

OPTIMIZING BENEFITS AND MITIGATING RISKS OF INTEGRATING CASH-BASED INITIATIVES AND GBV PROGRAMMING:

CASE STUDIES FROM IRBID AND MAFRAQ, JORDAN

FEBRUARY 2018



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Mission Statements and Acknowledgements

The Women's Refugee Commission (WRC) works to improve the lives and protect the rights of women, children, and youth displaced by conflict and crisis. WRC researches their needs, identifies solutions and advocates for programs and policies to strengthen their resilience and drive change in humanitarian practice.

Mercy Corps is an international relief and development organization working in over 40 countries worldwide helping people build secure, productive, and just communities. Mercy Corps has been active in Jordan since 2002 and has been responding to the Syrian crisis throughout the region. In Jordan, Mercy Corps supports communities to execute recovery programming and resilience-building by promoting sustainable change through community-led and market driven initiatives. Mercy Corps focuses on humanitarian needs while transitioning towards longer-term solutions. Mercy Corps' well-established, long-term presence in Jordan is guided by an experience-based understanding of the fluid dynamics of the environment.

The International Rescue Committee (IRC) is a global humanitarian aid, relief, and development nongovernmental organization. The IRC's mission is to provide humanitarian assistance, safety, medical care, and other support to refugees living in extremely harsh conditions. The IRC also provides support to vulnerable communities that host refugees. IRC began its work in Jordan in 2007 with refugees from Iraq. With the arrival of refugees from Syria in 2012, IRC ramped up its operations, which now include primary health care, mobile outreach, and empowerment programs for those in need.

Special thanks to: Mercy Corps staff Kevin McNulty, Mohie Al-Wahsh, Sara Momani; IRC staff Melanie Megevand, Anna Rita Ronzoni, and Sawsan Issa; and WRC staff Tenzin Manell, Nadine El-Nabli, and Anna Myers. Mercy Corps, IRC, and WRC are grateful to the affected communities who participated.

Background

Cash-based interventions (CBIs) are a rapidly growing form of humanitarian assistance and it is imperative that as cash assistance is scaled, protection risks are minimized and protection benefits maximized for affected individuals, households, and communities. While cash itself is not inherently risky, simply designing a CBI without assessing gender dynamics and the potential gender-based violence (GBV) risks and protection benefits associated with the introduction of cash, as well as ensuring mitigation mechanisms, can lead to unintended consequences. In order to "get cash right," it is critical that cash actors conduct comprehensive and participatory assessments of protection risks. These assessments should be disaggregated by sub-population and inform protective program design, including mitigation mechanisms. Programming needs to be tailored for different sub-populations. It is critical to conduct robust protection monitoring and continually adapt CBIs as needed to ensure that risks are not being transferred to recipients who are not prepared to manage them, and that the protection benefits of cash are delivered.

From 2016 to 2018 WRC undertook a project funded by the U.S. State Department's Bureau of Population, Refugees, and Migration (BPRM) to build the capacity of humanitarian actors to effectively mainstream GBV

in CBIs and to utilize CBIs within GBV programming to meet the needs of displaced and marginalized groups, including women, adolescent girls, and persons with disabilities. Based on a literature review and key informant interviews (KIs) with over 40 experts from more than 20 humanitarian agencies, the WRC developed guidance, tools, and frameworks to help cash actors ensure the protection of beneficiaries from GBV risks throughout the program cycle. In partnership with Mercy Corps and IRC, field resources were piloted in Irbid, Jordan; additional pilots were conducted by WRC with Save the Children in Niger and with African Development Solutions (Adeso) in Somalia.

BPRM has also supported IRC to deliver specialized GBV services paired with cash assistance through its women and girls' centers located in the north of Jordan. In order to define clear eligibility procedures for accessing cash assistance for GBV survivors, and to ensure proper follow up, the IRC's Women's Protection and Empowerment (WPE) and Economic Recovery and Development (ERD) teams developed the WPE Protocol for Referrals to ERD/Cash Assistance, a tool that defines the process GBV caseworkers should follow for assessing and making referrals for clients' cash assistance needs. For the purpose of this pilot and the associated [Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response](#),ⁱ the protocol for GBV practitioners has been revised and expanded for broader use across populations of concern in humanitarian settings.

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Building on Mercy Corps' and IRC's existing efforts and programming, this case study provides an overview of the assessment and monitoring activities conducted in partnership with WRC, and describes key findings, learnings, and recommendations to strengthen Mercy Corps' and IRC's approaches to service delivery in Irbid, Jordan. These recommendations are also helpful for other cash and GBV service providers operating in this context.

Operational Context

As of late December 2017, the United Nations High Commissioner for Refugees (UNHCR) recorded 655,624 registered Syrian refugees in Jordan, a number that has remained consistent over the past three years, mainly due to the increased entry restrictions into the Kingdom. Nearly 80 percent of registered refugees live outside the camps, primarily concentrated in urban and rural areas in the northern governorates, with smaller populations in the southern governorates. The remaining Syrian refugees live in camps, mainly in Zaatari Camp (+80,000), Azraq Camp (+36,040), and the Emirati Jordanian Camp (+7,000). Jordan also hosts multiple other refugee populations and persons of concern, including 65,922 Iraqis, and more than 13,000 people from Sudan, Somalia, and Yemen combined.

The scope and complexity of the Syrian crisis has catalyzed a massive humanitarian response, including the unprecedented scale-up of CBIs. Cash is an essential lifeline for Syrian refugees. As the conflict in Syria enters its seventh year, many refugee families are struggling; they have depleted their savings, sold their assets, lost access to their support networks, and are accruing

debt, mainly due to the barriers to legal employment in Jordan. Since 2015, there has been significant deterioration of the living conditions of Syrian refugees in Jordan, in particular for the nearly 80 percent who live outside of camps. Cuts in humanitarian assistance (which started in 2014), coupled with the requirement to possess a valid Ministry of Interior (MoI) card to access any type of assistance, have considerably reduced refugees' ability to access health, food, shelter, education, and legal documentation.

A lack of economic opportunity affects all aspects of life in Jordan, and negatively impacts intrafamily dynamics for both Syrians and Jordanians. A gender lens is critical to understanding the specific needs, capacities, and vulnerabilities of Syrian refugee women, men, boys, and girls.

Nearly 40 percent of Syrian households in Jordan are female-headed.ⁱⁱ Data collected by Mercy Corp, including through the Vulnerability Assessment Framework (VAF), show that male- and female-headed households face different challenges. As women step into the nontraditional gender role of breadwinner, they face a double burden as the heads of their households and as the primary caregiver to children, the elderly, and orphaned individuals. While women are more likely to be the member of the household working outside the home and are more likely to engage with authorities than male household members, many fear to commute outside of their homes because they do not feel safe using public transportation. Economic and social integration constraints undermine women and girls' life choices and aspirations.

Women cannot obtain a birth certificate without their husband's permission. The result are women and girls who have greater household responsibilities but also have reduced options for safe and viable work to contribute to their family's livelihoods, as well as fewer connections to social support systems. This is particularly burdensome for single women, especially those who are care providers and heads of households. With fewer pathways to safe and legal work, they are at higher risk of abuse and exploitation. They may also feel forced to rely on coping strategies that put them or their children at further risk of harm, such as survival sex/selling sex or pushing girls into early marriage or unsafe child labor. Even women who are married and girls who are in school may face heightened risks of abuse, despite having what many in their communities may consider "good fortune." With limited social maneuverability, which is linked to the men in their lives, many women and girls often feel pressured to "accept their fate" in order to preserve the safety nets available to them, even if their circumstances become abusive and exploitative.

For men, especially refugee men, the lack of economic opportunities often results in a perception that they are less valued and unable to meet society's expectations. This doubt and frustration can trigger heightened tension within the household that can potentially escalate into violence. In addition, cultural beliefs and norms dictate that men should be the "decision makers," the "sole providers," and the "protectors" of children and women in the household. This places women and girls in potentially dangerous positions, as family honor can often be interpreted as a reflection of a man's honor and value,

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and therefore of the respect he merits. As women increasingly navigate public spaces and take on additional household responsibilities such as contributing to the family's livelihood, men's authority is perceived as diminishing. As a result, some women report increased violence against them and their children despite their expanded roles and responsibilities.

Mercy Corps' CBIs

Mercy Corps has been implementing a series of European Civil Protection and Humanitarian Aid Operation (ECHO)-funded CBIs in Jordan to address the basic and protection needs of Syrian refugees. The assessment and monitoring tools for mainstreaming GBV considerations within CBIs, piloted within the partnership with WRC and IRC, were rolled out across these consecutive CBIs in Irbid and Mafraq Governorates:

From July 2016 to September 2017, Mercy Corps provided cash assistance via Hawalah to Syrian refugees in order to:

- a. Meet their basic needs: 675 of the most vulnerable households were targeted and received USD\$212 monthly for up to six months;
- b. Prepare for the winter: 1,324 of the most vulnerable households were targeted and received a one-time transfer to prepare for the harsh conditions of winter. The cash transfer provides them the means to purchase items such as blankets, heaters, a fuel tank, and refills to stay warm during the winter months. Once selected, beneficiaries receive cash installments based on family size and need according to winterization standards.

c. Access to documentation: Mercy Corps is working with community-based organizations and Syrian/Jordanian community leaders to identify and assist 877 Syrian refugee households, including refugees who have left camps without "bailout,"ⁱⁱⁱ who need new or replacement documentation to validate their legal status and/or recognize documentation such as an asylum seeker certificate or MOI card. Possession of documentation minimizes risks to harassment and exploitation and validates status and past experiences that can facilitate access to new opportunities. In this project, households receive a one-time transfer based on vulnerability. These amounts vary; households can receive a transfer of USD\$141, USD\$212 or USD\$282 depending on their vulnerability status and according to the requirements issued by the Jordan MOI, or upheld by civil, sharia, and magistrate courts.

Building on the above intervention, Mercy Corps received additional support from ECHO in October 2017 to expand outreach, support documentation needs, and improve access to legal support. This CBI targets: 1,200 households to meet basic needs; 1,100 households to provide winterization support; and 850 households to support access to documentation.

Cash recipients can seek assistance at Mercy Corps drop-in centers in Mafraq, Irbid, and Ramtha. They are also identified during awareness raising sessions that are coordinated with its partners.^{iv} Once identified, field officers conduct home visits with each family to assess their basic and winterization needs, protection concerns, and needs for documentation

to determine eligibility. When families' needs are beyond the scope of the CBI, field officers refer cases to partner organizations that are specialized in protection and case management.

IRC's Cash for GBV Programming

In 2013, the IRC began using unconditional, unrestricted cash transfers in Jordan as a tool to build beneficiary resilience to GBV within its GBV response and prevention program, including through its case management services. Currently, IRC is the only international nongovernmental organization (INGO) pairing cash transfers with GBV case management to support survivors' safety, healing, and recovery from violence. IRC coordinates closely with UNHCR and other INGOs, including Mercy Corps, on cash assistance for legal needs, including documentation, as well as with the cash assistance task force under the protection working group.

IRC pairs cash transfers referred through GBV case management with psychosocial support (PSS) and, when possible, with gender-focused activities through structured gender discussion groups (GDGs) with the male and female heads of the household. Through the GDGs, participants acquire new skills and strategies which promote equal decision-making on the use and allocation of economic resources within the household. This combination of services has been shown to reduce protection risks for women receiving cash by reducing tensions, pressure, and exposure to intimate partner violence, while enabling families to manage the money according to its needs, rather than driven by power dynamics among household members.^v

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Since 2013, the IRC's WPE Program, in collaboration with the ERD Program, has:

- Provided over 15,000 women and girls with PSS, of which over 4,000 received GBV case management;
- Engaged over 36,000 women through recreational and healing activities;
- Reached over 104,000 women, men, boys, and girls through home visits, community meetings, campaigns and events; and
- Delivered cash assistance to 1,732 GBV survivors to support their safety, healing, and recovery from violence.

These accomplishments have been made possible with support from BPRM, the U.K. Department for International Development, ECHO, the Swiss Agency for Development and Cooperation (SDC), and most recently the Swedish International Development Cooperation Agency (SIDA).

In 2015, with the aim of better understanding how to improve and develop the systematization of cash associated with GBV case management, IRC conducted research on "Integrating Cash Transfers into Gender-based Violence Programs in Jordan: Benefits, Risks, and Challenges." This research, funded by ECHO's Enhanced Capacity Response through UNHCR, resulted in important recommendations such as:

- Designing gender-sensitive programs utilizing gender analyses, to take into account the reality of the financial decision-making processes and power dynamics among Syrian refugee families;
- Integrating the cash monitoring and evaluation systems with case management where possible, to ensure that protection outcomes and protection impacts can be properly captured, monitored, and evaluated; and
- Strengthening the referral interagency system to ensure that GBV survivors are identified and immediately referred to specialized case management service providers and to simultaneously allow non-protection-focused cases to be directly referred to cash program staff for screening and registration for regular cash assistance to meet basic needs.

During this research it was noted that, while the impact of CBIs tends to be limited in duration, the integrated provision of case management, PSS, and GDGs can offer more sustainable solutions and effectiveness in building women's resilience and mitigating the recurrence of GBV. Following this study, IRC's WPE and ERD teams further expanded the design of their program model in support of GBV survivors and developed the previously mentioned WPE Protocol for Referrals to ERD/ Cash Assistance^{vi}. For this reason, the IRC views it as essential to monitor the protection outcomes of CBIs and found the partnership with WRC and Mercy Corps to be a crucial opportunity to: a) further explore and inform collaboration across cash and GBV actors; and b) jointly contribute to developing relevant guidance.

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[About the IRC/Mercy Corps partnership](#)

Interagency, multilevel, multisectoral coordination is fundamental to addressing GBV response. In order for survivors to recover from violence, their needs must be met in a holistic fashion that allows them to regain control over their lives. Often survivors are breadwinners for their children. Coordination at different levels and among different stakeholders can prevent the duplication of efforts and facilitate the best use of economic and human resources to ensure survivors are comprehensively supported to heal, recover, and regain control of their lives.

In May 2017, IRC and Mercy Corps signed a Memorandum of Understanding (MoU) to strengthen coordination to address GBV as well as to develop the evidence base for best practice. The partnership between Mercy Corps and IRC stemmed from the recognition of a common need, not only to coordinate, but also to fill an existing gap on how to mainstream GBV considerations in CBIs and to integrate CBIs into GBV programming. In addition, the partnership sought to address the limitations and opportunities of coordination and referrals for utilizing cash within GBV

case management. Specifically, it aimed to explore the question of how to more effectively address the gender imbalance and inequality at the root of GBV, by giving women survivors the possibility to access economic resources and thus enabling them with the choice to remove themselves from an abusive or violent situation.

This MoU committed IRC and Mercy Corps to provide their services to eligible persons referred by the other organization in Jordan, mainly in the Mafraq and Irbid governorates. Specifically, Mercy Corps committed to referring cases to IRC for GBV services (e.g., GBV case management, PSS, and other services provided within IRC's women's centers) and health services, in particular sexual and reproductive health services. IRC committed to refer cases to Mercy Corps to receive cash-for-documentation assistance (e.g., cash assistance for the most vulnerable, cases that lack documentation, and other services provided within Mercy Corps' community centers) according to Mercy Corps criteria, whenever IRC is not able to provide the service.

Currently, IRC is the only INGO providing cash assistance covering basic needs and tailoring cash transfers to support GBV survivors who are receiving case management services. IRC coordinates closely with UNHCR and other INGOs, including Mercy Corps, to provide cash assistance for legal needs, including documentation, as well as with the cash assistance task force under the protection working group. Through this partnership, IRC and Mercy Corps have been able to exchange experiences and tools and strengthen coordination as well as referral mechanisms. This has paved the way towards institutionalizing the use of CBI within a GBV case management approach as well as mainstreaming GBV considerations within CBIs.

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Assessing GBV Risks Associated with the Introduction of Cash within Mercy Corps' CBI

Building on prior assessments in Irbid, this assessment provided further insight into risks of GBV associated with the introduction of cash assistance, the potential protective benefits of cash assistance for protection outcomes, as well as opportunities to mitigate risks of GBV for beneficiaries of cash assistance. The assessment tool developed by WRC ([Assessing and Mitigating Risks of Gender-based Violence in Cash-based Interventions through Story: A Focus Group Discussion and Interview Guide](#)) uses depersonalized stories and qualitative questions to consult communities on GBV considerations in CBIs, without putting respondents at risk of disclosing personal experiences of violence. Each story in the menu of stories is unique and intended for use with a specific sub-population (e.g., women, women with disabilities, adolescent girls who are married, etc.).

Methodology

WRC staff provided a one-day training for seven Mercy Corps staff and nine enumerators on gender, protection, GBV, focus group discussion (FGD) and interview facilitation, the assessment tool, and preliminary data analysis. WRC and Mercy Corps staff worked together to adapt the tool for use in Irbid^{vii}, including the phrasing of the questions and prompts, as well as language used to describe GBV.

Mercy Corps' data collection team conducted 10 FGDs and 16 KIIs during two days of data collection in Irbid^{viii}. Female staff consulted women and girls and male staff consulted men and boys. Verbal consent was secured from all participants (for minors, consent was obtained from their parents as well). Participants were grouped by sub-populations: women including the elderly (defined as 55 + years); women with disabilities;^{ix} men including the elderly; men with disabilities; adolescent girls; adolescent girls with disabilities; adolescent boys; and adolescent boys with disabilities. Interviews with adolescents sampled participants based on marital status, whether they had children (including if they were expecting), school attendance, and participation in income generation.

Mercy Corps coordinated with local community-based organization (CBO)

partners working with persons with disabilities (PWDs) to ensure inclusive sampling. Mercy Corps intentionally sampled refugees who had previously received cash from Mercy Corps through its CBI. A total of 109 individuals participated in the FGDs and KIIs. Data analysis was conducted jointly by WRC and Mercy Corps technical staff using an inductive approach.

Findings

Overall, notable differences between sub-populations were identified through the FGDs and KIIs, demonstrating the imperative of tailoring CBIs to adequately meet unique needs, maximize protection benefits, and minimize the protection risks across all groups.



Mercy Corps staff facilitating a focus group discussion with refugee women in Irbid. © Mercy Corps

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Positive Outcomes

The perceived positive outcomes of the CBI across sub-populations included: improved food consumption; reduced debt; and reduced stress. Women and girls also mentioned: improved access to health care (including prenatal care); increased social status; heightened self-confidence; less time spent generating income and thus more time to care for children; reduced expenditures on childcare; and increased assets (e.g., a new stove or washing machine), linked to a decreased care work burden. Men and boys also mentioned experiencing improved social status within the community.

Protection Benefits

Women and girls noted the following protection benefits, which include the mitigation of GBV:

- Increased status within the household, and relatedly, an increased confidence to report GBV;
- Enrollment of girls in school;
- Self-reported reduced exposure to domestic violence⁸, including physical violence (e.g., because women would ask their husbands for money less frequently in order to meet basic needs);
- Reduction of risky income-generating activities, including begging by girls, and thus a reduction in child labor;
- Reduction of interhousehold violence linked to debt and loan repayment;

- Dignity within the family as well as within the community; and
- Reduced conflict for Syrian women with host families/host landlords regarding rent payments.

Men and boys reported the following protection benefits: improved child protection (linked to a reduced need for child labor to meet basic needs), enrollment of boys in school or improved attendance due to regular tuition payments for boys already attending school; and reduced conflict within the household related to household financial concerns (including a reduction in verbal violence towards boys related to financial stress).

Negative Outcomes

Women reported the following perceived negative outcomes: male heads of households spending cash on non-essential items (rather than basic needs); and inability to achieve self-sufficiency due to dependence on humanitarian assistance. Syrian men shared concerns that if identified within the community as cash recipients, they could no longer purchase on credit at local stores and that host families/landlords would increase the cost of rent.



Mother and child from a household without Bailout in Mafraq, Jordan. © Mercy Corps

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Protection Risks

Women and girls noted the following perceived protection risks associated with the introduction of cash assistance, including GBV:

- Increased exposure to domestic violence (e.g., discussions on how to spend the cash transfer trigger incidents);
- Associated increase in conflict between the woman and her in-laws resulting from ongoing discord over household finances related to the use of cash transfers (potentially resulting in a perceived increase in psychological and emotional violence, but a perceived decrease in physical violence);
- Denial of resources (e.g., the cash would be reinvested in the man's income-generating activity rather than the woman's);
- Harassment from the host community as well as other refugees when collecting the cash transfer;

- Increase in early marriage associated with an increase in household income and social status;
- Social tension amongst Syrians and Jordanians (in situation when only refugees were provided cash transfers);
- Pressure to borrow money from neighbors and community members who were not targeted by CBIs, thus resulting in a redistribution of resources;
- Risks associated with a lack of privacy or confidentiality regarding beneficiary status; and
- Risk of theft.

Men and boys reported the following perceived protection risks associated with the introduction of cash assistance: risk of theft; social tension within the community regarding the INGOs' targeting criteria; and conflict within the household regarding how to spend the cash.

When asked who in the community is most at risk of GBV associated with the introduction of cash assistance, respondents reported the following groups (not ranked): women who are GBV survivors; households that support early marriage for adolescent girls and/or where girls are homebound; persons with disabilities; and Syrian families who are undocumented.

Decision-making

There were broad variations among respondents regarding decision-making about expenditures. In some households, decision-making was cited as the domain of men only, in other households, of women only, and in some households, decision-making was described as a shared responsibility. Across all groups, factors reported to influence decision-making practices within the household included: a woman's relationship with her husband; a woman's relationship with her in-laws; a woman's individual personality; and the nature of the expenditure (i.e., women might be the decision-maker in some instances, for example regarding basic needs).

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Monitoring GBV Risks Within Mercy Corps' Intervention

Methodology

IRC, WRC, and Mercy Corps collaborated to develop the [Post-distribution Monitoring \(PDM\) Module for Mainstreaming GBV Considerations in CBIs to Mitigate GBV Risks](#). The PDM tool should be administered monthly or quarterly according to the monitoring plan in order to:

- a. Monitor the protection risks and protection benefits associated with the introduction of cash assistance, as well as the effectiveness of risk mitigation mechanisms; and
- b. Inform adaptations of the tool (e.g., design, implementation, and coordination with GBV specialists) to minimize protection risks.

Mercy Corps organized a half-day training for the organization's monitoring and evaluation (M&E) officers on the PDM tool and the questions. The PDM was rolled out during three days using Commcare.^{xi} Analysis was conducted by the Mercy Corps project manager and M&E staff.

The PDM sample consisted of 100 women: cash recipients from the targeted areas in Irbid (n=50, in October 2017) who received cash assistance for basic needs over six months to mitigate associated risks of GBV; and recipients from Mafraq (n=50, in December 2017) who received one-off cash assistance for documentation to mitigate risks of GBV. The PDM tool was revised between the first and second roll-out and after the second PDM in order to improve utility and usability.

Findings

Within the first PDM, respondents generally reported the following as positive outcomes resulting from the cash transfer:

- Increased enrollment in schools;
- Improved access to health care;
- Reduced debt and stress;
- Increased social status for female recipients;
- Increased self-confidence for female recipients;
- Less time spent generating income and thus more time to care for children;
- Reduced expenditure on childcare.

94 percent reported that the cash transfer positively impacted relations within their household, highlighting that cash helped with the household's rent security, food security, and access to the health services status. It was also reported that cash assistance allowed parents to send their children to school because they could afford transportation and because children were freed up from participating in income generation to support the household.^{xii} Cash assistance reduced women's time spent in poverty because they have more time to focus on sustainable long-term income generating projects, such as making clothes, rather than using most of their time seeking basic needs. Respondents shared that the cash assistance would likely reduce the number of female child marriages and improve school retention; as the household became more financially secure they would rely less on marrying off their daughters for security.

73 percent of respondents reported they felt safer because of the cash transfer. However, 4 percent reported increased tension among members of the household or community because of the cash transfer; most of the respondents that reported increased tension were female heads of households.

Regarding decision-making, 60 percent of respondents reported that over the past month decisions about expenses and savings had changed in their households as a result of the cash transfer, while 40 percent of respondents reported no changes in decision-making within their household.^{xiii}

Specifically:

- 2 percent reported a change in decision-making in favor of women now making the decisions;
- 2 percent reported a change in decision-making in favor of men now making decisions in households where women had done so before the transfer;
- 8 percent reported no change in decision-making, in that men and women made decisions together before and after the cash transfer;
- 6 percent reported no change, in that men continued to make decisions; and
- 80 percent reported no change, in that women continue to make decisions.

In the PDM conducted in December 2017 for cash recipients benefiting from one-time cash assistance, 38 percent reported that decision-making about expenses and savings had changed in their households, while 62 percent of respondents reported no changes.

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Assessing GBV Risks Within IRC's Intervention

Methodology

IRC's engagement in this pilot has built on previous formative research.^{xiv} This formative research was based on a desk review of existing literature on cash and protection in humanitarian contexts as well as IRC's program-related documentation (assessments, project proposals, case management forms, and PDM reports), FGDs (with 72 cash and non-cash male and female beneficiaries) and individual interviews (with five female cash beneficiaries, 14 IRC staff, and external protection stakeholders). This follow-up research took place in two of three IRC Women Centers in Mafraq and Ramtha (Northern Jordan). In the past year, IRC has assessed GBV risks through regular GBV case management follow up.

In April 2017, the WPE program conducted a rapid assessment targeting 496 respondents, taking into consideration gender-, age-, and nationality-disaggregated data. The outcome of the assessment was to establish a baseline understanding of the social and cultural norms, particularly as related to the stigma faced by survivors of GBV, as well as related protection risks.

Findings

Perceived Protection Outcomes (from the 2015 research)

- Cash assistance provided in tandem with individual GBV case management can be flexible and life-saving in preventing an imminent threat of violence from occurring and in ensuring immediate health, safety, and security once violence has occurred;
- Resilience and protection from GBV is supported by receiving both cash transfers (CTs) and WPE soft services, rather than cash alone;
- Receiving cash and attending mixed GDGs with partners or male companions can result in a decrease in domestic violence; and
- The impact of CTs tends to be limited to the distribution duration, while GDGs and PSS usually offer a more sustained protection impact.

Perceived Resilience Outcomes Relating to GBV Risk Reduction

- Reduction of tensions within the household;
- Women feeling strong and able to negotiate;

- Beneficiaries feeling listened to and able to voice their problems and solutions; and
- Acquisition of skills to manage changing dynamics among family members.

Perceived Protection Challenges and Risks

- Targeting women as CT recipients may be seen as undermining men's power and place women at risk of violence;
- CTs can, in some instances, contribute to social tensions between refugees and host communities;
- Cash transfers without protection activities limit the potential to mitigate GBV; and
- Providing a standard CT amount may limit responsiveness to specific needs and/or the potential for more sustainable solutions.

Perceived GBV Incidence (from the 2017 assessment)

Respondents identified the types of GBV they face: 70 percent reported physical violence; 39 percent reported verbal violence; 38 percent reported psychological violence; 28 percent reported denial of resources; and 21 percent reported sexual violence.^{xv}

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Monitoring GBV Risks Within IRC’s Intervention

Methodology

IRC, WRC, and Mercy Corps collaborated to develop the [Post-distribution Monitoring \(PDM\) Module for Cash Referrals for Survivors of GBV](#). The PDM tool should be used during the follow up and case closure steps of GBV case management process and administered by GBV case management staff via Open Data Kit Collect (ODK), similar software, or paper tools in order to:

- a. Monitor the protection risks and benefits associated with the introduction of cash assistance for GBV survivors, as well as the effectiveness of risk mitigation mechanisms;
- b. Inform adaptations of cash referrals (e.g., design, implementation, and coordination with cash assistance providers) to address barriers to achieving case action goals and to maximize protection outcomes; and
- c. Determine if the client’s support system (e.g., case management and related service provision) is functioning well and if the cash has indeed fulfilled the purpose identified and recorded in the case action plan.

The PDM tool was piloted within two samples:

- 50 female GBV survivors receiving cash for basic assistance in Mafraq, Irbid, and Ramtha. 37 Syrian and 13 Jordanian women who received GBV case management support from IRC through its WPE programming were consulted; of these, 10 Jordanian clients were heads of households while 27 Syrian clients were heads of households. Within the case management process, the caseworker identified socioeconomic vulnerability associated with GBV or risks of GBV (primarily risks of domestic violence). A referral was made to IRC’s ERD program for six months of cash assistance to meet basic needs. These cases met IRC’s criteria and cash assistance was integrated into the client’s action plan as means to mitigate exposure to violence and reduce protection risks.
- Four female GBV survivors receiving cash for emergency needs in Mafraq and Irbid. All clients (three of whom were the heads of household) received integrated WPE and ERD services to help mitigate problems they faced as a result of their experiences with domestic violence. During their case management sessions, all four women decided to separate from their abusive spouses as they felt this would result in their increased safety. GBV caseworkers conducted assessments and determined that all four women were facing life-threatening GBV. Cash assistance was identified as an important element of their action plans in order for the survivor to remove themselves from the imminent threat and to access alternative shelter and medical services.



Zumba class for women refugees in Ramtha, Jordan. © Anwar/IRC

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Findings

Overall, the PDM findings show that cash has a positive impact on the lives of GBV clients, particularly with regards to providing a sense of safety and reducing exposure to GBV within the household. Women accessing cash as clients of GBV case management services shared that they were interested in not only receiving money, but also in managing their financial resources in order to meet their safety needs. These findings clearly indicate the significance of economic triggers that women attribute to incidents/increases of violence associated with traditional gender roles and gendered power dynamics.

Overall, women in 98 percent of cases monitored felt unsure that the protective benefits of cash assistance would be sustained after cash distributions were completed.

PDM with GBV survivors receiving cash for basic assistance

- 92 percent of clients declared that they felt the case management and the cash provider upheld confidentiality while delivering the service;
- Clients reported that the case management process, coupled with receiving cash assistance, was useful for them. 90 percent of women confirmed that the cash assistance dramatically reduced their exposure to violence, as the referral and assistance were informed by their input and needs;

- 50 percent of clients reported ceased violence, 42 percent of clients reported reduced violence and 8 percent reported that violence had increased after the delivery of the cash assistance. For those who reported an increase in violence it was attributed to either an untimely transfer or the fact the amount of the cash assistance was insufficient. This indicates that caseworkers should work with clients to assess if the amount and duration of the cash assistance provided needs to be amended in order to meet their needs and ensure their protection;
- 94 percent of clients reported that they felt empowered by the combination of case management and cash assistance. Empowerment was self-measured by clients and reported as: a sense of independence; increased self-confidence; and autonomy in making decisions;
- More than 50 percent of clients reported that they used the cash to access public and private health services (mental health services in particular), and shelter;
- 84 percent of clients reported that they are opposed to cash being transferred to another member of the family (e.g., the client's husband);
- When asked about safe and accessible delivery mechanisms, 50 percent of respondents preferred transfers via Hawala, while 50 percent preferred transfers via ATM cards;
- 8 percent of respondents reported a lack of appropriate spaces to conduct case management sessions and/or reported that their meetings with the cash focal point to finalize referrals were not done in a confidential manner (e.g., not meeting in private within the WPE center).



Mother and daughter in Jordan. © M. Hutchison/IRC

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PDM with GBV survivors receiving cash for emergency needs

- All survivors reported being fully involved in their case assessment and safety plan;
- The adoption of a survivor-centered approach in the case management resulted in a 100 percent decreased exposure to violence (three cases of ceased violence, and one reduced);
- 100 percent reported an improved sense of safety and empowerment, defined as physical separation from the GBV perpetrator, and their consequent improved physical and mental well-being;
- While the clients utilized their cash assistance to access health (including mental health) services, shelter, and legal services, they noted that the amount was insufficient to meet their other basic needs;
- 100 percent of respondents reported that the amount of the cash transfer was insufficient to cover all of their needs.

Referrals and Coordination

Coordination among stakeholders, like the partnership between IRC and Mercy Corps, is fundamental to ensure that beneficiaries, women and girls in particular, can access the services they need in a safe, confidential, and timely manner. Regular communication and cooperation can also help avoid duplication of efforts and make the best use of financial resources.

Since IRC and Mercy Corps signed the MoU, 53 cases were referred by IRC to Mercy Corps (30 from Ramtha, 9 from Irbid, 14 from Mafraq) for cash support for documentation and two cases were referred from Mercy Corps to IRC to receive GBV case management. The small number of referrals of GBV survivors from Mercy Corps to IRC suggests that some cases may have been detected but not referred. This highlights the need to support non-protection staff to reinforce enabling environments/ safe spaces where GBV survivors feel comfortable seeking their assistance. In addition, non-protection actors need to

feel confident that they have sufficient information about the local services available to GBV survivors, such as GBV case management, to make appropriate referrals. Building Mercy Corps' CBI team's capacity to be available for GBV survivors, and the team's ability to safely and confidentially refer to IRC's GBV case management services, will help optimize the existing partnership. IRC's experience with other agencies further affirms that GBV sensitivity and referral training for all staff is key to ensure that survivors can access the time-sensitive support they need.



Pregnant women accessing health service in Jordan.
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Limitations and Challenges

Mercy Corps staff experienced challenges during data collection, in particular with FGD and interview facilitation in leading consultations on sensitive topics such as GBV. This finding highlights the need for more training in GBV for non-specialist staff as well as training in qualitative data collection methods.

One of the biggest challenges to effectively integrating cash within GBV case management services is the short duration of cash assistance for GBV survivors. There are currently limited resources and funding mechanisms in place to support the integration of cash in GBV programming, GBV sensitivity in cash programming, and in these types of partnerships. Addressing the needs of a GBV survivors with cash assistance is quite different than addressing general basic needs in that it takes more time to assess the case and tailor the response. Changing behaviors, healing from violence, and building a pathway for empowerment require more time and material resources than the typical six months of regular cash assistance. At present, the integration of cash within GBV case management services is largely ad hoc and reliant on limited resources available to meet urgent protection needs within larger cash portfolios which aim to address basic needs.

Key Learnings and Recommendations

This pilot highlighted important learnings for mainstreaming GBV considerations within CBIs, as well as the integration of cash into GBV programming to strengthen humanitarian response in Jordan. The learnings also have implications for global approaches to integrating cash and GBV. The resulting Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response revised based on lessons learned during field testing, are the result of an interagency effort that is itself a milestone in mainstreaming GBV in CBIs. In addition, the pilot demonstrated that cash providers can play a vital role in providing GBV survivors with the widest range of services possible, including financial assistance, through a survivor-centered approach. Below are further key learning and recommendations on how to improve partnerships and coordination, and how to sensitively and effectively continue to utilize cash to address GBV and to minimize any GBV risks associated with CBIs.

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Projects that do not consider the context (including the relationship between host and displaced communities, relationships within communities, and relationships among household members) can end up exacerbating tensions that may have implications for GBV in the area of intervention.

Despite the benefits cash transfers can have with regards to minimizing risks to GBV, there remained a feeling amongst recipients that cash inputs could trigger tension around the use of the cash—and potentially violence. Many concerns revolved around inequitable decision-making between spouses and their household budgeting. Traditional roles and responsibilities that favor men’s role as the “bread winner” can impact whose priorities are prioritized and how household funds are spent.

The integration of CBLs and GBV has benefits. There are benefits to mitigating GBV risks as well as benefits to supporting GBV survivors to access cash as a tool in their case management. However, questions remain about the unintended consequences and the best practices to address them. The current limited resources, funding mechanisms, and project timeframes in place to support the integration of cash in GBV programming are not optimal for addressing the ongoing and holistic needs of GBV survivors.

At present, the integration of cash within GBV case management services is largely ad hoc, drawing on limited flexibility in cash portfolios to meet urgent protection needs.

Cash actors and GBV response actors often bring complementary skill sets and experiences to supporting the needs of a survivor. Coordination and consistent communication is essential to ensure that expectations of roles and responsibilities are met and that a fluid functioning relationship meeting the lifesaving needs of survivors in a timely fashion is realized. Effectively addressing the cash-specific needs of GBV survivors requires specific staff competences, coordination structures, and procedures.

Do No Harm analysis is essential to understanding potential unintended consequences of CBLs, including how they might impact the context issues such as GBV. Cash teams should be trained in doing gender analysis as part of their Do No Harm analysis, or they should ensure that GBV actors are part of the planning and implementation of the analysis.

Cash counseling sessions or additional learning sessions should include a session on household budgeting to help families problem-solve and prioritize mutual needs. Both spouses should be encouraged to attend. These sessions should work with spouses to problem solve around divergent needs and find consensus on mutual household priorities. Ideally, cash teams should be trained to mitigate and regulate power imbalances between spouses and ensure that there is meaningful participation from both spouses. However, they can also consider including GBV specialists to co-facilitate and help mitigate power imbalances.

Donors should prioritize funding to support further research and scaling the integration of cash assistance into GBV programming, in addition to supporting capacity-building needs and institutionalization efforts.

Given current funding realities, GBV actors should coordinate with a variety of cash actors to provide stop-gap access to cash for GBV survivors, when cash has been identified as a need within clients’ case action plans. Within this approach to bridging gaps, it is important for donors to consider the unique parameters of utilizing cash in GBV response and to allow for a number of well-defined special protection cases to receive cash assistance for longer than six months.

Prioritize partnerships between cash and GBV actors to maximize the set of needed skills to support survivors and minimize unintended consequences.

Train cash and GBV staff on key components of each other’s mandates, approaches, and operational parameters/flexibility (including roles, responsibilities, and methodologies) to promote preparedness and effective coordination.

Institutionalize, adapt, and utilize protocols such as the [Protocol for GBV Case Workers for Assessing Survivors’ Financial Needs](#) and [Post-distribution Monitoring Module for Cash Referrals for Survivors of GBV](#) to ensure that definitions, duties, and tasks are clearly stated and delineated.

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KEY LEARNING

Effectively mainstreaming GBV considerations within CBIs requires specific staff competencies, procedures, and tools.

There is a lack of GBV sensitivity, knowledge, and experience amongst non-specialized staff that can jeopardize the quality of data collection and effective community outreach. This minimizes the chances of disclosure as well as the possibility of utilizing existing referral pathways.

The majority of GBV survivors have concerns about income generation post-cash assistance.

RECOMMENDATIONS

Prioritize partnerships between cash and GBV actors.

Train cash and GBV staff on key components of each other's mandates, approaches and operational parameters/flexibility (including roles, responsibilities, and methodologies) to promote preparedness and effective coordination.

Institutionalize, adapt, and utilize tools such as [Assessing and Mitigating Risks of Gender-based Violence in Cash-based Interventions through Story: A Focus Group Discussion and Interview Guide](#), and the [Post Distribution-Monitoring \(PDM\) Module: Adapting CBIs to Mitigate GBV Risks](#).

Train and sensitize non-specialized staff in GBV survivor identification, and basic language to speak about GBV in order to maximize outreach for survivors, encourage them to seek assistance, and appropriately refer cases that come forward. This is critical for mainstreaming GBV considerations within CBIs and for coordination between cash and GBV case management service providers.

Link cash for GBV survivors with livelihoods activities to support them in developing sustainable income-generation activities.

GBV actors should continue to build partnerships with livelihood actors to ensure survivors can have access to and integrate into livelihood projects that are safe and stigma-free (i.e., without having to disclose their background unless they choose to). Cash actors should also consider the needs of integrating survivors as they develop projects that bridge cash emergency support to longer-term livelihood opportunities. This will likely involve consultation with GBV caseworkers to understand how livelihood interventions fit within the action plans of GBV survivors, taking into account the various challenges that survivors face as they integrate back to improved functioning.

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Next Steps

Based on learning from this pilot, Mercy Corps is piloting a new cash assistance delivery mechanism in the Jordan context in 2018: the mobile wallet. This pilot will target 100 vulnerable families with GBV concerns to test the impact of the mobile wallet and to what extent this mechanism can mitigate risks of GBV associated with cash for households with GBV concerns.^{xvi} Mercy Corps hopes that, by minimizing the visibility of cash, associated protection risks can be minimized.

Within IRC, the ERD and WPE will continue to work on developing a tailored livelihoods component for GBV survivors. This will likely involve developing additional tools to measure the impact of longer-term cash assistance on livelihoods outcomes for GBV survivors within the GBV case management approach.

Conclusion

The pilot provided insights into potential risks of GBV associated with the introduction of cash assistance, the potential protective benefits of cash assistance for GBV case management, as well as opportunities for partnership and coordination between cash and GBV actors in Jordan.

By mainstreaming GBV considerations in CBIs, cash providers can tailor and optimize cash assistance for Syrian refugee recipients. By taking into account the protection benefits and protection risks associated with the introduction of cash assistance, Mercy Corps can better enhance the protection environment, not only in Irbid but country-wide, enabling Mercy Corps and its partners to implement more inclusive, accountable, and effective cash-based interventions.

Cash can be a fundamental tool to mitigate GBV risks and build the resilience of GBV survivors and individuals at risk of GBV. Collaboration and partnerships across sectors and programs are crucial in order to utilize and build expertise, and to ensure that beneficiaries' various needs are met effectively and sensitively. Such partnerships can pose challenges. However, through ongoing knowledge sharing, capacity building, and the meaningful integration of gender and cash components in program development and implementation, such partnerships can be invaluable and effective for more inclusive and accountable humanitarian response. To this end, it is very important to continue working on and improving monitoring tools, PDM in particular, to ensure the timely detection and mitigation of potential risks and negative outcomes. In addition, there is need for further evidence on the positive effects of integrating cash within case management towards reducing and responding to GBV. Finally, moving forward to link CBIs for GBV survivors with livelihood programs for sustainable protection outcomes for survivors.

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Annex: Stories from Irbid and Mafrq

Through Mercy Corps' protection monitoring and outreach, the team met a Syrian refugee woman who had concerns about her safety and dignity. She had come to Jordan with her child after her husband was killed in Syria. To make ends meet, she worked as a housekeeper. She wanted to remarry, but it was impossible for her to do so legally. Specific legal rights and protections in Jordan are extended to women only when linked to her husband or father. Regrettably, her employer used her lack of identification and official work documentation to sexually harass her and to exploit her situation. Noting the immediate documentation concerns, Mercy Corps provided information and cash assistance that allowed her to acquire her official documentation and change her marriage status. With this documentation, the courts accepted her new marriage and she is no longer being harassed as a house cleaner because she was able to remove herself from an exploitative situation and seek alternative ways to earn a living.

A 23-year-old woman came to IRC's women's center to search for help and support for herself and her six-year-old daughter. She was suffering from different forms of domestic violence and abuse perpetrated by her husband, including denial of resources to purchase basic needs, as well as emotional and physical violence. Her daughter, too, was suffering from denial of resources as her father mandated that she drop out of school. One day the woman was beaten so badly by her husband that he broke her arm. Afraid for her and her daughter's safety, the woman decided to leave her home. The GBV caseworker assessed her needs and referred her for emergency cash assistance for protection. With the money she received, the woman was able to rent an apartment. After several case management sessions, the client regained her self-esteem and was also able to find a job at a farm. Her case has been closed, but she continues to come to IRC's center to attend WPE recreational activities and group counselling.

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- i The toolkit has been revised based on lessons learned during field testing to maximize utility and usability.
- ii See CARE's On Her Own: http://www.care.org/sites/default/files/documents/care_on-her-own_refugee-media-report_sept-2016.pdf
- iii "Bailout" is documentation issued jointly by the Government of Jordan and UNHCR certifying that a refugee has been granted legal permission to reside outside refugee camps and is sponsored by a Jordanian citizen who will be held accountable for any illegal actions that may be taken by the sponsored refugee.
- iv Mercy Corps works with Princess Basma Center in Irbid and Hamamat Alsalam in Mafrq.
- v "[Integrating Cash Transfers into Gender-based Violence Programs in Jordan: Benefits, Risks and Challenges.](#)"
- vi The tool divides the cash assistance into four priorities: emergency/lifesaving (priority one); cases where GBV is linked to health and legal issues (priority two); cases where GBV is strictly associated to economic factors (priority three and four, and if not properly addressed can potentially lead to the increase of violence and dangerous coping mechanism such as labor/sexual exploitation, early marriage). Priority three is applied to current GBV cases that are experiencing economic violence within the family, depriving the survivor from accessing economic resources to meet her basic needs or who is forced to do humiliating things in order to access them, such as different forms of labor exploitation (in agriculture or in the house), potentially leading to other protection concerns (e.g., sexual harassment and rape). Priority four applies to individuals currently experiencing GBV because of lack of income (in which the type of abuse is different than sexual exploitation, labor exploitation, or economic violence). While in priority three, the case does not need to go through eligibility screening or cross checking with UNCHR and other INGOs, in priority four, the process for eligibility includes cross checking with UNCHR and other INGOs. In the event the beneficiary already receives cash from other organizations, then she is not eligible.
- vii Irbid was selected as the assessment site by Mercy Corps because Irbid provided an opportunity to: (a) reach refugees living in a variety of different settings (including rural, peri-urban, and urban settings); (b) coordinate with local community-based organization (CBO) partners working with PWDs to ensure inclusive sampling; and (c) reach refugees who have previously received cash from Mercy Corps through its cash for winterization, cash-for-work, and livelihood projects.
- viii Due to security issues during pilot implementation, WRC and Mercy Corps were unable to complete one of the three planned days of data collection, thus reducing their total consultations; 16 FGDs and 16 KIs were planned. As a result, the sample of Syrian and Jordanian men, adolescent boys, and girls was smaller than intended, impacting the degree to which findings for these cohorts can be considered representative.
- ix Best practice is to mainstream PWDs within FGDs of their cohort (e.g., women or adolescent girls). However, as questions asked address sub-population-specific protection risks and benefits associated with the introduction of cash assistance, it was deemed appropriate to sample persons with disabilities separately.
- x The program does not establish prevalence of intimate partner violence among beneficiaries and the FGD did not specifically probe for experiences of intimate partner violence. Therefore, this finding must be understood as women self-reporting reduced exposure to intimate partner violence in relation to receiving cash.
- xi CommCare is an open source mobile data collection platform.
- xii Girls' attendance at school helps reduce risks of certain types of GBV. The longer a girl is in school, the less likely she is to be married early. As a result of avoiding early marriage, she is also at reduced risk of domestic violence. Girls who are married early, especially to older men, are at a disadvantage in the power relationship with their spouse. They have less experience, less confidence, and poorer negotiation skills to mitigate tension with their spouse. Without many skillsets to engage in viable livelihoods, she is also dependent on her husband for her well-being. The younger she bears children, the higher her risk for maternal and infant mortality.
- xiii Decision-making is related to social roles and responsibilities. Practitioners should not expect the input of cash only to necessarily impact decision-making. See recommendations.
- xiv Integrating Cash Transfers into Gender-based Violence Programs in Jordan: Benefits, Risks, and Challenges, IRC 2015

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xv [The Gender-Based Violence Information Management System \(GBVIMS\) Annual Report 2015](#) compiled trends by service providers on types of incidents of violence reported by survivors in 2015. The most prevalent forms of violence reported were psychological/emotional abuse (28 percent) and physical assault (26.8 percent), while 32.7 percent reported forced marriage (including early marriage), followed by the physical, early marriage, denial of resources, sexual abuse, and rape. The dichotomy between respondents' overwhelming association of GBV with physical violence and survivors' primary reporting of psychological/emotional abuse as the main type of GBV is most likely attributed to the community's definition of GBV being linked to the most visible (physical) manifestation of it. Strong social and behavioral norms normalize violence, including physical violence towards women and girls, as well as non-physical violence such as denial of resources, restrictions on movement, psychological/emotional violence, and verbal abuse. Societal acceptance of GBV is widespread among Syrian refugees and Jordanian host communities. GBV is perceived by the majority of the respondents (68 percent) as a reaction to economic stressors and factors, although 58 percent linked it to culture and social norms that subjugate women. 30 percent of the respondents attributed the incidence of GBV to women and girls' behaviors.

xvi Through the VAF assessment, Mercy Corps' protection team has identified households who are at risk of GBV. These include: female-headed households; households threatened with eviction; households with restricted movement; households with members with physical or intellectual disabilities, unaccompanied minors, or separated children; households with members who may be exploited because of their lack of documentation; and those that have married members under the age of 18 or who are engaged in child labor. After households are identified as at-risk, Mercy Corps protection staff visit those households and prepare a case report with recommendations to be taken forward.



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