

IMPROVING CASH-BASED INTERVENTIONS
MULTIPURPOSE CASH GRANTS AND PROTECTION
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Integrating Cash Transfers into Gender-based Violence Programs in Jordan: Benefits, Risks and Challenges



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This document was written for the International Rescue Committee by Lynn Yoshikawa.

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Contents

Acknowledgments	4
Executive summary	4
Introduction	7
Research Methodology	8
Cash and Protection Program design	9
Needs and objectives	9
Program assumptions	10
WPE-managed activities	11
Intake	11
Case management and psycho-social activities	11
ERD-managed activities	12
Targeting for cash transfers	12
Cash transfer mechanisms	14
Cash transfer amounts and duration	15
Monitoring systems	16
Outcomes and analysis	17
Cash transfer expenses	17
Changes in women’s roles	18
Cash transfers, GBV and GBV risks	19
Domestic violence	19
Early marriage	23
Sexual exploitation and abuse	23
Psycho-social benefits	23
Social cohesion	24
Impacts of combining cash transfers and psycho-social support	25
Conclusion	26
Recommendations	26
Program design	26
Targeting	27
Program implementation	27
Cash transfer modalities and mechanisms	28
Strategic response	28
References	29
Glossary of terms and acronyms	30

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Executive summary

The Syrian crisis was a catalyst for a massive humanitarian response across the region, including the unprecedented scale-up of cash transfer programming (CTP) to respond to the largely urban refugee crisis. The scope and complexity of the crisis and the resultant needs of Syrian refugees are immense. With limited global practice and guidance on programming cash transfers to enhance protection in an emergency context, in 2013, the International Rescue Committee's (IRC) started cash transfer programming (CTP) as part of the urban Women's Protection and Empowerment (WPE) program in Jordan. The aim was to use cash transfers as a tool to build women's resilience towards gender based violence through meeting their basic needs and targeted protection services. Three years into the program, the IRC sought to reflect on its experiences to inform future use of cash assistance in gender based violence (GBV) programming in Jordan and other contexts.

The objective of this case study is to identify lessons learned and recommendations for improving the effectiveness of cash-based interventions in mitigating GBV risks and building women and girls' resilience. Specifically, the research seeks to examine how the combination of cash transfers and psycho-social services (case management, counseling, and gender discussion groups) support women and girls' protection, if and how cash assistance exacerbates protection issues, and how existing assessment, monitoring, and targeting tools and systems can be further strengthened.

Drawing on existing (but limited) literature on cash and GBV in urban refugee settings, and with qualitative data from focus group discussions among men and women beneficiaries and key informant interviews with IRC staff and other protection stakeholders, the research arrived at the following key findings:

Cash and protection

- Resilience to GBV is supported by receiving *both* cash transfers (CT) *and* WPE services, rather than cash alone.
- Receiving cash *and* attending Gender Discussion Groups (GDGs) can result in a decrease of domestic violence.
- The impact of cash is limited to CT duration, while GDGs and Psychosocial services (PSS) offer a sustained protection impact beyond CT duration.
- Cash associated with individual GBV case management can be lifesaving:
 - in preventing an imminent threat of violence from occurring.
 - in ensuring immediate health, safety and security once violence has occurred.

Mitigation of domestic violence

- Fewer arguments/conflicts reported over money.
- Fewer conflicts reported as reducing domestic violence.
- Reduction of tension largely attributed to last during the period of CTP.
- Resilience to gender based violence (GBV).
- Women feeling strong, confident, respected, independent and able to negotiate.
- Beneficiaries feel listened to, can share their problems and solutions.
- Skills acquired in dealing with changing dynamics among family members.
 - Expanded social networks and improved social cohesion between host and refugee community at a more individual, micro level.

Cash transfer design

- Quantitative scoring alone to assess vulnerabilities and risks to GBV is limited and insufficient.
- To reduce vulnerability to specific forms of GBV (as opposed to general economic vulnerability), flexibility in the amounts and duration of the CT is essential.
- Different cash delivery mechanisms should be used to give beneficiaries a range of options, depending on their specific needs.

Challenges – risks related to targeting

- Targeting women as CT recipients may be seen as undermining men's power and place women at risk of violence, if there is no adequate communication to the husband.
- General humanitarian targeting of assistance in Jordan to single/divorced/widowed women is perceived by some respondents as contributing to increased divorces and separation.
- Similarly as any other type of humanitarian assistance, CT can, in some instances, contribute to social tensions between refugees and local communities at a more macro level.

Challenges – operational

- Using quantitative targeting criteria alone limits ability to assess and target women based on vulnerability to GBV.
- Cash transfers without protection activities limit the potential to mitigate GBV.
- Providing a standard CT amount limits responsiveness to GBV survivors needs and/or for more sustainable solutions.

Key recommendations

- Integrate CT and GBV programming in the design of the project but also in the training of staff.
 - Include activities and support to ensure sustainable protection outcomes beyond the period of cash transfers (such as referral and enrollment in activities to support income generation).
 - Mitigate beneficiaries' exposure to risks from receiving CTs by building in strong qualitative monitoring and feedback mechanisms.
- Stronger encouragement and explanation of the increased benefits of participating in all aspects of the GBV programming (eg. GDGs, PSS, group counselling) should continue to be practiced in order to make the protection outcomes that come with both cash transfers and GBV programme engagement more sustainable after the end of CT assistance.
- Communicate in a more transparent way the eligibility criteria for cash assistance.
- Introduce qualitative measurement in CT targeting and monitoring system.

Cash transfer mechanisms

- Use different cash modalities depending on need and vulnerability.
- Allow option to tailor CT amount and duration for life saving where a specific amount has directly contributed to protection. For example, providing a single, pregnant woman, who has experienced GBV, with the basic minimum amount over twelve months rather than nine months to support her to be healthy and not resort to negative coping mechanisms for the duration of the pregnancy and in the post-birth period.
- Ensure beneficiaries' personal information is protected to the extent possible and ensure contracts with financial service providers make adequate provisions for this too.

Introduction

The massive displacement of over 4 million Syrians, primarily to neighboring Lebanon, Turkey, Jordan, and Iraq, has catalyzed the widespread uptake and adaptation of cash transfer programming (CTP) among aid agencies. According to various assessments, the use of unconditional cash transfers have largely been used for rental costs of housing, as well as other basic needs, such as food, clothing, and education costs. While addressing basic needs arguably leads to some protection outcomes, a few agencies have focused on utilizing cash transfers alongside protection programs to enhance protection outcomes. As the use of unconditional, unrestricted cash transfers in women's protection and empowerment programming is relatively new in humanitarian contexts, IRC sought an independent review of its program run by its Women's Protection and Empowerment (WPE) and Economic Recovery and Development (ERD) teams in Jordan.

IRC has been working in Jordan since 2007 supporting Iraqi refugees, and since 2012 with Syrians in camps and urban areas of northern Jordan. In 2013, the WPE program, which aimed to respond to the GBV risks affecting Syrian women and girls in Jordan, began using cash transfers as a tool to mitigate these risks, which were identified to be largely driven by the challenges of surviving in urban areas without safe or sustainable access to financial resources.¹ As of October 2015, an estimated 4,100 households (16,100 people) have received cash assistance through IRC, of which the overwhelming majority are Syrian. IRC also implements programs to provide health services, child protection, and, as the crisis becomes increasingly protracted, towards supporting economic recovery for refugees and Jordanians in northern Jordan.

The objective of this case study is to identify lessons learned and recommendations for improving the effectiveness of cash transfer programming in building women and girls' resilience (both specific to GBV and more broadly) and mitigating gender-based violence (GBV) risks. Specifically, the key research questions are:

- 1 Does the integration of IRC's unconditional cash assistance, case management, and gender discussion group services contribute to women and girls' safety and empowerment and support a reduction in negative coping mechanisms?
- 2 Has cash assistance exacerbated protection risks in any way?
- 3 How can existing tools and processes be improved to better determine or measure vulnerability to GBV? How can existing tools be improved to determine whether the provision of cash can/cannot mitigate the identified risks and increase safety? What other considerations and information should be collected to ensure effective targeting for cash and/or improve upon the current targeting methods?
- 4 How can monitoring tools and systems be strengthened to measure how IRC cash assistance and related services have contributed to improving the safety and empowerment of women and girl recipients of cash?

The report begins by introducing the methodology of the study and context of the refugee crisis in Jordan. The humanitarian needs and objectives of the program are described, followed by how it operates, beginning with intake to how cases are referred to the ERD team to determine eligibility for cash transfers and how they are administered and monitored. This is then followed by analysis on the outcomes resulting from the cash transfers on GBV risks and concluded with a set of programmatic and strategic recommendations.

¹ IRC, October 2012.

Research Methodology

The research used qualitative methodologies beginning with a desk review of existing literature on cash and protection in humanitarian contexts and IRC's program-related documentation, including assessments, project proposals, case management forms, and post-distribution monitoring (PDM) reports. As there is limited data on the impact of cash in mitigating GBV and building women's resilience, the literature review provided experiences from diverse contexts and informed recommendations for IRC's cash and GBV programming in the Jordan context.

As the methodology is qualitative, this research does not identify the prevalence/and incidence or actual result of cash on GBV for cash beneficiaries. Focus group discussions (FGDs) and individual interviews were used to collect data to understand the perspectives, experiences, and cultural issues surrounding the use of cash, psycho-social support, and the impact in addressing GBV and contributing to women's protection and resilience. Field data collection was conducted in Jordan by the researcher with support from IRC staff and consisted of:

- 1 FGDs with 72 cash and non-cash male and female beneficiaries, ranging in size from 5–10 participants.
- 2 5 individual interviews with female cash beneficiaries.
- 3 14 key informant interviews (KIIs) with IRC staff and external protection stakeholders in Jordan.

Field data collection took place in two of three IRC Women Centers in Mafraq and Ramtha (Northern Jordan) to capture the geographical variations between city (Mafraq) and town (Ramtha) settings.

Questionnaires for the FGDs and individual interviews were developed by the researcher, IRC program and technical staff to explore the attitudes and experiences of the IRC's beneficiaries, the vast majority of whom are Syrian refugees, regarding the impact of cash, particularly on GBV, women's protection, and women's resilience. Four IRC staff were trained to facilitate the FGDs and the discussions were translated by one staff member and recorded by the researcher. All participants signed a consent form, which was also verbally explained, to emphasize that the discussions had no bearing on their access to cash assistance. A debriefing among the facilitator, interpreter, and the researcher to identify key themes, non-verbal dynamics, and other impressions arising in the discussion groups followed each FGD.

Five semi-structured interviews with beneficiaries in Mafraq and Ramtha were conducted to gather more detail on individuals' experiences with receiving cash assistance than could be gleaned in the FGDs. Participants were selected at random. A range of IRC program staff were also interviewed to understand referral flows, process management, and effectiveness of the various program tools. Staff profiles included counselors, program officers, Syrian volunteers, program managers, and technical experts working in the IRC Women's Centers and the IRC country and regional offices in Amman.

There were a number of limitations due to the methodology selected for the research. First, as cash is a top priority for Syrian refugees in Jordan, there is an expected reluctance for beneficiaries to note negative repercussions of cash transfers. While some negative impacts were noted, it is likely that some participants and key informants held back. Secondly, while GBV and women's issues are often sensitive issues to discuss openly among communities, most participants had previously engaged in similar discussions through IRC's programs and the vast majority of participants appeared open and candid. Adolescent girls were not invited to the FGDs for concerns that this format would not be appropriate to this age group (and given the limitations of the research timeframe it was not possible to obtain data on this population through secondary/tertiary data), thus, this limited exploration of the impact of cash transfers on GBV risks from their perspective. Furthermore, the data collection process did not adequately cover what are considered to be 'emergency' cases, categorized as 'life-threatening GBV-related cases' by IRC, due to the risk of re-traumatizing individuals during the interview process.

Cash and Protection Program design

Needs and objectives

Based on various needs assessments by IRC² as well as by other aid agencies,³ cash assistance was designed as one intervention in a broader package of services to support women's protection, empowerment and resilience. Protection and empowerment activities are complementary to the goal of mitigating GBV risks and can build both GBV resilience and general resilience to bounce back from the trauma and harm of abuse and to bounce forward (through healing opportunities and interventions) into a happier, healthier life. Cash assistance was identified as a needed intervention because of the high correlation reported between exposure to GBV risks and lack of financial resources. The following are some of the types of GBV women and girls in Northern Jordan experience, and which particularly affect Syrian women and girls.

- 1 **Domestic violence:** While prevalent in Syria before the crisis, economic pressures, exacerbated by the lack of legal livelihood opportunities, and overcrowded and stressful living conditions, are contributing to increased violence and abuse at home. According to this and previous IRC research,⁴ communities report that increased violence perpetrated by men is triggered by frustration of being unable to provide for their family, the lack of privacy, and/or as a result of stress.
- 2 **Early marriage:** Fear and concern of sexual harassment and exploitation has been identified as a contributing factor to the increasing rate of early marriage for Syrian girls. In this context, marriage is seen as a way to protect the girl and consequently, the family's honor, while also reducing the financial burden on families as through marriage the spouse takes on the duty of providing for her.⁵ In some cases, girls seek the marriage themselves, as they perceive themselves as a burden and/or to gain more freedom, as they are increasingly restricted from leaving the home.⁶
- 3 **Sexual exploitation and abuse:** Refugees report that those in positions of power, such as aid workers, community and religious leaders, staff from community-based organizations, landlords, and employers have abused their position and the economic vulnerabilities of refugees to harass and exploit women and girls. Requests for 'special friendships,' phone numbers, sex, or agreements for marriage have been widely reported in exchange for favorable access to assistance.

Women's protection, empowerment and resilience can only be addressed by providing a range of women and girl centred services to mitigate GBV risks and respond comprehensively to the needs of GBV survivors:

- 1 Psycho-social support through case management, referrals to other service providers, gender discussion groups (GDGs), parenting skills sessions, life skills sessions for adolescent girls, and individual and group counseling sessions.
- 2 Awareness-raising and recreational activities.
- 3 Economic development activities.
- 4 Unconditional and unrestricted cash transfers.
- 5 Primary health care services, including reproductive, maternal, and child health.
- 6 Mobile outreach services to provide the above activities in remote areas.

² IRC, September 2014; IRC September 2012; IRC, October 2012; IRD and UNHCR,

³ Voon, F., January 2015.

⁴ IRC, September 2014.

⁵ IRC, September 2014.

⁶ IRC, September 2012.

From May 2013 to date, the cash assistance program has been most closely tied to psycho-social support activities (namely case management, GDGs, and counseling sessions) as a means to contribute to building the resilience of women and girls towards the aforementioned types of GBV correlated with economic vulnerabilities. Unconditional and unrestricted cash transfers were selected as they can address a variety of basic needs and allow the beneficiary the dignity of prioritizing their own needs. After a cash feasibility assessment, IRC decided to go with CTs via ATM cards⁷, for their accessibility to women, and their ability to maintain discretion and privacy, which in-kind assistance could not provide in this context.

The cash component was managed under the WPE team until 2015 by a small cash team when responsibilities were separated under 2 separate program leads. While this division created separation for WPE staff from undertaking the sensitive cash eligibility process, it has also led to a need for increased coordination. While staff have largely coordinated well on a day to day basis, it is also essential that beneficiary databases (outside of sensitive information regarding GBV incidents) are better integrated to ensure that the outcomes of both WPE and ERD services are jointly captured and analyzed, as well as reduce some duplication.

Program assumptions

When the WPE program began using cash transfers in May 2013, there was limited research into the impact of cash on protection, including GBV and women's protection, to guide its program in Jordan. IRC had developed similar practice and lessons learned from post conflict response in Burundi which gave way to its evidence based Economic and Social Empowerment (EAŞE) program model. The agency supported the formation of community-based loan program and business trainings targeting women, paired with Gender Discussion Groups (GDGs) with their spouse focused on communication skills and gender. According to a program evaluation, it was found that women who participated in both the savings and loans groups and discussion groups experienced a decrease in intimate partner violence and an increase in financial and family decision-making.⁸ Based on these findings, IRC's EAŞE program model was based on increasing women's access to income and engaging men to strengthen gender equality in order to have more equitable relationships, and thus a decrease in violence against women and girls in the household.

The EAŞE theory of change was adapted to the refugee context in Jordan by replacing the savings and loans groups with cash transfers (due to limitations on savings and loans programs for refugees), and substituting the financial management training with case management and psycho-social support. In both programs, receiving the cash transfer was conditional upon participating in activities. The Jordan program sought to test whether cash could 1) address the socio-economic issues which contribute to women and girls' vulnerability to identified GBV types and 2) mitigate imminent GBV risks when brought to the attention of IRC case management staff and build women's resilience.

⁷ See section "cash transfer mechanisms" page 12

⁸ IRC, 2008.

WPE-managed activities

Intake

Beneficiaries access WPE services through fixed Women's Centers, located in Mafraq, Ramtha and Irbid's urban centers, or through outreach services in more remote rural areas of Northern Jordan. Beneficiaries cannot register directly for cash assistance with the WPE team. The centre receptionists inform beneficiaries that they can register for WPE's case management, psycho-social, and recreational activities. Despite this, many people are aware that if they sign up for WPE services they may have a chance to access cash assistance.⁹ As cash is a priority for the vast majority of refugees WPE services have been in very high demand. While this may have some positive impact in drawing more people to psycho-social assistance, particularly men who may be less likely to access GDGs and parenting skills sessions,¹⁰ it may also result in some beneficiaries entering case management with the sole purpose of accessing cash transfers. In addition, some beneficiaries request their cases to remain open in hopes of receiving cash assistance. This potentially burdens WPE's case management systems as counselors generally do not close cases without the beneficiary's agreement.¹¹

Many WPE staff noted that the high demand for WPE services, driven in large part by cash assistance, has been a major challenge. The high demand affects the WPE team's capacity to address cases in a timely manner. To address this problem, in September 2015, IRC decided to communicate to beneficiaries that cash assistance is completely separate from WPE services and administered by ERD in order to have a stronger barrier between the WPE staff, who were perceived as the gate-keepers to access cash transfers. While this separation allows WPE staff to refer complaints to ERD colleagues, it has not necessarily alleviated the demand for WPE services nor negated its strong association with cash assistance. This is a clear indication of a link between women and girls' vulnerability to GBV and socio-economic vulnerability.

Case management and psycho-social activities

Psycho-social activities organized by the WPE team, including individual and group counseling, GDGs, and parenting skills sessions, are designed as a critical component to mitigating and responding to GBV and have been appreciated by women and most men FGD participants. Both gender groups talked about numerous outcomes of the psycho-social activities:

- Learning new things from the counselors, as well as other participants.
- Building their self-confidence (reported only by women).
- Learning how to constructively and non-violently deal with their children from the parenting skills sessions (particularly emphasized by men).
- Meeting new people and expanding their social networks.
- Improving their mood and attitude and having constructive activities to fill their time.

According to discussions among men and women beneficiaries and in staff interviews, men's access to psycho-social activities is limited due to a perceived stigma or embarrassment in participating in such activities because they are men. One woman said, "My husband would find it difficult to participate

⁹ Key informant interviews, 13 October, 18–20 October.

¹⁰ In male FGDs, some participants admitted that they only signed up for psycho-social support to access cash assistance and that they appreciated the sessions even if they did not receive cash.

¹¹ Key informant interview, 20 October.

in psycho-social activities. At the same time, he goes to the [IRC] health clinic for services but he sees psycho-social differently – shame and fear that others would think he is crazy. It's easy for my son to access psycho-social activities but for my husband, you need another man to convince him." Among men who have participated in psycho-social activities, most said that it was positive and beneficial. Some men admitted that their initial motivation for registering for the activities was to access cash transfers, and they were surprised that they enjoyed the sessions and now encourage their friends to participate. A minority of men did not find the sessions useful, in part because they had to pay for transport costs and did not find it worth the cost.

Counseling and case management also reportedly improved women's confidence and provided an outlet for people to share their problems and access tailored advice to specific problems.

"Negative issues leave my mind [due to counseling] and I feel happy and changed. If you find someone to complain about your problem, it's better than money sometimes."

"It's not all about money, it's about having someone to listen to you. Sometimes we are blaming our husbands but we excuse them for what has happened, the loss of their family and their suffering. Maybe they are hurting more than us."

"After I attended the individual and group counseling sessions, I feel much better. I can express my opinion, although not all of them. There are some decisions that should be left up to the man. I gained self-confidence. In the past I was really afraid that if I talk, he will beat me."

As noted by the women quoted above, counseling helped improve communication between genders and give women the confidence to assert themselves. It also speaks to the high quality of counseling; both women and men noted that staff were deeply trusted, respected, and at times were referred to as family. Although psycho-social activities did not (nor are expected to) lead to a change in women's role or status or fully end forms of GBV, some women noted changes in their husbands or sons who have attended psycho-social sessions, such as an increased openness to dialogue on how to spend the household finances and allowing them greater control of the household finances.

ERD-managed activities

Targeting for cash transfers

There are three different types of cash assistance that are offered at IRC. The first is the regular unconditional, unrestricted cash assistance which is based on standard monthly payments for a 6-month time period. The second is emergency cash assistance which is flexible in duration and amount and is designed to respond to life-threatening GBV-related risks. The third and final type is winterization assistance, which is a one off payment to socio-economically vulnerable households to address their seasonal challenges. This research focuses on the regular unconditional, unrestricted cash assistance due to the limited research time-frame.

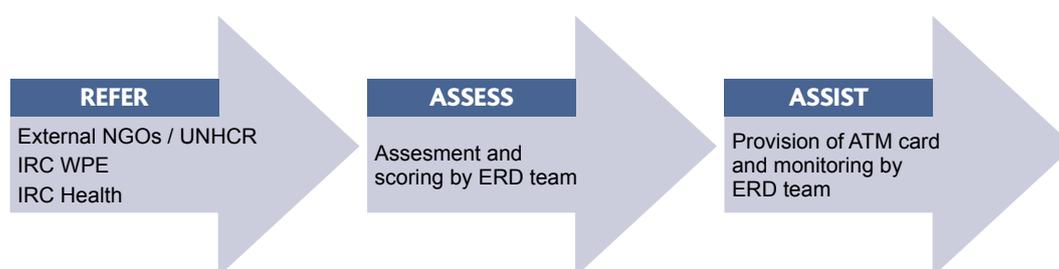
Beneficiaries are referred to the cash program managed by the ERD team by other IRC program units or other aid agencies. They can be referred to ERD based on the following criteria: 1) general socio-economic vulnerability and/or 2) because they have experienced GBV or face GBV risks, and cash has been identified by a WPE counselor as a means to mitigate the risks the protection concern(s) they are experiencing. The second type of case can only be referred by WPE through their case management staff, as there are few other agencies with specialized GBV services. If a case is identified through WPE counseling or recreational activities, they are first referred to case management and cannot be directly

referred for cash until they have consented to access the service, completed an intake process and discussed a safety plan with a case manager. In the past, beneficiaries were generally not informed when they were referred for cash assistance in order to avoid raising expectations.

Emergency cases are prioritized for immediate cash assistance and are exempt from the assessment and scoring system. These cases are those considered to be experiencing 'potentially life-threatening GBV-related issues' and where cash assistance can 'provide life-saving support.' Referral of emergency cases go immediately to a case conference involving both WPE and ERD staff, with a decision generally made within hours. Emergency cases have been rare and constitute less than 1% of cash transfer beneficiaries that have been served since May 2013. Staff involved in the case conference report that the process is clear, rapid, and usually results in unanimous agreement.¹² When decisions are not unanimous, program coordinators from ERD and WPE make the final decision.

For regular unconditional unrestricted cash assistance, following the initial referral, ERD staff cross-check the beneficiary's information with other aid agencies to exclude those who are currently receiving cash assistance from other humanitarian actors (though it should be noted that if a case manager flags the case as one where the type of GBV experienced is related to the deprivation of financial resources, the case will be made exempt from the cross-checking process). Once it is clear that it is safe to contact the beneficiary directly, ERD staff or volunteers call the beneficiary to conduct the baseline assessment, with some of the indicators used to score the beneficiary's vulnerability, without informing the beneficiary that it is used for assessing their eligibility specifically for cash assistance.

Figure 1: Referral system for cash transfers



The current scoring system for identifying regular cash assistance beneficiaries and winterization cash assistance beneficiaries was implemented in June 2015 and is based on a weighting of key indicators (linked to the VAF).¹³ These include:

- Number of household members experiencing chronic health issues, disability, or other serious medical conditions.
- Number of unmarried females in the household.
- Categorization as an 'urgent' case by WPE.
- Dependency ratio calculated with the number of people unable to work compared to those who are able to work.
- Female-headed household.

Each indicator is weighted differently, between 1.1–4.06, with all weights falling between 1–2, with the exception of female-headed households, which are weighted at 4.06. The targeting system is based to a

¹² Key informant interviews, 20 October 2015.

¹³ Prior to June 2015 an expanded version of these key indicators was used.

greater degree upon social vulnerability, rather than economic vulnerability as income or expenses are not factored into the scoring. This scoring means that the vast majority (90%) of beneficiaries are from female-headed households. While this is understandable given the WPE program's objectives, targeting may not necessarily ensure that the needs of women and girls are better met if, for example, the head of household is elderly, ill, or disabled.

Only cases scored with a sum of 60 or above on a scale of 1-100 are approved for cash transfers and currently, an appeals process is not in place. WPE and ERD staff with technical evaluation support developed the identification and weighting of key indicators. To verify the relevance of the indicators to GBV vulnerability, FGDs of Syrians and Jordanians were convened and statistical analysis on the previous year's caseload was conducted to ensure that the scoring was adequately capturing vulnerable groups. The previous scoring system was based on 21 indicators and also considered issues such as education, family size, and marital status. The time required to collect data for scoring (estimated at 30-45 minutes) was longer compared to the newer version; however, the new assessment process is similar in length as it collects data for other programming purposes outside of scoring.¹⁴

The targeting process for cash transfers was not always adequately and transparently communicated to people, partly because of a fear that it would generate more demands and fake declarations. But the lack of transparency has led to other challenges: as noted earlier, staff said that the cash transfer program has contributed to the high demand for psycho-social activities since this is the only pathway considered by refugees to lead to a cash referral. In some cases, staff said that beneficiaries do not want to close their cases with counselors until they are considered for cash assistance, although they are not at risk of experiencing GBV. One cash transfer recipient said that her acquaintances continued to bother her asking about how she qualified for the cash transfer when she didn't know herself. While ERD staff are responsible for explaining the criteria to other IRC staff, there is significant confusion and at times frustration, with some counselors reporting that some of their beneficiaries who did not qualify for cash seemed more vulnerable compared to those who did. The lack of clear criteria that are widely understood by IRC staff or a process for appeals or feedbacks for those rejected for cash are also gaps. Potential ways to manage appeals is to re-assess a case in conference if recommended by a counselor and if the case score falls in the borderline range of the qualifying score, such as 50-59, or identify appropriate re-inclusion categories (such as elderly or disabled-headed households).

Cash transfer mechanisms

During IRC's response to Iraqi refugees, it had delivered cash in envelopes to beneficiaries with success, but as the Syrian response was larger and thus presented potential security risks for both recipients and staff, a cash feasibility assessment was undertaken to identify suitable cash transfer options. Mobile money was ruled out due to its requirement for post-paid accounts, which were generally inaccessible for refugees. The mobile system in place was also not mature enough to be a fast and efficient payment mechanism. Pre-paid ATM cards were selected as they allowed for better monitoring of payments, supported targeted users through the provision of a PIN, and the wide availability of ATMs in the communities. Disadvantages to this modality included the lack of experience with cash cards among likely recipients, although this has been addressed through trainings provided when cards are distributed. A significant advantage of the pre-paid ATM card is that no personal information from the beneficiary is required from the selected bank, which is particularly sensitive for GBV survivors and other vulnerable groups, such as unregistered refugees.

Although IRC faced multiple technical problems with the bank, from the beneficiaries' point of view ATM cards have generally worked well according to FGDs and post-distribution monitoring assessments.

¹⁴ Belltawn, B., March 2015.

ATM cards also can be used for multiple transfers, potentially over years, making this mechanism more cost efficient over the long-term. About 90% of recipients reported that they faced no problems in withdrawing cash and 87% were able to access ATM machines within 30 minutes or less distance from their homes.¹⁵ Of the 10% who faced challenges using the ATM card, 45% of this group did not know how to use the card. In key informant interviews, staff noted that this was particularly problematic with elderly and illiterate cash recipients and that extensive training did not resolve the issue. For beneficiaries facing persistent problems, IRC staff directly accompanied them to the ATM machine and helped them. As these cases are limited but not insignificant in number, IRC could consider providing cash-in-envelopes to these beneficiaries.

However, because of the redundant technical and administrative problems with the bank, the IRC decided to pilot the *hawala*¹⁶ system to manage cash transfers in September 2015. The *hawala* system has proven to be faster and easier to use for recipients, despite 36% higher transaction costs compared to ATM cards. Groups of 20–30 recipients are invited to the *hawala* outlet, which, in terms of facilities, is set up similar to a bank, where the full month's cash amount is provided to recipients with IRC staff present to explain IRC's services, verify identity, and make referrals as needed. Formal post-distribution monitoring has yet to take place with the *hawala* system, however, some who had received assistance through *hawala* and participated in the FGDs reported that it worked well and was more familiar to them than the ATM cards.

While the *hawala* company did not require beneficiary information at the beginning, the context on international financial regulations is changing rapidly, requiring informal transfer mechanisms such as *hawalas* to be more accountable. Other potential drawbacks of this modality (which is not limited by the *hawala* systems but by operational constraints) include the lack of flexibility in timing to take the money and inability to withdraw smaller amounts, which may be preferred in some cases. Ensuring security of recipients could be an issue, however, IRC staff conducted a security assessment prior to distributions and implemented security protocols to mitigate risks.

Cash transfer amounts and duration

Monthly cash assistance packages range from 120–180 JOD (170–254 USD) for 6 months (see Figure 2), depending on household size. Amounts are based on the Minimum Expenditure Basket guidance developed by the inter-agency Basic Needs Working Group in Jordan and adapted for IRC's program. The six month duration was chosen as the minimum time required for the benefits of the cash assistance and psycho-social support to come together and allow the space for household members to adapt to changes in psycho-social well-being.¹⁷ Extensions are rare, but are considered when there is a new or ongoing protection risk identified by counselors which can be mitigated with cash.

Figure 2: Cash transfer amounts based on household size

# of Household members	Monthly amount of cash assistance	Total amount of cash assistance over 6 months
1–2	120 JOD (170 USD)	720 JOD (1,017 USD)
3–4	150 JOD (212 USD)	900 JOD (1,271 USD)
6+	180 JOD (254 USD)	1080 JOD (1,525 USD)

¹⁵ IRC, February 2015.

¹⁶ The term *hawala* refers to informal money transfer companies which usually work parallel and independently of the formal banking system and can operate both domestically and internationally.

¹⁷ Key informant interview, 19 October 2015.

When beneficiaries were asked whether the amount and duration of the assistance was adequate to address women and girls' safety and security, a range of positive and negative responses were provided, although underlying all responses was gratitude for receiving any assistance.¹⁸ Most FGD participants and individuals reported that the amount was adequate for their needs. More negative respondents stated or hinted that any amount was "better than nothing" with many noting the high living costs in Jordan. Post-distribution monitoring also reflects mixed responses, with 57% reporting the amounts were adequate and 43% stating that they were not.¹⁹ One man summarized the situation: "You can spend this [monthly cash assistance] amount five times in one day here." Most people appeared to base their answers on covering their basic expenditures but it is likely that not all basic needs could be covered. For example, many people spoke of needing money for medical care for chronic diseases and/or wanting to move to improved (and more expensive) housing, particularly for the upcoming winter months. While the duration and value of the assistance package is standardized, flexibility should be integrated to allow for adjusting the cash transfer amounts and duration for specific GBV cases, even when they are not considered to be an "emergency" case.

When asked about the six month duration of cash assistance, the vast majority of participants said that it was not long enough and that their needs will persist; some also asked to be considered for an extension. However, some participants said that they understand that the cash would end so that IRC could support other refugees in need. When cash transfer recipients were pressed further whether their pre-cash situation will return, some participants, notably only women, said that while the stress of their financial problems returned, it was somewhat better.

"Relations do worsen after the end of cash but not as bad as before."

"The cash assistance finished quickly but thank God, I felt better than before. I learned many things in that period. I learned how to deal with my husband and sons, and how to advise my sons...with help from my counselor."

As noted by the above quote, psycho-social support contributed to making a more sustainable change, which will be discussed further below. Other women who were still receiving cash assistance at the time of the interviews and FGDs expressed great uncertainty as to whether gender dynamics in their families would return to normal when the assistance ends and were not sure what to do. To help beneficiaries manage this uncertainty and to ensure that the cash assistance period is fully utilized, the IRC should ensure that case management is conducted in parallel.

Monitoring systems

Monitoring allows IRC to assess the psycho-social and protection situations of beneficiaries accessing case management, counseling, and gender discussion groups, and identify protection issues that may arise during the cash transfer period. While many beneficiaries access multiple different IRC services such as cash assistance and gender discussion groups, the timing of their involvement in different activities does not always run in unison. Therefore in some cases, this leads to a significant amount of assessment and potential duplication of information collection by the program units, as each program unit maintains its own database that cannot be viewed by staff outside the team. In addition to creating additional work for staff, the lack of a more integrated system results in missed opportunities for identifying broader outcomes, gaps, and/or causal relationships between cash transfers and WPE services.

¹⁸ In the past year alone, cash-based assistance for Syrian refugees has been severely cut back with WFP food vouchers no longer provided to all registered refugees, and other cash-based programs cut due to dwindling donor funds.

¹⁹ IRC, February 2015.

WPE case management occurs on a regular basis and a case is only closed in a collaborative process in which the counselor and beneficiary agree that her safety concerns have been addressed. Case management begins with provision of information on the services and obtaining the informed consent of the beneficiary to proceed, followed by an intake assessment, with different information collected for GBV and non-GBV cases. For GBV cases, incident information is submitted to the inter-agency GBV Information Management System (IMS), with the survivor's consent, to identify broader patterns and trends for response and advocacy. The intake is followed by the development of an action plan and safety assessment by the beneficiary and counselor, which allows for referrals and follow-up actions. Prior to closing any case, an assessment is undertaken to ensure that the beneficiary feels that their safety concerns have ended or are at a level where they can cope. Relevant data from the case management process is entered into a database to produce weekly activity reports, however, the data and analysis are kept strictly confidential in order to protect beneficiaries' personal information.

For cash beneficiaries, ERD conducts several assessments of each beneficiary. From May 2013-March 2015, an initial assessment was conducted to score the vulnerability of each case, and then a post distribution monitoring (PDM) survey was conducted. From March 2015 onward, the initial assessment has been followed by a PDM survey, then a midline assessment during the third month of cash assistance and an endline assessment about one month after the final cash transfer. Post-distribution monitoring takes place among a statistically representative sample, ideally three weeks after the cash transfer, to collect more specific information about beneficiaries' understanding of the terms of the cash transfer, challenges in accessing cash transfers, and safety concerns arising from the cash transfer. In addition to questions to inform the scoring for cash eligibility, baseline and endline assessments document the use of household coping mechanisms, assets, food consumption, income, expenses and housing conditions to support IRC to better understand trends in coping strategies and how they might be affected by the provision of cash assistance.²⁰ The midline assessment also examines who made spending decisions for the cash transfer and potential safety implications, as well as any challenges faced in accessing the cash transfer. While the ERD systems collect rich information, it is a time-consuming process for the staff to properly collect and analyze the data.

The ERD and WPE monitoring and case management systems collect a significant amount of data and require resources (staff time). ERD monitoring is more focused on overall economic indicators, rather than specific GBV risk factors, which are monitored by WPE. The parallel systems mean that it is difficult to identify the outcomes of the combined cash transfer and psycho-social support for beneficiaries and establish more quantitative evidence for the effectiveness of this approach. The establishment of an integrated or consolidated monitoring system, where most of the data is collected in case management by counselors, who are best placed to elicit quality information, could significantly streamline the process, improve findings, and reduce staff workload.

Outcomes and analysis

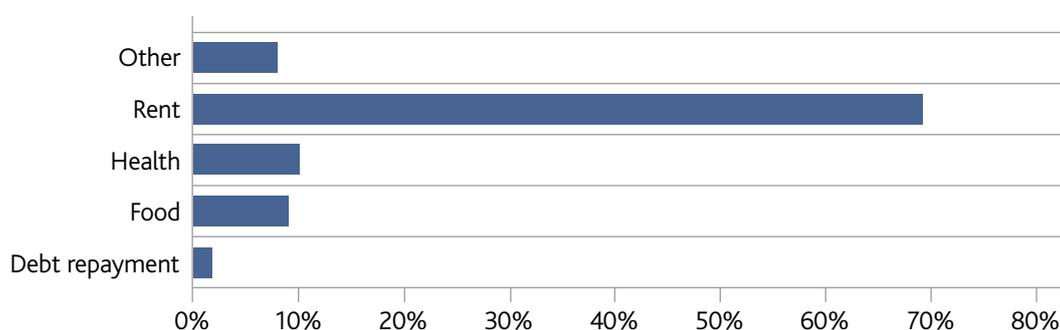
Cash transfer expenses

When asked about the main expenses made with the regular unconditional, unrestricted six month cash transfers, men and women participants unanimously reported that it was used primarily for rent of living space, which was corroborated by 2014 monitoring surveys (see Figure 3). Some also highlighted that cash was used for health expenses, food, diapers, milk, and clothes specifically for children, as well as water and electricity bills. According to other assessments, these expenses are generally managed through the use of negative coping mechanisms, such as the use of debt, child labor, work in dangerous

²⁰ As noted above, the GoJ has restricted the use of household assessments by aid agencies, hence IRC is collecting data through the initial assessment to inform future livelihoods programming.

or exploitative conditions, decreasing the quantity and quality of food consumed, and sharing housing.²¹ With the cash transfer, some people said they bought high quality foods for a nice meal or sweets for the children. It was clear from the discussions that cash was used and expected to be used to benefit the entire household, with children's specific needs and/or health issues prioritized after paying the rent. No anti-social expenses, such as spending on cigarettes or alcohol, were raised in the FGDs, although this is a potential but small risk. One woman reported that she had to hide the cash from her alcoholic husband and one key informant noted that some domestic violence cases are strongly linked to substance abuse by family members.²²

Figure 3: Expenses made with cash transfer as reported by recipients



Source: IRC Post-distribution monitoring survey, April 2004

A few women said that they were able to use cash transfers for savings or investments into productive activities. One woman described how, with her experience in Syria at a hair salon, she saved part of her cash assistance to purchase one piece of salon equipment each month and at the end of the cash transfer period, she expected to open her own salon. One woman said that she saved a small amount for future emergencies, and some noted that they used the cash to make food at home to sell locally. While these cases were relatively few, many FGD participants noted the skills of Syrians particularly in food preparation.

Changes in women's roles

The explicit targeting of women as recipients of cash transfers significantly shifted their roles in financial decision-making during the assistance period, as men (either husbands, fathers or brothers) are traditionally responsible for financial decisions. As will be discussed further below, it appears that these changes were largely temporary and did not change financial decision-making roles in the long-term unless women accessed other income sources. Below are some examples of women describing how their role in financial decisions changed by receiving cash transfers:

"[In Jordan], I'm doing everything a man must do. I take the UNHCR assistance and vouchers. Everything you can imagine a man should do, I do it. I don't like this but I must do this role. When I receive money directly, I feel powerful. I can help others and give to others and my husband also appreciates this."

"Since I don't have to ask him for money, I am free and can make my own decisions but he tells me I have to pay for the rent and the bills and then I can take the money and use it for what I want."

²¹ Voon, F., January 2015; CARE, July 2015; ACTED, June 2014.

²² Key informant interview, 12 October 2015.

"I still ask my husband for financial decisions. But one change is that before I had to ask permission to go out and now I just let him know that I'm leaving."

"Now I can buy anything without asking my husband's permission. I can determine my own needs and purchases."

Interestingly, some women recipients make financial decisions completely independently while others negotiated with their husbands in financial decision-making, even though they held access to the money. Only a limited number of women said that they continued to allow males to make all financial decisions related to the cash assistance. Notably, none of the male FGD participants said that a woman's role or status would change as a result of receiving cash assistance. Most expressed the expectation that a woman would spend the money on rent and goods for the household and children, while some men expected her to give part or all of the cash to her husband to manage.

Some women confirmed that bringing in financial resources increased their personal value to their families.

"When there is income, it makes my husband care about me more. It's human nature to want others to care about you and when you have money then others care."

"I've only received one [month's] payment but still feel like I am valued by my husband. I want to have this feeling forever."

"When we bring back money to the family then we have value."

While this could be viewed positively, it may reinforce negative values by placing financial value on women and their self-worth (solely through women's financial contribution to the household), although the GDGs are designed to mitigate this. IRC staff described how a woman asked for cash assistance so that her husband would continue to be caring and affectionate towards her.

Cash transfers, GBV and GBV risks

Domestic violence

Women in the FGDs perceived the cash assistance to reduce household tensions, as well as domestic violence against women and between parents and children. Counselors and cash assistance officers, who regularly monitor cases and the impact of cash distributions, also corroborated a link between cash transfers and reduced domestic violence.²³ However, this does not occur in all cases and there are a few case reports and other research findings of cash exacerbating tensions, which highlights the need for thorough monitoring, preferably through case management, throughout the duration of cash transfers. According to the latest PDM survey, the most frequently noted change as a result of receiving cash assistance was that 'there is less tensions/problems within households' according to respondents.²⁴ In the FGDs, women often concluded that financial troubles were a significant cause of domestic violence and that cash assistance, by reducing financial troubles, helped mitigate GBV:

"There used to be tensions at home but after we received the cash assistance, violence reduced in the house. My children are more comfortable now [after receiving the cash], and so am I. When the money is in the house, there are no problems in the house."

²³ Key informant interview, 13 October 2015

²⁴ IRC, February 2015.

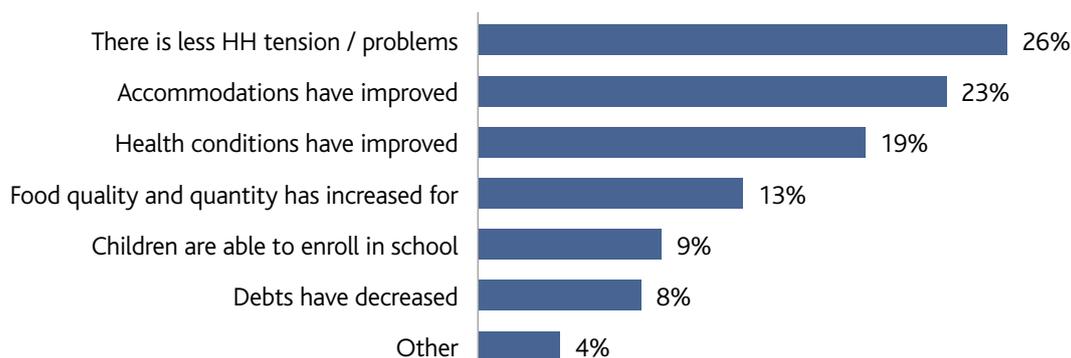
“All our arguments are about the lack of income and the things I request. During the 6 months, the cash reduced conflict between us.”

“My husband is aggressive and was sometimes abusive before the cash assistance. After the cash, the situation improved and calmed him down. It wasn’t completely reduced because the whole family lives in one room, smaller than this one.”

“The six months is like a ceasefire between us.”

In contrast to the women’s discussions, only a few men in the FGDs drew the link between domestic violence and financial problems, although many men acknowledged that receiving cash would make all members of the household “happy.” The different perspectives of men and women’s groups may be due to a discomfort amongst men of talking about GBV. This may also speak to a wider tolerance of GBV in society and during the stress of exile, particularly among men as well as the fact that many men in the FGDs had not been a part of the GDGs. The disparity in perceptions among gender groups highlights a need for continued and further engagement of men in the GDGs and other interventions which address gender inequalities the root of causes of GBV identifying with men and boys their pivotal role in becoming allies and central to the protection of women and girls.

Figure 4: Primary positive impact reported by beneficiaries as a result of cash transfer



Source: IRC Post-distribution monitoring survey, February 2015

When directly asked about negative impacts arising from receiving the cash assistance, almost all groups agreed that there were none, which was expected as participants likely did not want to raise these in fear of IRC limiting cash assistance. However, when groups were pressed further about specific impacts providing cash to women had on relationships and gender roles, some equally expected reticent impressions were raised particularly emphasized among male participants, reflecting on the discomfort they felt in sharing power.

“I think it’s a negative thing if women receive money. There are rare positive cases. If a woman and man are both working then they’re equal. If only the woman is bringing money then it’s not good and it will affect a man badly.”

“If the woman receives cash, then it will cause problems. The husband and wife will fight over the ATM card. The wife will want to buy clothes and things for the children and the husband will want to pay rent. I heard of a man who divorced his wife because...his wife took cash assistance and when he found out...he divorced her.”

Furthermore, men who believed it was not appropriate to target women with cash assistance frequently mentioned the problems that it would cause with men’s parents, and particularly his mother.

"It would reflect badly on me if my wife bought things for the house, especially if she says this in front of my mother."

"It's very sensitive between a woman and her mother-in-law. If a woman receives cash, she will give the money to her family and her mother, not her mother-in-law. While if the man takes the money, he will do it in a fair way and give money to both families."

Both men and women's groups spoke of increased divorces among Syrians in Jordan with some pointing to the targeting of single, divorced, and widowed women by aid agencies for assistance, as hinted by the quote above. According to the FGD participants, both men and women initiate divorces: for men, to marry other women, and for women, to increase their access to aid. Participants said that the targeting preference for single women could help men justify divorce or separations because the woman would have better access to cash assistance alone. While the link between the targeting of aid and separation or divorce may be more rumor than fact, it is an issue aid agencies should investigate at the inter-agency level.

While direct abuse was not mentioned as a result of receiving the cash assistance, negative attitudes among husbands and in-laws towards women recipients are a potential risk of targeting women as recipients. Similar issues arose in a World Food Program (WFP) project which targeted women as beneficiaries in Kenya, where some men expressed concern with women gaining power and fear of women leaving their husbands as a result. Some household tension was noted, although no evidence of an increase or decrease in GBV was identified.²⁵ While parent-child conflicts were not mentioned in this research, a case study of a cash transfer program in Lesotho revealed conflicts between parents and children, with cases of children demanding their share of the cash.²⁶ For these reasons, the IRC specifically provides its cash assistance model alongside the gender discussion groups, acknowledging that empowering women entails men giving up hegemonic control thereby requiring specifically designed, intentional and continued conversations with men and women to progressively lead to greater shared power amongst both genders in which neither feel threatened and in which women are not further harmed.

Key informants and FGD participants frequently noted that "money is power" and many women frequently reported that they felt increased respect and affection from their families as a result of receiving the cash transfer and being able to make financial decisions. Hence, in terms of gender dynamics, cash can temporarily alter power structures within a household in a way that in-kind assistance likely would not. In one case, a woman said that her husband forced her to ask IRC for an extension of their cash assistance even though she felt ashamed to do so. Interestingly, while the woman's role changed in being able to bring in income, her husband continued to maintain the authority to direct her actions. Some male and female FGD participants corroborated the changed gender dynamics as refugees, where the roles of men and women have been turned 'upside down.' Men are no longer the breadwinners or able to protect their families from abuse and harassment, and women can more easily access assistance among aid agencies and community-based organizations. Research on drivers of Intimate Partner Violence among displaced communities in Iraq, Kenya, and South Sudan²⁷ identified that unemployment resulted not only in a lack of resources available to the family, but also in men's identity loss, lack of control, unspent energy and frustration. Women also lost their livelihoods as a result of their displacement, but in contrast, they continued to carry the responsibility for meeting the daily needs of the family. Women struggled to come to terms with their husbands being unable to provide for the family on the one hand, and to engage their husbands in finding solutions, on the other. The lack of livelihood opportunities and unmet material needs were described both as an underlying cause of tension in the household, as well as an

²⁵ Berg, M. et al, March 2013.

²⁶ Slater R. and Mphale, M., 2008.

²⁷ Erikson, A. et al, January 2015.

immediate trigger leading to men physically or verbally abusing their wives usually as a reaction to women asking their husbands for something the family needed.

“The one who has money has the authority and power. Unfortunately that is what is happening for us as refugees and women can now make decisions. I got divorced because there were financial difficulties. I was injured and can’t work so I have no choice – either there is an act of God or I return to Syria.”

“I felt better when I was receiving the cash assistance but I still can’t say anything because my husband feels ashamed that I receive the assistance. He can’t meet the families’ needs and our son was deported [to Syria]. He says, “I am their father, it’s my responsibility to cover their needs. If you’re living here without a husband you will receive more assistance than being with me.”

This sense of powerlessness and loss of purpose exacerbates depression and frustration among men and could potentially contribute further to GBV amongst other drivers. While other cash programs in Jordan and Palestine have deliberately targeted men²⁸ so as to not further place women at risk specifically from receiving assistance they do not contribute to women’s safety, protection or empowerment outcomes, maintaining a power dynamic status quo in which GBV occurs.

It should be emphasized that negative attitudes towards women’s access to cash assistance is not representative of Syrian refugees and many men disagreed with such viewpoints during the discussions.

“If my wife takes the cash assistance, I don’t have a problem because it would help the whole family. We have the same priorities - our daughter’s school and rent.”

“I don’t mind if my wife takes assistance. If she receives the cash she would give it to me but I would tell her to take it. Not all are the same.”

“In Syria, there is no difference between a husband and wife and it doesn’t matter who holds the money. Men and women have the same priorities and everything is shared.”

While information from FGDs cannot measure the prevalence of GBV before and during the cash assistance, it appears that financial issues are a significant risk factor for domestic violence,²⁹ for which cash transfers can provide temporary respite and that the vast majority of women and girls would likely benefit from some reduced GBV risk, particularly intimate partner violence (IPV), if they received regular cash transfers. Efforts to reduce women’s risk of IPV, increase women’s economic control over household assets and decision-making, and increase men’s productivity vis-à-vis the household, if developed with a critical gender lens attuned to the dynamics of IPV, economic programming could have significant implications for improving women’s safety, as well as psychosocial wellbeing at the individual, family and community levels. Given the limited availability of donor funds for cash transfer for refugees and the vast scale of need generally, IRC should review its comparative advantage in focusing on cash transfer programming with GBV and consider developing specific WPE targeting criteria that is separate from programs which target general vulnerabilities, as staff already struggle to maintain a manageable caseload and have the technical expertise to implement such programs.

²⁸ Berg, M. et al, March 2013.

²⁹ IRC, October 2012.

Early marriage

The impact of cash on mitigating early marriage risks is unclear based on the data collected as both the scope of this research and the program is not focused on specifically addressing early marriage. Research findings from other contexts are also inconclusive. A recent evaluation of a development program in India showed that cash did not significantly delay marriages for cash beneficiaries,³⁰ while some evidence from a cash program for returning displaced person in Pakistan purports to reduce early marriage.³¹ For this research, several key informants and FGD participants noted that early marriage of their daughters had recently occurred but these cases were not targeted for cash assistance for this reason. According to IRC staff, cash can have an immediate and positive impact, particularly when landlords try to coerce tenants (which frequently occurs)³² who often cannot pay their rent in full, to marry their daughters to them or family members by allowing families to pay their debts and/or move elsewhere. It appears, however, that cash assistance can only temporarily mitigate the risk of early marriage since its primary drivers, such as economic insecurity and sexual harassment, are long-term issues facing Syrian refugees.

Sexual exploitation and abuse

Sexual exploitation and abuse, particularly by landlords, aid workers (from both international and community-based organizations), community leaders, and others in positions of power, have been identified as a major GBV risk for Syrian women and girls in Jordan.³³ Perpetrators are aware of women and girls' vulnerabilities coupled with their economic problems in Jordan and ask for "special relationships," sex, or early marriage. Some survivors interviewed said that financial assistance helped them to avoid the immediate risk, by allowing them to move away from a landlord or avoid going to an aid agency, where a staff member asked her for a relationship by phone. Women and girls are often isolated at home because of sexual harassment and exploitation. The Women's Centres were described as the only safe place women and girls can go to.

Psycho-social benefits

Aside from positive outcomes of addressing basic needs, cash transfer recipients also spoke of its positive psycho-social impacts. Many spoke of themes such as greater comfort among all family members, reduced tensions, and genuine happiness. One woman said, "When we receive the cash assistance, we are as happy as when it is Eid." Both men and women groups talked about feeling mentally and emotionally 'destroyed,' depressed, and hopeless because of their situation as refugees and for their children's future, and that receiving the cash brought them hope. One male participant said, "Before I received the cash, I felt like I was standing with a rope around my neck, but now, I feel relief." Several participants said that before receiving the cash assistance, they or their husbands were thinking of returning to Syria but then they decided against it when they received cash assistance. One woman said that her two sons were thinking of returning to Syria to fight but did not when they received cash.

Being the direct recipient of cash assistance was significant and new for many women, particularly those living with their husband, and many said that because of this, they were able to make financial decisions on their own. A few women also said that using an ATM card alone was empowering. Many women spoke of feeling strong, confident, respected, and independent as a result of bringing resources into the household and being able to meet the needs of the family – feelings not raised in the male FGDs.

³⁰ ICRW, October 2015.

³¹ OCHA, October 2015.

³² IRC, September 2012.

³³ IRC, September 2014.

"After cash, I changed from a vulnerable woman to a powerful one and my husband is more thoughtful to me."

"I feel more powerful and strong. I can negotiate with my husband and while I don't exactly feel powerful, I feel a little more powerful."

"We receive more respect from men as a result of taking the cash. Every time we receive the cash, it brings balance to the house. Even when we were in Syria, when a man marries a working woman, he is more respectful of her."

While the strengthening of women's roles is positive and can mitigate GBV risks, it should also be considered in light of the changing gender relations among Syrian refugee communities where it could further aggravate the same risks, particularly domestic violence.

Social cohesion

Cash transfers were perceived to support positive outcomes for social cohesion among Syrian communities and with Jordanian host communities at an individual level and within social networks of relatives, friends, landlords, and neighbors. However, at the macro level, beyond immediate social networks, outcomes were more mixed. According to FGD participants, cash strengthened social cohesion in the following ways:

- Allowing recipients to repay loans from friends or family, as well as to landlords and shopkeepers, to whom many have debts. FGD participants said that this increases trust and the potential to access future loans.
- Allowing recipients to reciprocate favors with friends and neighbors and strengthen relationships.
- Allowing recipients to buy gifts in order to participate in social occasions when they would not feel comfortable otherwise.
- Decreased stress and depression as a result of pressing financial concerns encouraged beneficiaries to socialize with their friends and neighbors, which in turn, can also have positive psycho-social outcomes.

While not a direct program objective, increased social cohesion could allow refugees, including women and girls, to experience enhanced protection and safety due to improved social relations among communities. Syrians come from very tight-knit and cohesive communities, and while the social fabric has inevitably weakened in exile, these networks continue to help Syrians who are adjusting to life in Jordan. One FGD participant summarized this dynamic: "We have a habit in our culture that when I make nice food I will share it. When my neighbor gives me food then I can't reciprocate. If I have money then I would be able to reciprocate and it would build trust. I feel the same and equal."

The significant humanitarian response, including the provision of cash transfers, to Syrian refugees in Jordan has contributed to increased tension and jealousy among host communities, according to both male and female discussion groups, and supported by various assessment findings.³⁴ One female participant even said that some Jordanians specifically married Syrian women (because they are targeted as recipients of aid) and because Syrian women are recognized as vulnerable as refugees. Although not exclusive to the cash transfers provided by IRC, a few participants raised that as a result of the general cash and other humanitarian assistance provided by various aid agencies, landlords have raised rental costs and stoked tensions with host communities, who they also acknowledged to be impoverished and in need. In order to mitigate tensions in host communities, the GoJ has required many NGOs to include at least 30% Jordanian beneficiaries in all projects and IRC services are also available to Jordanians.

³⁴ CARE, July 2015; REACH, January 2014.

Impacts of combining cash transfers and psycho-social support

Women widely reported that they benefited from receiving both cash transfers and psycho-social support, rather than cash alone. Analysis of the FGD themes also shows that while cash was widely appreciated, its impact was mostly limited to the six month provision period. In contrast, psycho-social activities contributed to deeper, and at times transformational, personal change among women, by strengthening their self-confidence to make financial decisions and/or negotiate with male family members on the use of the cash transfer. For men, participation in the gender discussions groups also brought about some behavior change, although not as intensively as it has for women, perhaps because there are fewer services available to men as they are not a target group for this program and because participation is based on a voluntary basis. Being able to contribute income to the household was also perceived to bring women respect and create the (temporary) space for them to assert themselves.

"I prefer having the [individual and group counseling] sessions first and then the cash. The sessions help me build my confidence and then I can make better decisions. I am really a changed person. I wouldn't be this person if I stayed in Syria."

"With the IRC assistance, I made a small project at home...making food and selling it to other families. Thank God it was successful. From the psycho-social sessions, I got ideas from other women and the counselor to find my strengths and what I can do to help my family."

Negative issues leave my mind and I feel happy and changed [from participating in counseling sessions]. If you find someone to complain about your problem, it's better than money sometimes."

The benefits of complementing cash with psycho-social support programs is supported by research on cash transfer programming used for broader protection goals,³⁵ as well as IRC's global experiences with livelihoods and psycho-social activities.³⁶

In 2013, after the first three month cash transfer packages had been completed (at the inception of the ERD programme cash assistance was only distributed for three months but then the basic needs working group, the protracted crisis and additional donor support permitted IRC's provision of cash assistance over a longer-timeframe), IRC surveyed its beneficiaries and selected the 700 most vulnerable households to receive a six-month extension of their assistance. This extension was granted upon their commitment to attend at least five out of eight sessions within the GDGs. This participation was encouraged but was not strictly conditional. Though these discussion groups were designed for women to participate with a husband or another male financial decision maker in their household, most women initially refused to invite a male household member as they indicated they were not comfortable or did not have a relevant household member to invite. Later on, groups specifically for men were developed, and sessions were offered to couples that were willing to participate together. After the first cohort, however, the condition was removed due to insufficient staff to run the GDGs for such a large number of cash transfer recipients.

As the cash program expanded and began accepting referrals from IRC's health program, more cash transfer recipients have been accepted, including those not required to access the GDGs or be referred through them. Some cash transfer recipients participating in the FGDs, however, appeared very vulnerable but reported that they had joined few to no GDGs activities. About 10% of recipients surveyed said that they were not informed of the option to attend GDGs.³⁷ While some of these cases may have been referred externally or through the health team (and hence, were not required to have participated in

³⁵ Berg, M. et al, March 2013.

³⁶ IRC, September 2013.

³⁷ IRC, February 2015.

psycho-social activities), there appear to be some gaps in the assessment and referral systems, resulting in missed opportunities to deliver greater impact through the combined benefits of cash transfers and psycho-social activities. Given the high prevalence of GBV risks and general need for psycho-social support among Syrian refugees, IRC should consider re-instituting eligibility conditions for cash transfer recipients by requiring or strongly recommending (particularly for male family members) participation in the GDGs and other available psycho-social activities.

Conclusion

In conclusion, IRC's use of cash in its WPE programming supports evidence that cash can be an adequate tool to mitigate risks of GBV, with the conditions that the main source of the protection risk is a lack of financial resources, and that cash and protection programming are used in tandem.

Because of its discretion and accessibility, cash assistance is well-suited for a program targeting women and girls in a way that in-kind assistance is not. At the same time, cash also presents potential risks by challenging entrenched gender roles (and inequalities) in a context where these roles have already been affected by exile, loss, and the challenges of surviving as refugees.

To fully realize the objectives of providing comprehensive support to respond to and mitigate the risks of GBV, some program areas require further attention, such as ensuring that the program is grounded in a comprehensive gender analysis, tightening the sequencing of cash and Gender Discussion Groups and case management, strengthening the referral process, and simplifying the targeting criteria and monitoring systems to suit the program's purpose. Lastly, to capture the sustained outcomes of both WPE and ERD services, PDM and assessment indicators should be clearly linked to the factors which make women and girls vulnerable. One major challenge to this has been the program siloes across two program units. As cash is a tool to strengthen protection of women and girls as a temporary measure, the development and management of the criteria and monitoring should continue to be heavily informed by specialized women's protection staff.

Recommendations

Program design

- Conduct a comprehensive gender analysis, incorporating a complete picture of financial decision-making processes and power dynamics among Syrian refugee families, including among inter-generational members such as grandparents/in-laws. Ensure that this analysis accounts for the changing roles of men and boys, in addition to women and girls, as refugees. Review the analysis on an annual basis with key stakeholders (staff and beneficiaries) to identify new dynamics or changes to the context or response.
- Integrate WPE and ERD data collection and monitoring tools and ensure that processes allow for data sharing to ensure monitoring and evaluation is done in a holistic manner that captures outcomes specific to beneficiaries at-risk of GBV, rather than general vulnerabilities, such as prevalence of child labor. Integrate monitoring and evaluation systems with case management where possible, to ensure that better quality information can be captured and inform the case management process.

Targeting

- When cash is needed as a tool to contribute to women's protection, empowerment and resilience for specific GBV cases, allow the targeting to be more strongly informed by a case management evaluation and process, eliminating generic scoring based on potentially irrelevant indicators.
- Allow qualitative selection process for determining when cash assistance can and should be provided to support protection outcomes of GBV survivors or those at imminent risk of GBV. Involve skilled case managers in determining when cash should be provided as part of case management, as well as the most appropriate modality for delivery and the duration and value of assistance. Do not rely on quantitative scoring in determining eligibility of GBV cases. When there are not specific GBV risks facing an individual, but rather the targeting is based on broader socio-economic vulnerability, ensure a simpler system that would reduce time and resources to identify recipients, and build in an appeals process so that non-eligible cases can be appealed by staff as appropriate. Ensure that the selection criteria and processes are clarified to all staff (protection and cash assistance).
- Strengthen the referral system by ensuring that referring agencies and teams have a clear understanding of IRC's scoring and targeting system and test whether the Vulnerability Assessment Framework database could provide data to identify cases eligible for IRC's cash transfers.
- Establish a formal appeals process for vulnerable cases which are not captured by the scoring system. For example, staff can automatically review cases that fall within a certain borderline score of the inclusion score or identify re-inclusion categories (such as elderly or disabled-headed households), if appropriate.
- In cases where there is the identified potential for cash transfer targeting to aggravate gender and power dynamics within households, ensure that beneficiaries consider the option for another family member to receive the cash transfer, or that specific other activities (such as special monitoring) are built in to mitigate for increased risks during the course of provision of assistance.

Program implementation

- Strengthen the sequencing of psycho-social assistance and cash transfers to ensure that they overlap, and advocate to donors the value of providing cash transfers hand in hand with psycho-social support.
- Ensure there is a minimum level of screening conducted by trained staff at reception and registration in order to prioritize more urgent cases upon their first visit to program facilities, given the extensive waiting lists for services.
- Allow non-protection focused cases to be directly referred to cash program staff for screening and registration for regular cash assistance (when assistance is also available for households with more general socio-economic vulnerability) in order to avoid burdening case management staff with unnecessary requests for assistance unrelated to protection risks.
- Strengthen communication with the affected population by ensuring that all Women's Centers and mobile services advertise the available services at reception on signs. This should increase transparency of the cash transfer programming.

Cash transfer modalities and mechanisms

- Consider various cash transfer modalities for cases with particular challenges, such as older or illiterate persons. While the ATM cards are largely successful for most beneficiaries, offering the choice of other modalities such as cash-in-envelopes for others may reduce their sense of shame or embarrassment, as well as demands on staff time to provide support.
- Since the types of GBV risk vary by case, consider tailoring cash transfer packages, such as offering the same total 6 month amount over a shorter or longer period of time, according to the nature of the GBV risks experienced by the individual.
- Stronger encouragement and explanation of the increased benefits of participating in all aspects of the GBV programming (eg. GDGs, PSS, group counselling) should continue in order to make the protection outcomes that come with both cash transfers and GBV programme engagement more sustainable after the end of CT assistance.
- Ensure beneficiaries' personal information is protected to the extent possible and ensure contracts with financial service providers make adequate provisions for this too. Take necessary steps to ensure that beneficiaries understand and consent to how their personal information is shared and used.

Strategic response

Continue efforts to strengthen inter-agency complaints mechanisms and accountability, particularly among aid agencies, for incidents of sexual exploitation and abuse.

Advocate and/or support further research into the mitigation of early marriage and sexual exploitation and abuse risks with cash transfers, and the link with strengthening social cohesion.

Advocate to ease barriers for Syrian refugees to have access to work.

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Glossary of terms and acronyms

Basic needs: the items that people need to survive. This can include safe access to essential goods and services such as food, water, shelter, clothing, health care, sanitation and education.

Cash modality: form of cash transfer or the means of delivering a cash or voucher transfer (e.g. ATM card, through Hawala exchange, smart card, cash in envelopes, etc.)

Cash transfer (CT): The provision of assistance in the form of money (either physical currency/cash or e-cash) to beneficiaries (individuals, households or communities). Cash transfers as a modality are distinct from both vouchers and in-kind assistance. Although the nature of cash means it's generally not possible in practical terms to restrict how it is spent, a cash transfer may be described as restricted where it is intended that the cash be spent on particular goods/services, which is reflected in an intervention's objectives, design and targeting.

Cash transfer programming (CTP): refers to all programs where cash (or vouchers for goods or services) is directly provided to beneficiaries. In the context of humanitarian assistance the term is used to refer to the provision of cash or vouchers given to individuals, household or community recipients; not to governments or other state actors. CTP covers all modalities of cash-based assistance, including vouchers. This excludes remittances and microfinance in humanitarian interventions (although microfinance and money transfer institutions may be used for the actual delivery of cash).

Conditionality: Conditionality pertains only to prerequisite or qualifying conditions that a beneficiary must fulfil in order to receive a cash transfer or voucher; i.e. activities or obligations that must be fulfilled before receiving assistance. It is distinct from restriction which pertains only to how transfers are utilized. Conditionality can in principle be used with any kind of cash or voucher assistance, depending on the objectives and design of the cash transfer programme.

Conditional transfer: A conditional transfer requires beneficiaries to undertake a specific action/activity (e.g. GBV intervention such as case management or counselling, attending school, building a shelter, attending nutrition screenings, undertaking work, trainings, etc.) in order to receive assistance; i.e. a condition must be fulfilled before the transfer is received.

Empowerment: any activity which seeks to give women and girls increased ability and awareness of their personal strengths, increases their agency and ability to participate.

ERD: Economic recovery and development: When people are displaced by crisis, they often have to leave everything behind. When they return to their homes, they can find that their means of supporting themselves have been destroyed or stolen. The International Rescue Committee works to protect, support and improve household livelihoods (where possible to do so) and to revitalize local economies. It does this through boosting knowledge and skills, the provision of finance and resources (eg cash transfers), giving people access to markets and strengthening institutions. In Jordan cash transfers are the primary activity for ERD.

ERD Programme / Team: As for ERD above, this is a specific programme and team within the IRC Jordan country programme. At the time of writing, the primary activity of the ERD programme in Jordan is cash transfers.

FSP Financial Service Provider: An entity that provides financial services, which may include e-transfer services. Depending upon context, financial service providers may include e-voucher companies, financial institutions (such as banks and microfinance institutions) or mobile network operators (MNOs). FSPs includes many entities (such as investment funds, insurance companies, accountancy firms) beyond those that offer humanitarian cash transfers or voucher services, hence within CTP literature FSP generally refers to those providing transfer services.

Gender-based violence (GBV): is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. It includes: rape, sexual assault, physical assault, denial of resources, forced marriage and psychological abuse.

GBV case management: a systematic process in which a trained, supervised case worker assesses the needs of a survivor and to arrange, and sometimes provide, coordinate, monitor, evaluate, and advocate for a package of multiple services to meet the specific survivor's complex needs.

GBV resilience: this can be a result of safe, survivor centred interventions, it is the enhancement of an individual survivors' ability to bounce back from trauma and abuse (a mitigation against further abuse/re-victimisation) and to bounce forward (through healing opportunities and interventions) into a happier, healthier life.

Gender Discussion Groups series (GDGs): GDG – a curriculum developed by the IRC to aid women's economic empowerment. Female cash recipients invite their partners to join a structured discussion series on gender norms and how they function at the household level to undermine women's economic participation both in the home and in society at large. Through a series of activities, groups identify and explore manifestations of male privilege and women's oppression, learn and practice non-violent conflict resolution strategies, and brainstorm ways to work toward gender equality in their families and communities.

Informed consent: An active process whereby a beneficiary is given information and power to freely agree to an intervention. For informed consent a person must have access to all the information, be 18 or over, be mentally sound enough to understand the agreement and the consequences and have equal power in the relationship.

International Rescue Committee (IRC): The International Rescue Committee is a global humanitarian aid, relief and development nongovernmental organization. Founded in 1933 at the request of Albert Einstein, the IRC offers emergency aid and long-term assistance to refugees and those displaced by war, persecution or natural disaster. The IRC is currently working in over 40 countries and 22 U.S. cities where it resettles refugees and helps them become self-sufficient.

Minimum Expenditure Basket: Defined as what a household needs – on a regular or seasonal basis – and its average cost over time. The MEB is a critical component in the design of Multipurpose Cash Grants/Transfers (MPG/MPT); the MPG/MPT will contribute to meeting the MEB, but can also include other one-off/recovery needs.

Power: Power can be used positively or negatively, GBV is about abusing power. Whether the power is "real" or perceived, the victim of the abuse believes the power is real. Those who have more power can exploit and abuse others. Those who have the least power – and very often they are women and children, especially girls – are most likely to be exploited and abused.

Psychosocial Support Service: An intervention, such as group counselling, that addresses the psychological and social consequences of violence that often go unaddressed and which often have long-term negative implications at the individual, family and community levels.

CONTENTS

Remittance: Money sent from one person to another, e.g. money sent home from emigrants working abroad

Resilience: the ability to bounce back from adversity (eg. trauma and abuse) and to bounce forward (eg. through healing interventions) into a happier, healthier life.

Unconditional transfer: Unconditional transfers are provided to beneficiaries without the recipient having to do anything in return in order to receive the assistance.

Unrestricted transfer: Unrestricted transfers can be used entirely as the recipient chooses i.e. there are no restrictions on how the transfer is spent.

Violence: violence in the context of GBV is any act that causes harm.

WPE – Women’s Protection and Empowerment: A term used by the IRC to acknowledge that violence against women and girls is one of the most widespread of human rights abuses and that a dedicated programmatic approach which recognizes both the need to provide protection interventions (response and prevention) and one which empowers women and girls to have greater agency and participation will help their recovery from abuse. This joint approach is essential to eradicating GBV and to enable women and girls to reach their full potential.

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