

Integrating Cash Assistance into Gender-Based Violence Case Management to Support GBV Survivors and Individuals at Risk in Jordan

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Acknowledgements



The **Women's Refugee Commission** (WRC) improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive improvements in humanitarian practice. To learn more visit www.womensrefugeecommission.org.

Over seven decades of experience, **CARE International in Jordan** has built programs that span the needs of those most vulnerable, while innovating and leading on CARE's gender priorities. Established in 1948 in the wake of the Palestinian crisis, CARE Jordan today leads a unified humanitarian and development response to support vulnerable refugee and Jordanian populations sustainably, expand effective partnerships, and enhance empowerment programming, especially for women and youth. Its Protection Program in urban areas as well as Azraq Camp, and its Economic Empowerment and Justice Program are integrated through a Triple Nexus strategy that links development with humanitarian programming and long-term peace-building approaches, achieving greater sustainability and tackling intractable challenges across Jordan." To learn more, visit www.care.org.

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Cover photo: A woman crafts wooden furniture inside her workshop in Madaba, Jordan
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Background



With support from the Swiss Agency for Development and Cooperation, the Women's Refugee Commission (WRC) and CARE are leading an initiative on behalf of the Global Protection Cluster (GPC) Task Team on Cash for Protection (TTC4P) to expand access among field-level practitioners to the requisite knowledge, skills, guidance, and tools to integrate cash and voucher assistance (CVA) and gender-based violence (GBV) programming in humanitarian settings. This and other case studies focusing on CVA for GBV outcomes in the Middle East and North Africa region (MENA) accompany training materials, workshops, webinars, and podcasts that document programmatic and operational learning. Together, these resources contribute to local, national, and global learning on integrating CVA within GBV programming, as well as improved practice by a range of humanitarian stakeholders, including humanitarian and development professionals, national government agencies, and international donors.

This case study covers a project that took place from January 2020 to December 2021 in Mafraq, Amman, and Zarqa and aimed to build livelihood resilience and prevent and respond to protection threats faced by crisis-affected women, girls, men, and boys.

Introduction



The CARE Jordan 2021 Annual Needs Assessment¹ found that the most substantial stressors affecting the safety and protection of refugees and host communities, including gender-based violence, were the lack of income opportunities (80.2%), COVID-19, and community conflict. GBV is prevalent across both communities and has social and economic drivers.

Gender norms and power dynamics at the household and societal levels create significant barriers to sustainable livelihoods for women. Yet displacement has triggered fundamental shifts in gender roles and responsibilities: Syrian women have taken on new roles and responsibilities due to the creation of new heads of households and the need to increase household income. The pandemic has seen women deprived of their income from work mostly in the informal sector, while men have faced further pressure as the traditional primary income-generators.

The COVID-19 pandemic increased tensions within households. Women and children were often locked inside with perpetrators of GBV, and access to GBV services was reduced. Data suggest that husbands' physical aggressions against their wives is the most common form of physical violence and honor crimes continue to take place. Additionally, child, early, and forced

1 CARE Jordan Annual Need Assessment, 2021 https://www.care-international.org/sites/default/files/files/publications/reports-issue-briefs/CAREJORDAN_NeedsAssessmentSummary.pdf.

marriage is still viewed and practiced by many as the best option for addressing household financial difficulties, with male household members often acting as decision-makers.

Stigma and fear of reprisals by perpetrators are key barriers to women and girls disclosing violence and seeking services to protect themselves from further violence.

Operational Context

Jordan is home to the second largest refugee population per capita in the world. The total population of Jordan stands at 10,571,602 inhabitants, including 751,805 registered asylum seekers. The majority of people seeking asylum (624,972) live in urban areas rather than in camps.²

The Syrian refugee crisis and the COVID-19 pandemic have transformed Jordan's political and social landscape and have heavily impacted the country's economy. Unemployment has exponentially increased,³ while the Jordanian government struggles to provide basic services.

Social protection in Jordan is supported by the government of Jordan (GoJ) and humanitarian actors. The GoJ's social protection system has two main social assistance programs:

- the National Aid Fund: an autonomous institution that provides ongoing benefits to vulnerable Jordanians, as well as some one-time payments; and
- the Zakat Fund: cash and in-kind assistance administered by the Ministry of Awaqaf, Islamic Affairs and Holy Places and supported by the United Nations High Commissioner for Refugees (UNHCR)⁴; individuals who do not receive other benefits are eligible.

Social protection programs for Syrian and other refugees are largely administered by international actors. Non-Syrian persons of concern must first register as a refugee with UNHCR in order to access assistance. Consequently, they are eligible to receive electronic vouchers from the World Food Programme.

CARE Jordan coordinates with a variety of partners⁵ to ensure complementary and coordinated service provision, to avoid duplication, and, wherever possible, to further the humanitarian-development nexus. CARE Jordan participates in the GBV working group, which includes the international nongovernmental organizations (INGOs) working in the GBV sector, as well as the basic needs working group and the common cash facility group.

2 <https://www.unhcr.org/jordan.html>.

3 Unemployment stood at 23.3% in Q4-2021, youth unemployment reached nearly 50%, and the women's labor force participation rate was 14%, one of the lowest in the world. <https://www.worldbank.org/en/country/jordan/overview>.

4 Jordan Strategy Forum & UNICEF, 2020.

5 CARE coordinates with government entities, including the Ministry of Social Development, Ministry of Education, Ministry of Planning and International Cooperation, and Ministry of Labor; academic and vocational training institutions; UN agencies, including UNHCR and UNICEF; community-based organizations, including Al-Amal W Al-Tafaoul and Basamat Shahab; and NGOs and INGOs, including Plan International, International Medical Corps, and International Rescue Committee (IRC).

CARE's CVA for GBV Interventions



CARE's service delivery in Jordan seeks to address the needs of the most vulnerable, ensuring their access to basic needs through cash assistance, education, and psychosocial support; this is combined and connected to social and economic empowerment, which addresses the underlying causes of inequality and poverty. Poor and marginalized women and girls are one of the key target groups that CARE seeks to support, leading to a significant and sustainable change.

CARE's approaches and tools include the following:

- **Social Analysis and Action (SAA):** This methodology engages women, men, boys, and girls to join community committees composed of male and female refugees and host community members, and women leadership councils. SAA is a community-led social change process that helps refugees and Jordanian community members challenge restrictive gender norms and act together to create more equitable norms, as well as community support for prevention of GBV and improved sexual, reproductive, and maternal health. Critical to the success of the SAA approach are ongoing transformation sessions, wherein program staff and partners investigate and challenge their own biases. This is essential because many facilitators are from the same communities as program participants and thus hold many of the same gender norms. Involving staff and partners in this way increases the communities' willingness to challenge existing norms and lead the change process.
- **Gender Equality Framework⁶:** The framework sets practical actions to ensure gender-sensitive programming as a minimum expectation aiming at gender-transformative activities, including enhancing women's agency, changing women's environments and surrounding structures through advocacy, and Engaging Men and Boys in Emergencies, and evidence-based market programming.
- **Engaging Men and Boys in Emergencies curriculum:** This is an innovative approach to GBV prevention and boys' and girls' (14 to 20 years old) healthy lifestyle promotion focusing on healthy development, masculinity, and femininity, as well as deconstructing challenges young men and women face in adolescence.
- **Standard operating procedures (SOPs) for CVA-integrated GBV case management:** These SOPs draw on best practice guidance such as the [CVA and GBV Compendium](#) and are operationalized leveraging the Common Cash Facility (CCF),⁷ partnerships with financial service providers (FSPs) and an iris scan based on recipients' biometrics.

6 *CARE Middle East & North Africa Social & Gender Justice Framework 2015-2030.*

CARE defines women's empowerment as the combined effect of changes needed for a woman to realize her full human rights. It is the interplay of changes in the following 3 dimensions: Agency: her own skills and knowledge self-esteem and personal aspiration; Structure: the environment that surrounds and conditions her choices (including societal norms, customs, institutions and policies); Relations: the power relations through which she negotiates her path (including power dynamics within the household, with intimate partners and support from others).

7 <https://reliefweb.int/report/jordan/jordan-common-cash-facility-factsheet-partnership-coordinated-cash-assistance>. The Common Cash Facility (CCF) is a platform used by UN agencies, NGOs, and the Jordanian government (municipalities) to deliver cash assistance to the most vulnerable refugee and Jordanian households.



These approaches and tools were tested and are now the backbone of multiple CARE projects in Jordan that take a holistic approach and aim to further gender equality and GBV prevention, mitigation, and response. One of these projects, which is the focus of this case study, is CARE Jordan's Global Affairs Canada-funded Life-saving Basic Needs and Protection Services for the Crisis-Affected in Jordan program. This project took place from January 2020 to December 2021 in Mafraq, Amman, and Zarqa and aimed to build livelihood resilience and prevent and respond to protection threats faced by crisis-affected women, girls, men, and boys. The project is an integral part of CARE Jordan's response to COVID-19 and its efforts to shore up resilience in the face of the pandemic. CARE's comprehensive and integrated approach includes information provision, case management, home visits, CVA for urgent protection needs, and CVA for shelter.

Program Model

A total of 3,169 people (2,026 Syrians, 950 Jordanians, 193 Iraqis)⁸ benefited from emergency cash assistance through the Life-saving Basic Needs and Protection Services for the Crisis-Affected in Jordan program and received one-off payment of US\$185. Participants included GBV survivors and those at high risk of GBV, widows, divorcees, female-headed households, people with disabilities, and the elderly. Among Syrian program participants, 240⁹ received three monthly payments of up to a total value of \$555 (see Table 1).

In accordance with the program's SOPs, case managers evaluated recipients' need for cash assistance, examining the health, protection, social, and economic factors which contributed to their exposure to GBV, as well as the financial barriers to their recovery. Vulnerability criteria were agreed with UNHCR and the Cash Working Group. Each beneficiary was interviewed by a trained case manager unit via phone calls or during home visits using the Vulnerability Assessment, which included a variety of situations (health conditions, disabilities, family size, household characteristics, housing conditions, protection concerns, and legal status) and degrees of condition, which are scored.

The case manager rated the overall vulnerability of beneficiaries and decides their eligibility for case management services. Based on the result, CARE created a service plan unique to the survivor, which included cash assistance, if appropriate, psychosocial support, mental health support, legal support, financial literacy, business skills, and vocational training, and defined objectives. Households scoring 15+ points in the vulnerability assessment were eligible for cash assistance. According to program participants' needs and vulnerabilities, case managers then activated internal or external referrals. CARE's internal referrals offered livelihood training and psychosocial support through peer-to-peer and/or face-to-face counseling sessions conducted by psychologists, counselors, and case managers. Specifically, for survivors with non-pathological forms of distress, support groups provided a space for

8 Geographic distribution: Amman (1,131), Azraq city (260), Mafraq (1,027), and Zarqa (751). 12% elderly and 1% people with disabilities.

9 Geographic distribution: Amman (78), Azraq city (35), Mafraq (69), and Zarqa (58). 7% elderly and 2% people with disabilities.

women to share their issues, discuss their challenges and ways forward in a friendly and informal environment. In case of deeper traumas and based on survivors’ needs, up to 10 one-on-one counseling sessions were offered.

Based on their needs, participants were externally referred to International Medical Corps, Institution for Family Health, or CARITAS for health service, the Justice Center for Legal Aid or Arab Renaissance for Democracy and Development for legal support, and to International Medical Corps for mental health services. A total of 3,602 referrals were made internally and 472 externally. Services were regularly mapped and referral pathways constantly updated to ensure correct referrals and referrals were made with the consent of survivors and individuals at risk before referral activation.

Table 1. Eligibility criteria for GBV survivors and individuals at risk receiving cash assistance

Criteria	Score	Risk level	Tranches	Total transfer value (US\$)	Response time
Child protection and GBV cases requiring immediate intervention	25+	High	3	555	3 days
No access to basic needs and services—requiring immediate intervention	15+	High	1	185	3 days
Child protection and GBV cases	16-20	Medium	3	555	3 weeks
No access to basic needs and services	11 -15	Medium	1	185	3 weeks
Child protection and GBV cases	10-14	Low	3	555	1 month
No access to basic needs and services	0-9	Low	1	185	1 month

Cash disbursement took place via two delivery mechanisms:

- Iris scan—a technology that measures the unique patterns in a person’s irises, which are used to verify and authenticate identity—verified at third-party cash-out points. UNCHR scans registrants’ irises upon arrival in Jordan. Third party cash-out points like partner humanitarian agencies, participating banks (e.g., Cairo Amman Bank), and supermarkets can instantly authenticate refugees without them sharing any personal or biometric data. It ensures the security of refugees’ data and reduces fraud. The technology is used for refugees only.
- Alawneh Exchange¹⁰: FSP that operates in 42 strategically located branches across Jordan, with over 835 employees. Alawneh Exchange is used for Jordanians and as a back-up plan for refugees who have medical issues and cannot use biometrics scan.

GBV survivors were further supported through business skills training, business grants, financial literacy, and/or vocational training. Livelihoods support spans “traditional” ventures, including restaurant, jewelry making, and beauty salons, as well as gender-transformative options, such as plumbing, dry cleaning, dairy farming, and event planning.

¹⁰ <https://alawnehexchange.com/en>



All cases were monitored through phone calls and home visits, which included regular case monitoring follow-up according to case management best practices and guidelines, as well as post-distribution monitoring (PDM) of cash transfers.

In addition to CVA-integrated case management for GBV survivors, outreach activities were conducted in cooperation with community-based organizations (CBOs) such as Al-Amal W Al-Tafaoul and Basamat Shahab, and Women Leadership Councils and Community Committees that challenge existing norms and behaviors that perpetuate GBV. These community committees structures consist of host community members, refugees, including people with disabilities. These committees have adopted CARE's signature Social Analysis and Action (SAA) methodology. This is a community-led social change process through which individuals and communities explore and challenge social norms, beliefs, and practices around gender.

CARE formed and trained community members, particularly women, youth, and adolescents, on peace building, community stabilization, diversity, child protection, positive masculinity, gender, and GBV issues. Then, the trained community members conducted structured community awareness-raising sessions in the target locations, identifying and discussing social norms, supported by two CARE GBV officers. The participants also undertake gender-and social-centered awareness-raising sessions and social campaigns in the project locations targeting different stakeholders such as key CBOs, community leaders, NGOs, and government representatives.



Cash distributions for Syrian refugees in Azraq town, Jordan.

Findings



In addition to PDMs, a project endline was conducted in March 2022 by Riyada Consulting and Training. In all, 676 households were interviewed and 17 focus group discussions (FDGs) were conducted with program participants. Findings, as reported by program participants, are summarized in Table 2.

Table 2. Findings

CASH ASSISTANCE
<ul style="list-style-type: none">● Basic needs: Improved access to basic needs, including food, rent, and health. Using cash assistance to pay rent left little margin to cover other basic needs. Medicine and child care remain an area of concern: medicines, milk, and diapers remain difficult to cover. Being able to cover rent promoted a sense of stability among recipients avoiding eviction. Recipients suggested more than one payment is needed to cover basic needs. Contributed to recipients' sense of safety.● Cash assisted survivors who faced a life-threatening issue related to a GBV incident or protection-related risks (e.g., a verbal death threat, severe physical assault, sexual assault, rape, sexual exploitation, etc.) and who had no access to financial resources prior to cash referrals to support their immediate lifesaving interventions, to access immediate safety and security solutions. Cash referrals supported GBV survivors whose lives were not immediately at risk to access time-sensitive services, such as medical or legal support, as well as other services related to clients' recovery and to mitigate further exposure to harm. The delivery methods used were appreciated and the recipients did not face difficulties as the iris scan mitigated access issues and potential discrimination faced based on their available identification documents (in particular those belonging to the minority community). Delivering cash through iris scans and using Alawneh Exchange proved feasible and appropriate for recipients and was accessible for those with disabilities.● Selection criteria were clear and improved the relationship within the community.● There was reduced reliance on risky coping strategies such as borrowing money, selling personal/home assets, seeking help from strangers/begging and engaging in selling sex/survival sex.● In some cases cash assistance improved joint decision-making within the household and increased women's leadership. Women declared that a husband, father, or other family member did not take their money without permission. Most women reported an increased ability to participate equally in making financial decisions within the family.● Complaint mechanisms were clear and communication channels open.● Cash assistance enhanced individual agency of women and adolescent girls.



CASE MANAGEMENT

- Case management services were timely, ensured confidentiality, and made participants feel supported.
- Referrals by CARE to other service providers via the “Amaali app,” an application developed by UNFPA that has all available GBV service providers in Jordan in one mobile application, were timely and effective.
- Duplication of services was avoided by CARE reviewing the services each GBV survivor was currently receiving assistance (cash-based or in-kind) from other humanitarian programs or service providers via Refugee Assistance Immigration Services (RAIS).¹¹

BUSINESS SKILLS

- Business skills training improved women’s ability to access, understand, and navigate the labor market, and increased confidence in the production and marketing of their products.

GBV AWARENESS TRAINING

- Training related to gender-responsive mental health and psychosocial support services (MHPSS) activities increased participants’ sense of self-efficacy (belief in their own abilities).
- Knowledge of concepts around gender and GBV increased: women gained knowledge of how to access GBV-related services; men and women were better able to recognize GBV situations within the community.
- Women rated the most relevant topics as how to access safe spaces, such as family protection centers, and women’s rights and legislation awareness.

COUNSELING PSYCHOSOCIAL SUPPORT

- Participants wished to increase the number of sessions, possibly face to face.
- One-on-one counseling increased self-confidence.
- Recreational activities such as music and origami classes reduced participants’ stress.
- Poor internet connection affected participation in training sessions that were held virtually and online platforms were not easy to use by older persons.

11 RAIS was initially developed by UNHCR Jordan in 2009 to address the demands for a more coordinated approach by partners delivering refugee assistance. The system has since been further iterated to expand assistance and reach in Jordan, as well as to other humanitarian settings in the MENA region. Over 200 partners are now actively using RAIS, which represents more than 500 individual users. New data exploration tools are under development and RAIS will continue to be scaled up across the region and beyond. A number of key donors have made its use mandatory as part of their donor agreement with partners, independent of whether or not their funding goes through UNHCR.

Lessons Learned and Recommendations for Scaling and Institutionalization of Successful Approaches



These programmatic and operational lessons learned, with corresponding recommendations, are drawn from the experiences and analysis of staff who led the project.

Table 3. Lessons learned and recommendations

Lessons learned	Recommendations
<p>Strengthen coordination with and build the capacity of authorities to enhance their engagement.</p>	<ul style="list-style-type: none"> ● Sign memorandum of understanding (MoU) with the Family Protection and Juvenile Department to identify specific needs for training of its staff on women and child protection. ● Scale up the provision of lifesaving support for GBV survivors, including case management, CVA, mental health and psychosocial support, and sexual and reproductive health. ● Increase the number of psychosocial support (PSS) officers and case managers trained on SAA. ● Extend case management outreach services to be more inclusive—focusing more on persons with disabilities and other refugee nationalities, such as Iraqis and Somalis. ● Train some case managers in sign language to improve service delivery for GBV survivors with hearing impairments.
<p>Lack of engagement with family members of survivors was a gap and could have been an opportunity to engage survivors’ current partners and family members in workshops on women’s rights, gender norms and attitudes for a gender-transformative approach.</p>	<ul style="list-style-type: none"> ● Incorporate program components to support survivors’ partners, children, and other dependents directly and indirectly, such as psychosocial support, social emotional learning activities, children’s and women’s rights awareness sessions, and GBV awareness raising. ● Use a hybrid approach to implement case management paired with in-person outreach at community centers coupled with phone-based case management. ● Engage men and boys in focused, non-specialized PSS interventions, for example, peer support groups and group counseling, to focus on stress management and positive coping mechanisms. Introduce virtual sessions during evening hours to enable participation.



Lessons learned	Recommendations
Strengthen support for Women’s Leadership Councils and Community Committees	<ul style="list-style-type: none"> ● Ensure that community members are trained on child safeguarding and CARE’s prevention of sexual exploitation and abuse (PSEA) policies, and that they are familiar with reporting mechanisms.
Iris scan and Alawneh Exchange FSP are appropriate and safe delivery mechanisms	<ul style="list-style-type: none"> ● Ensure that survivors receiving cash are familiar with technology new to them in one-on-one meetings with caseworkers before distribution. ● Carry out continuous situational analysis to ensure safety, access, and inclusion.
Cash transfer value – Transfer value in some cases was insufficient to address survivors’ protection needs.	<ul style="list-style-type: none"> ● Ensure harmonization of cash transfers with the minimum expenditure basket (MEB) and ensure referrals across sectors with attention to family size of the survivor, including the number and age of children in the household to be in line with the forthcoming <i>Cash-Based Assistance (CBA) and Gender Based Violence (GBV) Guidance Note</i> by the Jordan GBV Working Group. ● The transfer value and transfer duration should account for costs of transportation to reach GBV case management and the survivor’s specific duration of case management.
Continue to enhance the referral system for GBV survivors to strengthen GBV case management and complementary programing	<ul style="list-style-type: none"> ● Strengthen SOPs and referral pathways between GBV service providers and multipurpose cash assistance, livelihoods, and SRH programming, accompanied by mutual capacity building and improvement of existing SOPs to ensure that GBV survivors are included and can access services based on the forthcoming <i>Cash-Based Assistance (CBA) and Gender Based Violence (GBV) Guidance Note</i> by the Jordan GBV Working Group. ● Continuously update SOPs to integrate identified referral pathways.

Lessons learned	Recommendations
<p>Strengthen integration with and referrals to livelihood programs: business grants are key to strengthen resilience of small and micro businesses</p>	<ul style="list-style-type: none"> ● After receiving cash assistance, link GBV survivors with relevant economic empowerment interventions for longer-term solutions and independence from humanitarian assistance. ● Conduct awareness sessions about the regulations of registering home business. ● Include mentorship and coaching. ● Support businesses to optimize the use of technology, especially for online sales and remote management and to close the technology gender gap. ● Organize awareness sessions for self-employed women on independent enrolment in social security schemes, national laws and regulations, and equal pay. ● Expand vocational training programs aimed at women to additional gender-transformative sectors such as real estate, construction, and computer programming. ● Facilitate access to funding for Small and Medium Enterprise (SME) owners and match skilled workers to SMEs to enable expansion of businesses and job enrollment. ● Raise awareness with employers on disability inclusion and support adjustment of recruitment policies and practices to include people with disabilities.
<p>Expanding the scope and geographic reach, as well as the demographic reach and complementary services referred to support survivors' long-term recovery from GBV.</p>	<ul style="list-style-type: none"> ● Strengthen partnerships with national authorities to maximize reach and impact through enhancing their knowledge of specialized subjects, such as PSEA, and by exchanging experiences with them. ● Facilitate local organizations' access to COMPAS (CARE's Operational Management and Projects Automation System which is used by multiple partners to expand impact and further localization) as an asset.

Conclusion

The coordinated delivery of CVA to GBV survivors and the integration of CVA referrals into GBV case management saves lives and improves the safety and resilience of GBV survivors. Assistance specifically tailored to individual needs and integration of cash into GBV case management should be systematic so survivors can access services such as urgent medical, legal, and mental health services that lead to improved outcomes.

The humanitarian situation in Jordan remains unstable, with widespread protection concerns, long-term displacement, and decreasing funding. CARE will continue its strong linkages to the Ministry of Social Development, Ministry of Education, and local CBOs to promote and build capacity on the use of cash integrated within case management for GBV survivors for appropriate cases. CARE will ensure ongoing coordination with GBV actors, GBV referral networks, and/or GBV coordination focal points to ensure safe and ethical referrals using existing pathways and linkage to existing services. In collaboration with GBV specialists, CARE will continue to provide training and capacity-building to frontline staff on how to support a GBV survivor who willingly discloses their experiences.



A woman prepares peanut butter in Mafraq, Jordan. © Ahmad Al Bakri

Acronyms and Abbreviations



COMPAS	CARE's Operational Management and Projects Automation System
CBO	Community-based organization
CVA	Cash and voucher assistance
FSPs	Financial service providers
GBV	Gender-based violence
GOJ	Government of Jordan
INGO	International nongovernmental organization
NGO	Nongovernmental organization
MENA	Middle East and North Africa
MHPSS	Mental health and psychosocial support
PDM	Post-distribution monitoring
PSEA	Prevention of sexual exploitation and abuse
RAIS	Refugee Assistance and Immigration Services
SAA	Social Analysis and Action
SME	Small and Medium Enterprise
SOP	Standard operating procedure
UNHCR	United Nations High Commissioner for Refugees
WRC	Women's Refugee Commission



