

# INTEGRATING CASH ASSISTANCE INTO GENDER-BASED VIOLENCE CASE MANAGEMENT TO SUPPORT GBV SURVIVORS AND INDIVIDUALS AT RISK IN JORDAN

## SNAPSHOT

OCTOBER 2022



### BACKGROUND

Jordan is home to the second largest [refugee population](#) per capita in the world. The country's population of 10,571,602 includes more than 760,000 refugees registered with the UN refugee agency. More than 80 percent live in urban areas rather than in refugee camps.

A recent [assessment](#) by CARE Jordan found that the lack of income opportunities, COVID-19, and community conflict were the most significant stressors affecting the safety and protection of refugees and host communities. Gender-based violence (GBV) was prevalent across both communities, and is caused by both social and economic factors.

The Women's Refugee Commission (WRC) and CARE are leading an initiative<sup>1</sup> to expand the access of people working in humanitarian settings to the knowledge, skills, and tools they need to integrate cash and voucher assistance (CVA) into GBV programming.

This snapshot summarizes a [case study](#) about a project that took place from January 2020 to December 2021 in Mafraq, Amman, and Zarqa in Jordan. The project aimed to build livelihood resilience and prevent and respond to protection threats faced by women, girls, men, and boys affected by crisis.

### PROGRAM MODEL

A total of 3,169 people (2,026 Syrians, 950 Jordanians, 193 Iraqis) benefited from [emergency cash assistance](#) through CARE's Life-saving Basic Needs and Protection Services for the Crisis-Affected in Jordan program. Participants mostly received one-off payments of US\$185. Among Syrian program participants, 240 received three monthly payments of up to a total value of \$555. Participants included GBV survivors and those at high risk of GBV, widows, divorcees, female-headed households, people with disabilities, and the elderly.

Case managers assessed recipients' need for cash assistance, as well as the financial barriers to their recovery. Each beneficiary was interviewed by a trained case manager, who rated the survivors' overall vulnerability and their eligibility for cash assistance. CARE then 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.

In addition to case management for GBV survivors with a cash component, CARE conducted outreach activities in cooperation with community-based organizations (CBOs). These activities followed CARE's community-led social change process through which individuals and communities explore and challenge social norms, beliefs, and practices around gender.

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<sup>1</sup> The initiative, on behalf of the Global Protection Cluster [Task Team on Cash for Protection](#), is supported by the Swiss Agency for Development and Cooperation. The program documented in this case study was funded by Global Affairs Canada.



A woman crafts wooden furniture inside her workshop in Madaba, Jordan © Ahmad Al Bakri

## KEY FINDINGS

- Cash assistance to cover basic needs improved participants' access to food, rent, and health. Being able to cover rent promoted a sense of stability among recipients. However, recipients suggested more than one payment is needed to cover basic needs.
- Cash assisted survivors who faced a life-threatening issue related to a GBV incident or protection-related risks to access immediate safety and security solutions. Cash for protection outcomes 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 their recovery and to mitigate further exposure to harm.
- Cash assistance reduced reliance on risky coping strategies such as borrowing money, selling personal/home assets, seeking help from strangers/begging, or engaging in transactional sex.
- Cash assistance enhanced the individual agency of women and adolescent girls. In some cases it improved joint decision-making within the household and increased women's leadership.
- 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.
- 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.
- One-on-one psychological counseling increased self-confidence.
- Activities that were previously in person, such as training sessions, which were moved online due to the COVID-19 pandemic were sometimes hard to access. Poor internet connection affected participation and older persons found online platforms hard to use.

## TOP RECOMMENDATIONS

- Strengthen coordination with and build the capacity of authorities to enhance their engagement in CVA and GBV programs.
- Scale up the provision of lifesaving support for GBV survivors, including case management, CVA, mental health and psychosocial support, and sexual and reproductive health.
- 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.
- Ensure that community partners, such as CSOs, are trained on child safeguarding and prevention of sexual exploitation and abuse (PSEA) policies, and that they are familiar with reporting mechanisms.
- Ensure the amount of cash transfers to cover basic needs are adequate to cover the basic needs of the survivor and their family and that the amount of cash for protection outcomes is sufficient to cover needed services.
- After GBV survivors receive cash for protection outcomes, link them with relevant economic empowerment programs for longer-term solutions and independence from humanitarian assistance.

## 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 should be systematic so survivors can access services such as urgent medical, legal, and mental health services that lead to improved outcomes.

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Read the full case study [here](#).

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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. [www.womensrefugeecommission.org](http://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. CARE Jordan 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. [www.care.org](http://www.care.org)

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