turkey.

Stipends of Community Activators

Community Activators (CAs) are people from the affected communities who are willing to make a change in their communities. These community members with certain criteria are being recruited and trained regularly by the CARE's Protection Outreach (PO) team on the protection curriculum. The curriculum is updated frequently and new topics are added depending on the community demands and needs.

Given CAs are project participants, CARE provides a small amount of financial support, through CVA, to support in transportation while they are supporting the community with protection information. The Community Activators receive this support through A101 E-voucher cards, PTT Transfers, or transfers through Ziraat Bank.

Women's Economic Empowerment and CVA

CARE in Turkey aims to support women's ability to build financially sustainable, profitable and growing enterprises, with the potential to enter the formal economy. This requires a more focused approach that targets the specific vulnerabilities women might face. We aim to support microfinance clients with training to ensure they have the capacity, confidence and choice to identify, pursue and achieve their economic aspirations. We will also provide CARE's protection outreach curriculum to all microcredit clients with the aim of reducing their overall protection risks.

CARE also provides Turkish language courses to women who would like to expand on their workforce preparedness. The addition of language skills will aim to enhance the social and relational environment through facilitating peer networks, and increasing social cohesion.

Microcredit loans

CARE will support Syrian women, and vulnerable Turkish women, in the South East of Turkey; we provide access to a small grant, in collaboration with Turkish Grameen Microfinance Program, and provide five-day business skills training; along with Agency Building Training.

The Microcredit loans will enable women to stabilize their economic situation and to start up and/or diversify income-generating activities, there is little rigorous evidence that either access to finance and/or business training alone leads to sustained growth among women's micro-enterprises. The Microcredit Entrepreneurs receive this support through PTT Transfers, or transfers through Ziraat Bank.

Cash for Training

CARE provides Turkish Language training, and other training opportunities to Syrian women with the aim of facilitating their access to safe and formal employment. The training participants receive stipends to support in their transportation costs, to and from the training venues, through PTT Transfers, or transfers through Ziraat Bank.

Cash for Work

CARE provides cash for work as a short-term intervention to provide temporary employment to the most vulnerable crisis-affected population. The cash for work participants receive stipends as compensation for their daily participation through PTT Transfers, or transfers through Ziraat Bank.

Basic Needs (Shelter/WASH)

CARE Turkey responds to these challenges by addressing poor conditions in shelter and the built environment and thereby improves safety, dignity and privacy for vulnerable refugees and host community members in the Southeastern Turkey. More specifically, CARE Turkey rehabilitates shelter and upgrades buildings in the southeast of Turkey.¹² In reference to the household assessments which take into account social vulnerability factors and structural needs of dwellings, CARE does not only detect the housing units in need of improvement but also identifies protection concerns within a household. CARE specifically focuses on women at risk of gender-based violence (GBV) due to overcrowding and lack of privacy in shelters.¹³ In order to promote cohesion between the Syrian and Turkish communities, CARE also works with local partners to provide upgrades to public facilities and communal spaces, including parks and launderettes.¹⁴

Cash for Shelter

CARE provides cash assistance to eligible households. The amount of the cash grant is linked to the Bill of Quantity (BOQ) which includes the cost of materials and the labor to repair a house according to CARE Shelter Upgrade Minimum Standards. The cash for shelter participants receive funds through PTT Transfers, or transfers through Ziraat Bank.

Program Quality Activities

As part of the CARE International in Turkey, E-voucher Standard Operating Procedures, the PQ Accountability Assistant is required to completed 100% verification for all CARE clients who received vouchers within 24 hours of distribution. The 24 hours after the delivery of any cards, each household will be called to verify that they received the correct number of cards, and the total amount of assistance received. The PQ team member completing the verification must sign the verification section of the Client Goods Received Note. This will be logged in the Super-Market Card Database by the Accountability Assistant.

Once a month, a sampling (minimum 20%) of Community Activators and daily workers are called to verify that they received the correct number of cards, and the total amount of assistance received. The PQ team member completing the verification must complete the verification section of the Client Goods Received Note form. This will be logged in the Super-Market Card Database by the Accountability Assistant.

The purpose of the verification is to verify that the project participants received the same number and value of the distributed cards as reported in the database and good received notes, as well as to document the barriers faced in accessing goods and services. Once a verification is complete, a report is drafted and submitted to the PMs, the ACD-P and the PQ team.

¹² CARE International Turkey, Security, Dignity, Cohesion: CAREs Work with Refugees in South-Eastern Turkey, July 2018.

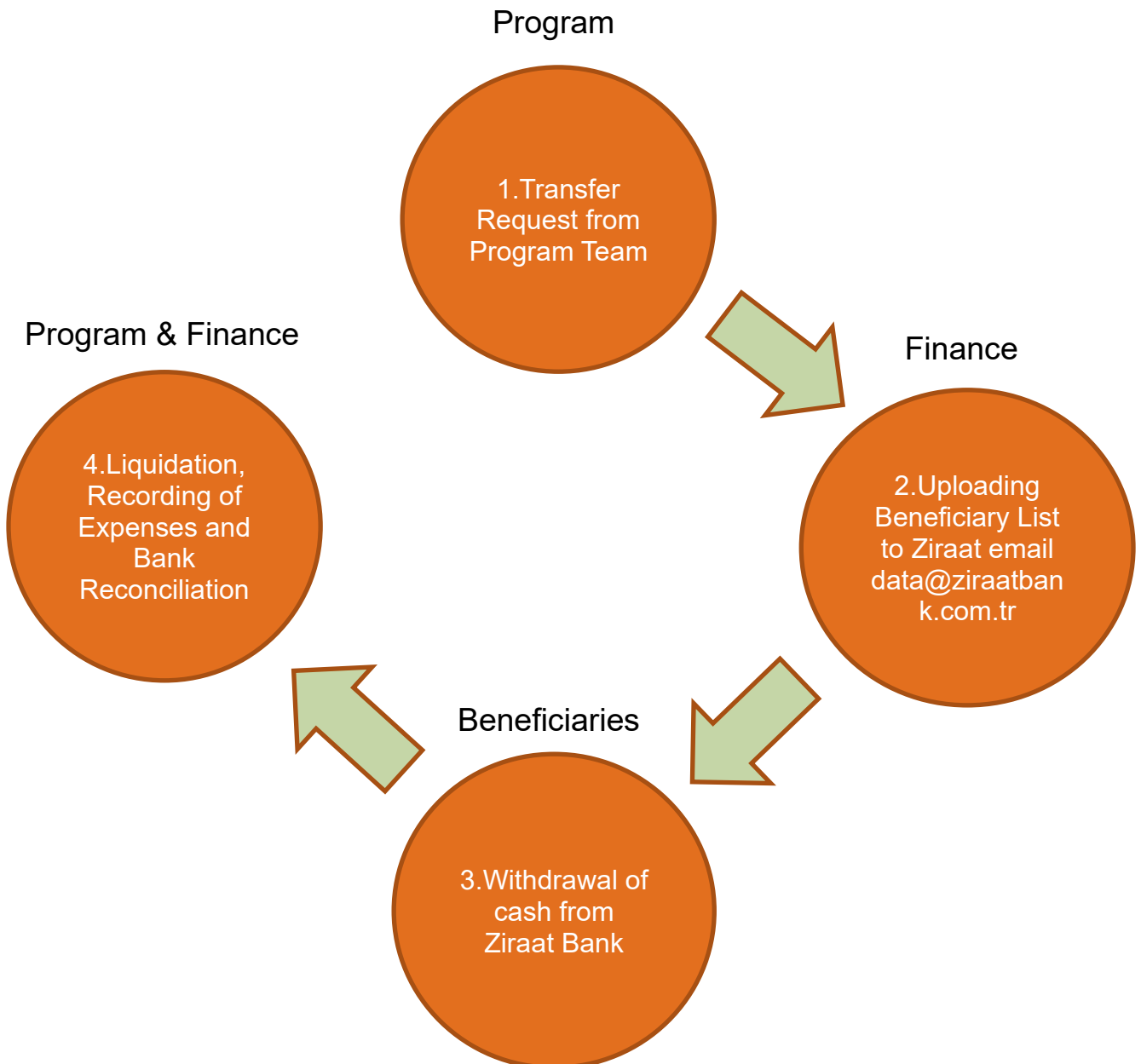
¹³ CARE International Turkey, Post Activity Monitoring Report - BPRM Funded Shelter/Wash Program – Kilis & Gaziantep, November 2018.

¹⁴ CARE International Turkey, Security, Dignity, Cohesion: CAREs Work with Refugees in South-Eastern Turkey.

The PQ Team must also include questions about CVA in all PAM conducted throughout the project lifecycle. This will ensure the appropriate modalities, and amounts are used by the Programs team, and provides an opportunity for project participants to provide feedback on CARE's CVA system.

Transfers to Beneficiaries and Bank Reconciliation Cycle

This section outlines the procedures of Recording of Expenses and Bank Reconciliation for Cash Assistance through Ziraat Bank.



Transfer Request from Program Team

To request transfers for beneficiaries, Program Officers/ Coordinators need to prepare the following 3 documents;

1. Central Payment Form (Attachment 1



Sample_Merkezi
Odeme.xls

2. Cover Letter



Sample_Cover
Letter.docx

3. Disbursement Request



Sample_Disburseme
nt Request.xlsx

Central Payment Form is used for preparing the list of selected beneficiaries for Cash Assistance. including the information of ID Number , Name, SurName, Father's Name, Birth Date and amount of transfer for each beneficiary. Central Payment Form must be approved according to affective Authorized Signatory Limits

Cover Letter, prepared to elaborate the number of beneficiaries and purpose of the transfer, location and total amount of transfer including project information. Cover Letter must be approved according to affective Authorized Signatory Limits.

Disbursement Request is the final document to prepared before submission of payment request to Accounting Team, Disbursement request contains the following information; Business Unit, Fund Code, Department ID, Project Code and Activity ID, purpose of the transfer. Disbursement request must be approved according to affective Authorized Signatory Limits.

Uploading Beneficiary List to Ziraat Online Banking

Once all documents are ready, approved and submitted to Accounting Team, Finance Officer will review documents, record the transfer request in offline tracker and upload Central Payment Form to Ziraat email address which is data@ziraatbank.com.tr then goes automatically Ziraat bank internal approval system where our main branch is. As all transfer requests are subject to final approval from respective Ziraat Bank Branch, after the upload of Central Payment Form, Finance Officer will inform Ziraat Bank Ibrahimli Branch that there is an uploaded payment request for their final approval. One important point is that just one file can be uploaded within same day.

Withdrawal of cash from Ziraat Bank

Once Ziraat Bank confirms and approves the uploaded transfer file, Finance Officer will inform Program Team that beneficiaries can withdraw funds (Cash Assistance). Beneficiaries will have 15

calendar days to go any Ziraat Bank Branch with their ID Cards to withdraw funds. If beneficiaries will not go to Ziraat Bank within 15 days after the transfer is approved, they will not be able to withdraw the funds.

Liquidation, Recording of Expenses and Bank Reconciliation

As beneficiaries will start to withdraw funds, each withdrawal will appear individually on Ziraat Bank Statement which can be accessed through online banking. On monthly basis Finance Officer will share excel formatted bank statement with Program Team for Liquidation and Recording process of Cash Assistances to PeopleSoft. Each beginning of the month all liquidation should be completed within 3 days due to limited to close the month in Peoplesoft.

Preparing Liquidation;

Upon receiving Bank Statements, Program Officer/Coordinator will compare the Transfer Request and Bank Statement to match number of collected and uncollected funds, according to data Liquidation Excel sheet is prepared for approval together with Cover Letter including all the information for beneficiaries; Name, Withdrawn amount, Date of withdrawal and ID number. Liquidation Excels must be approved according to affective Authorized Signatory Limits. Approval limitation is following,

- Below 3,500 USD goes to Program Manager
- Above 3,500 USD goes to Assistant Country Director-Program.
- The program team prepare following documents for liquidation;
- Cover Letter, indicate how many beneficiaries collected the fund and what is the remaining amount.



Sample_Liq. Cover Letter.docx

- Matched Detailed Ziraat bank statement file.



28 Clients Detailed List 01-19 Oct'20.xls

Recording of Expenses and Bank Reconciliation;

Final stage of Cash Assistance cycle, Once Program Team submits the approved liquidation for Cash Assistance Transfer, Finance Officer will review documentation and book expenses to PeopleSoft file vouchers and record payment date in PeopleSoft accordingly and once approved the voucher, effect the related fund code. Then the file is closed.

ANNEX 1: Financial Service Provider Contracts

ANNEX 1.1: CARE PTT Protocol

ANNEX 1.2: CARE Grameen Protocol

ANNEX 1.3: CARE Ziraat Bank Protocol

ANNEX 1.4: CARE A-101 Contract

ANNEX 1.5: CARE LCW Contract

ANNEX 2: Programing related SoPs

ANNEX 2.1: Case Management SoP

ANNEX 2.2: Protection Outreach SoP

ANNEX 2.3: SHELTER/WASH SoP

ANNEX 2.4: WEE's SoP

ANNEX 2.5: M&E SoP

ANNEX 2.6: Field Movement SoP

ANNEX 2.7: IPS Management SoP

ANNEX 2.8: SMC SoP

ANNEX 2.9: AAP CRM SoP

ANNEX 2.10: Matrix Structure Guidelines