JORDAN

Expanding the Evidence Base on Cash, Protection, GBV and Health in Humanitarian Settings

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FROM RISK TO CHOICE: CASH WITHIN GBV CASE MANAGEMENT IN JORDAN

Executive Summary

In 2021, the United Nations Population Fund (UNFPA) in Jordan piloted the integration of cash assistance within Gender Based Violence (GBV) programming. The pilot targeted GBV survivors and women at risk of GBV – including Jordanians, Syrian refugees and refugees of other nationalities – within the framework of GBV case management. Two modalities were used: one-off Emergency Cash Assistance (ECA) and Recurrent Cash Assistance (RCA) for three to six months. The pilot was conducted from February to December 2021 and reached 215 beneficiaries.

This study examined and compared the experiences of women in six governorates receiving case management (control group/standard of care) with women who received a combination of both case management and cash assistance. Women receiving cash assistance in addition to case management either received one-time emergency cash assistance [of US$100-150] or recurrent cash assistance for three to six months [with transfer amount determined by household size, need and number of transfers]. The evaluation included questionnaire-based interviews at three time points (baseline and approximately two weeks after the first and last cash assistance). Additionally, key informant interviews were conducted.

Key findings were as follows:

Receipt of Cash. Over three-quarters (76%) of participants indicated that there were no challenges in receiving their cash assistance at follow-up 1 and 84% reported no challenges at follow-up 2. Reported challenges included travel time/distance (12.5% of participants at follow up 1 and 7.0% at follow up 2), transport costs (8.7% of participants at follow-up 1 and 4.0% at follow-up 2), and needing male accompaniment (1.0% of participants at follow-up 1 and 5.0% at follow-up 2).

Use of Cash. Use of cash transfers aligned with unmet needs, with cash transfers most frequently spent on food, health, shelter, and debt repayment. Almost all women (>98%) reported they made decisions independently on the use of cash transfers. In qualitative interviews, women stated that one-time assistance is useful but does not meet the significant challenges they face and expressed a preference for recurrent monthly transfers. With regard to future assistance, the majority of women in each intervention group preferred cash transfers (>85%) and a similarly high proportion (>88%) of women in all groups preferred women as the recipient.

Safety. Nearly all respondents (>99%) reported feeling safe receiving cash at both follow-up periods and many women participating in qualitative interviews detailed their feelings of comfort and safety when receiving the cash assistance. No cash recipients reported tensions with their spouse or neighbors, nor requests to share with relatives at the first follow up. At the second follow-up only one RCA recipient reported tensions with their spouse, and one reported a request to share with relatives. The vast majority of women in all groups reported feeling safe in their households, and cash assistance did not negatively impact women's perceptions of safety in the household.

Decision Making and Use of Cash. Nearly all recipients reported that they decided how the cash would be used (≥98%). Several discussed not informing their partners that they were receiving assistance as part of the cash safety plan developed with the case worker. In qualitative interviews, women explained that their reasons for not telling their husbands or others in the family included to avoid disagreement, conflict, and/or violence. Women also discussed the importance of case managers in helping them to prioritize and make decisions on use of cash while also learning about and using referrals to services to meet health, justice, and safety needs.

Risk Mitigation. In the final interview, 90.6% of all RCA recipients and 61.7% of all ECA recipients reported better household relationships compared to before the intervention ($p=0.001$). Similarly, all partnered RCA recipients, and 65.6% of partnered ECA recipients reported better relationships as compared to pre-intervention ($p=0.001$). In the ECA group, almost all women participating in the interviews responded that the cash had mitigated the risk of further violence from their husband or another family member (e.g. son). In the RCA group, all 10 interviewed women reported that cash played a significant role in mitigating GBV.

Women in both groups described that the cash reduced financial stress that was often the source of conflict and their husband's use of violence. Multiple women discussed the importance of reducing financial dependence to reduce conflict and violence in the relationship. Women stated that the ability to manage money and use the money to meet household needs strengthened their confidence to say no to demands and threats by the husband. Women in both cash assistance groups described the importance of the cash in being able to afford rent so they could separate from the husband or using the cash to file paperwork for alimony and pay for divorce proceedings.

Psychological Well-Being. At baseline, only 3-6% of women in each intervention group reported no feelings of depression or hopelessness. In comparison, whereas at the first follow-up, 23.3% of ECA recipients and 32.8% of RCA recipients reported no feelings of depression or hopelessness compared to only 4% of the control group. This difference between groups was

@UNFPA Jordan / A woman beneficiary of cash assistance converses with a case manager in a UNFPA-supported center that provides comprehensive GBV services.

statistically significant (p=0.026), with much lower levels of depression and hopelessness reported by the ECA and RCA groups as compared to the control group. At the second follow-up, 43% in the RCA group, 17% in the ECA group and 6% in the control group reported never feeling hopeless or depressed. The difference between groups at the second follow-up was also statistically significant. The proportion of women reporting no feelings of depression and hopelessness increased by 1.5% in the control group compared to 11.0% in the ECA group and 40.7% in the RCA group.

In qualitative interviews, women focused on how cash assistance reduced their stress and disagreements in their household and described regaining strength and self-confidence and feelings of success and safety stemming from both cash assistance and case management. In qualitative interviews, although women did note emotional support from family members (their mothers and daughters) in the interviews, they primarily focused on the support received through their engagement with case management and other services received, such as counseling, health care, and legal assistance.

Service Referrals. Needs for referral services varied greatly across the three groups at baseline with most prominent needs being cash in the control group (44%), health services in the ECA group (50%) and other needs (55%) in the RCA group. The majority of both ECA and RCA beneficiaries reported receiving information about services at follow-up (75-91%) and a slightly lower proportion indicated they sought services (67-81%); receipt of information and care seeking were similar in both the ECA and RCA groups. In qualitative interviews, women reflected an awareness of and use of protection services and legal aid to help them advocate for themselves and their children. Women also described the health and psychological well-being benefits of using services that they were referred to by case managers and others, including reproductive health and family planning, individual and group based psychological support and violence awareness sessions.

Conclusions and Recommendations. The study findings indicate that the addition of cash assistance to case management for survivors and women at risk of GBV yielded significant benefits by mitigating the risk of violence and improving psychological well-being. Women in both cash groups that completed the interviews all agreed that cash assistance mitigated the risk of conflict and violence in their relationships. Recurrent cash transfers were preferred by beneficiaries and also yielded greater benefits in terms of improved partner and household relationships and psychological well-being.

Given the current global context, where humanitarian needs far exceed available resources and protracted crisis increases protection risks for women and girls, UNFPA and their implementing partners should endeavor to include cash assistance as a standard tool within their GBV Case Management programs.

Introduction

As of 2020, Jordan is host to more than 1.35 million Syrian refugees (most of whom reside outside of camps) in addition to other vulnerable populations that are dependent upon humanitarian assistance to meet basic daily needs.[1] Jordan has the second highest share of refugees per capita in the world with 10% of its population being refugees.[2] Cash-based interventions promote choice and dignity among recipients, stimulate local markets, and are often more cost-effective than in-kind assistance. In 2020, cash accounted for an estimated 19% of global humanitarian assistance spending, a significant increase from approximately 3% in 2013.[3] Cash transfers have been used on a widespread basis in Jordan, with WFP and UNHCR providing the majority of assistance to refugees. Of the total US$8.3 million allocated through the Jordan Humanitarian Fund in 2020, US$3.2 million (39%) was apportioned to cash assistance.[4]

Gender-based violence (GBV) is a massive public health problem that affects an estimated 1 in 3 women globally.[5] Refugees and displaced populations are especially vulnerable to GBV, with women and girls most at risk. Jordan ranks 131 of 156 countries in the 2021 Global Gender Gap Index and social norms in Jordan are still permissive of GBV, with 69% of men and 42% of women believing it is justified for a man to beat his wife in some circumstances. National data from the 2018 Demographic and Health Survey (DHS) also shows that 21% of ever-married women aged 15-49 have experienced physical violence. The most reported form of violence in Jordan is psychological abuse, followed by physical assault and denial of resources, opportunities, or services. Only 1 in 5 women (19%) who have experienced any physical or spousal sexual violence have sought help or support. Child marriage remains a concern, with its prevalence being on the rise – particularly among refugees – after a decade of decline.

UNFPA offers support services to survivors of gender-based violence across Jordan. In three governorates in Jordan (Amman, Karak, and Madaba) via implementing partners, UNFPA is promoting the use of cash assistance within GBV case management as an additional tool for achievement of action plan goals. Cash assistance can help women and girls mitigate GBV risks and/or respond to the consequences of GBV incidents, for example by securing temporary safe housing, meeting basic needs, securing specialized medical consultations and treatment, legal support, and covering related transportation costs. This evaluation sought to document benefits and potential risks of incorporating cash assistance into case management to inform the design of future UNFPA GBV programs in Jordan and the region and to build evidence-driven guidance on the approach for wider uptake by the GBV community of practice.

Methods

The pilot cash transfer program was integrated in ongoing UNFPA programming and operated from February to December 2021, with Recurrent Cash Assistance beginning in June 2021. GBV survivors under case management that received cash assistance (either ECA and/or RCA) were compared to GBV survivors that received case management without the cash component (control group/standard of care). ECA was a single cash transfer valued at US$100-150 based on needs and RCA provided cash transfers based on household size and the minimum expenditure basket, with households receiving US$225 to $2655 over a three-to-six-month period. A summary of cash assistance pilot interventions received by evaluation participants is presented in **Table 1** (following page).

1 Jordan Response Plan for the Syria Crisis 2020-2022.

2 Norwegian Refugee Council. These 10 Countries Receive the Most Refugees. June 2021.

3 Development Initiatives. Global Humanitarian Assistance Report, 2021.

4 Jordan Humanitarian Fund Annual Report, 2020.

5 World Health Organization. Violence Against Women. Published March 9, 2021.

The "standard case management only" or control group sample was selected from locations in which UNFPA did not plan to provide cash assistance, including Amman (Sweileh in North Amman), Zarqa, and Balqa (Deir Alla) (**Figure 1**, following page).

Cash beneficiaries were located in the pilot program governorates of Amman (East Amman), Karak, and Madaba. The evaluation and the sample size were limited by the scope of the pilot program.

Table 1: UNFPA Cash Pilot Interventions

	Control Group (n=48)		Emergency Cash Assistance (ECA) (n=47)		Recurrent Cash Assistance (n=53)	
# of transfers received – n (range)	--	--	1	(1-1)	3.4	(3-6)
Total transfer value (USD) – mean (range)	--	--	171	(141-211)	1,688	(319-3,742)
Per capita transfer value (USD) – mean (range)	--	--	39	(16-141)	370	(60-1201)

Figure 1: UNFPA Program Locations

UNFPA planned to target 345 GBV survivors in the pilot, of which 20% (n=69) were planned to receive RCA and 80% (n=276) were planned to receive ECA. A sample of 207 GBV survivors was planned based on the pilot planning figures, which included 69 participants in each of the three comparison groups.

The sample was stratified by location, such that 23 beneficiaries per group were planned for enrollment in each governorate. A total of 187 women were enrolled and 147 women completed the study.

The evaluation employed a pre-post design, where participants completed a survey with trained case managers when they were enrolled and at two later time points within six weeks of enrollment (approximately two weeks after receipt of the first cash assistance) and at that end of the recurrent cash assistance period (3.5-6.5 months following enrollment). The final evaluation sample included 48 women who received standard case management (i.e. the control group), 47 women who received case management and ECA, and 53 women who received case management and RCA (with loss to follow-up accounting for the difference between the planned and final samples). Data collection was conducted between March 2021 and February 2022. A sub-sample of women (n=34) who received ECA (n=13) or RCA (n=21) in each governorate completed in-depth qualitative interviews to deepen understanding of the benefits and challenges for GBV survivors associated with cash assistance.

Results

Baseline Demographic and Household Economic Characteristics

Baseline information collected included participant demographics, income, and humanitarian assistance received in the prior month (**Table 2**). No significant differences were noted at baseline across the three intervention groups with respect to women's age, household structure, or household economy, including income and debt. About half of respondents were Syrian refugees (51.9%), with fewer Jordanian (41.7%) and other (6.4%) nationalities.

To assess baseline socioeconomic differences, participants were asked to report household income in the past month and current debt. Incomes and debt amounts were reported either in US dollars (USD) or Jordanian dinar and converted to USD for analysis at a rate of 1.41 Jordanian dinar per dollar (local exchange rates at the time of data collection). The average household income in the prior month was US$226 (CI: 199-253) and was similar across all three groups (p= 0.697). Overall, 83.4% of households reported that they had some debt, with a median of US$1,022 and a mean of US$2,757 (CI: 1484-4029). Average debt was similar in all three groups (p=0.830). The observed similarities in demographic and household economic characteristics are a positive finding for the evaluation and indicate that participants in the three different groups were relatively comparable prior to the intervention and that more advanced statistical analyses [which are often used to adjust for significant baseline differences] are not necessary.

Table 2: Household Demographic and Economic Characteristics and Receipt of Humanitarian Assistance

		Control Group (n=64)		Emergency Cash Assistance (n=50)		Recurrent Cash Assistance (n=73)		p-value
		Point	(95% CI)	Point	(95% CI)	Point	(95% CI)	
Demographic Characteristics								
Women's Age (mean years)		34.1	(31.8-36.3)	37.1	(34.3-39.8)	36	(33.7-38.3)	0.241
Household size (mean)		5.9	(5.2- 6.6)	5.3	(4.8- 5.8)	5.2	(4.7- 5.7)	0.126
Female headed households		26.6%	(15.4-37.7%)	30.0%	(16.8-43.2%)	31.5%	(20.6-42.4%)	0.813
Nationality and Displacement								
Jordanian		43.8%	(31.3-56.2%)	42.0%	(27.8-56.2%)	39.7%	(28.2-51.2%)	0.660
Syrian Refugee		53.1%	(40.6-65.7%)	52.0%	(37.7-66.3%)	50.7%	(38.9-62.4%)	
Time in current location (non-Jordanian HH only)	< 5 years	2.8%	(-2.9-8.4%)	25.0%	(7.9-42.1%)	15.9%	(4.7-27.2%)	0.118
	5-10 years	88.9%	(78.1-99.7%)	64.3%	(45.4-83.2%)	72.7%	(59.0-86.4%)	
	10+ years	8.3%	(-1.2-17.8%)	10.7%	(-1.5-22.9%)	11.4%	(1.6-21.1%)	
Household Economic Characteristics								
Monthly Income (USD)[1]	Median	212		212		212		---
	Mean	236	(176.1-296.0)	210	(172.2-247.2)	233	(185.2-281.4)	0.697

		Control Group (n=64)		Emergency Cash Assistance (n=50)		Recurrent Cash Assistance (n=73)		
		Point	(95% CI)	Point	(95% CI)	Point	(95% CI)	p-value
Top Quartile (>284)		25.7%	(10.5-40.9%)	20.0%	(7.0-33.0%)	27.9%	(13.9-41.9%)	
3rd Quartile (213-283)		20.0%	(6.1-33.9%)	17.5%	(5.2-29.8%)	20.9%	(8.3-33.6%)	0.840
2nd Quartile (128-212)		25.7%	(10.5-40.9%)	40.0%	(24.1-55.9%)	25.6%	(12.0-39.2%)	
Bottom Quartile (<127)		28.6%	(12.8-44.3%)	22.5%	(9.0-36.0%)	25.6%	(12.0-39.2%)	
Current Debt (USD)[1]	Median	1128		987		1022		---
	Mean	2242	(1241.5-3241.9)	3197	(-73.3-6467.2)	2918	(573.2-5263.2)	0.830
	Any debt	85.9%	(77.2-94.7%)	86.0%	(76.0-96.0%)	79.5%	(70.0-88.9%)	0.505

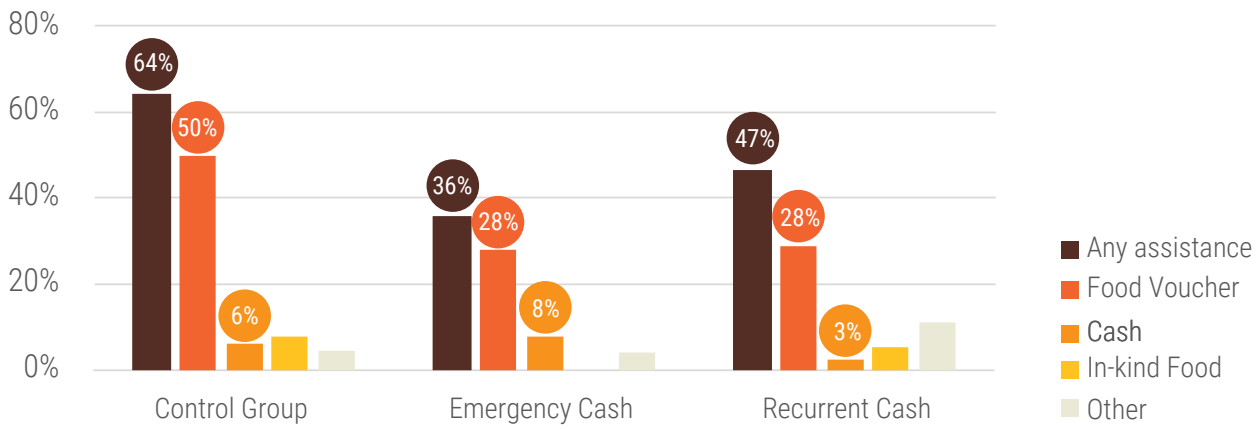
[1] Exchange rate = 1.41 JD / 1 USD

Significant differences at baseline were observed between the three comparison groups with respect to other humanitarian assistance received (i.e. from organizations apart from UNFPA), where control group beneficiaries were significantly more likely to have received assistance. Over 64% of control group beneficiaries reported receiving humanitarian assistance in the past month compared to 46.6% of RCA and 36.0% of ECA recipients (p=0.009) (**Figure 2**). The most common types of assistance received were food vouchers (35.8%) with substantially fewer participants reporting cash (5.3%), in-kind food (4.8%), or other types of assistance. Food voucher receipt was significantly different across the three comparison groups, with 50% of those in the control group reporting receipt of food vouchers compared to 29% and 28% in the RCA and ECA groups, respectively (p=0.014). Differences in receipt of assistance was perceived as a likely result of variations in humanitarian assistance coverage by governorate and location and not as a result of differing levels of vulnerability.

Receipt of Cash Assistance

Nearly all ECA and RCA recipients (>99%) reported feeling safe receiving cash at both follow-up periods. Over three-quarters (76%) of participants indicated that there were no challenges in receiving their

Figure 2: Humanitarian Assistance Receipt
(from organizations other than UNFPA, at baseline)



cash assistance at follow-up 1 and 84% reported no challenges at follow-up 2 (Table 3). Reported challenges included travel time/distance (12.5% of participants at follow-up 1 and 7.0% at follow-up 2), transport costs (8.7% of participants at follow-up 1 and 4.0% at follow-up 2), and needing male accompaniment (1.0% of participants at follow-up 1 and 5.0% at follow-up 2).

Table 3: Perceptions of the Cash Transfer Receipt Process

	< 6 weeks post-intervention (Follow up 1)					> 6 weeks post-intervention (Follow up 2)				
	Emergency Cash (n=43)		Recurrent Cash (n=61)		p-value	Emergency Cash (n=47)		Recurrent Cash (n=53)		p-value
	Point	(95% CI)	Point	(95% CI)		Point	(95% CI)	Point	(95% CI)	
Mode of Transfer										
Money Transfer Agent	63.4%	(48.0-78.8)	36.7%	(22.7-50.7)	0.012	55.6%	(40.5-70.7)	30.8%	(17.8-43.7)	0.014
Cash in hand	36.6%	(21.2-52.0)	63.3%	(49.3-77.3)		44.4%	(29.3-59.5)	69.2%	(56.3-82.2)	
Challenges in Collecting Transfer										
None	76.7%	(63.6-89.9)	75.4%	(64.3-86.5)	0.875	85.1%	(74.5-95.7)	82.7%	(72.1-93.3)	0.745
Need male to accompany	0.0%	-	1.6%	(-1.6-4.9)	0.399	8.5%	(0.2-16.8)	1.9%	(-1.9-5.7)	0.129
Travel time / distance	18.6%	(6.5-30.7)	8.2%	(1.1-15.3)	0.114	4.3%	(-1.7-10.2)	9.4%	(1.3-17.6)	0.311
Transport costs	11.6%	(1.6-21.6)	6.6%	(0.2-12.9)	0.365	4.3%	(-1.7-10.2)	3.8%	(-1.5-9.1)	0.902
Other	2.3%	(-2.4-7.0)	1.6%	(-1.6-4.9)	0.802	0.0%	-	1.9%	(-1.9-5.7)	0.344
Safety										
Feels safe receiving cash	100%	-	98.4%	(95.1-101.6)	0.399	100%	-	98.1%	(94.3-101.9)	0.344

Many women participating in qualitative interviews detailed their feelings of comfort and safety when receiving the cash assistance, as one multiple cash beneficiary stated:

"Yes, I felt very safe and had very nice feelings. The delivery of cash assistance was well-arranged and organized, and there was no delay in delivering such assistance by the Noor Al-Hussein Foundation. The three-time delivery of assistance came timely and I was not in need of any person to act on my behalf to pick up the assistance. I also feel safe when I come to the Noor Al-Hussein Foundation."

Another woman praised the confidentiality and respect provided to beneficiaries:

"All means of privacy were provided. They did not make me feel inferior upon arrival to pick up the assistance. I liked their approach too much."

Several women in the ECA and RCA groups discussed challenges with receiving cash and their preferences for the assistance as cash in hand or through e-wallet, rather than needing to go to the bank to cash a check or to go to the money transfer agent to pick up cash. One woman described her challenges when receiving a check:

"Long distance, high taxi fare and the driver got lost first, took me to Islamic Arab Bank, and I had to return home, took another taxi to the right bank, my mother helped me, she accompanied me on the second trip. Had the assistance been in cash, or the bank closer, my brother could have given me a ride."

Another woman noted she was not allowed to pick up cash at a money transfer agent without accompaniment:

"Accompanied by my mother-in-law, I took a taxi as I cannot go alone, they (husband/mother-in-law) do not allow me to do so."

Other women stated their preferences for cash in hand or receiving electronically:

"Receiving it in cash is better than going to another place to pick it up,"

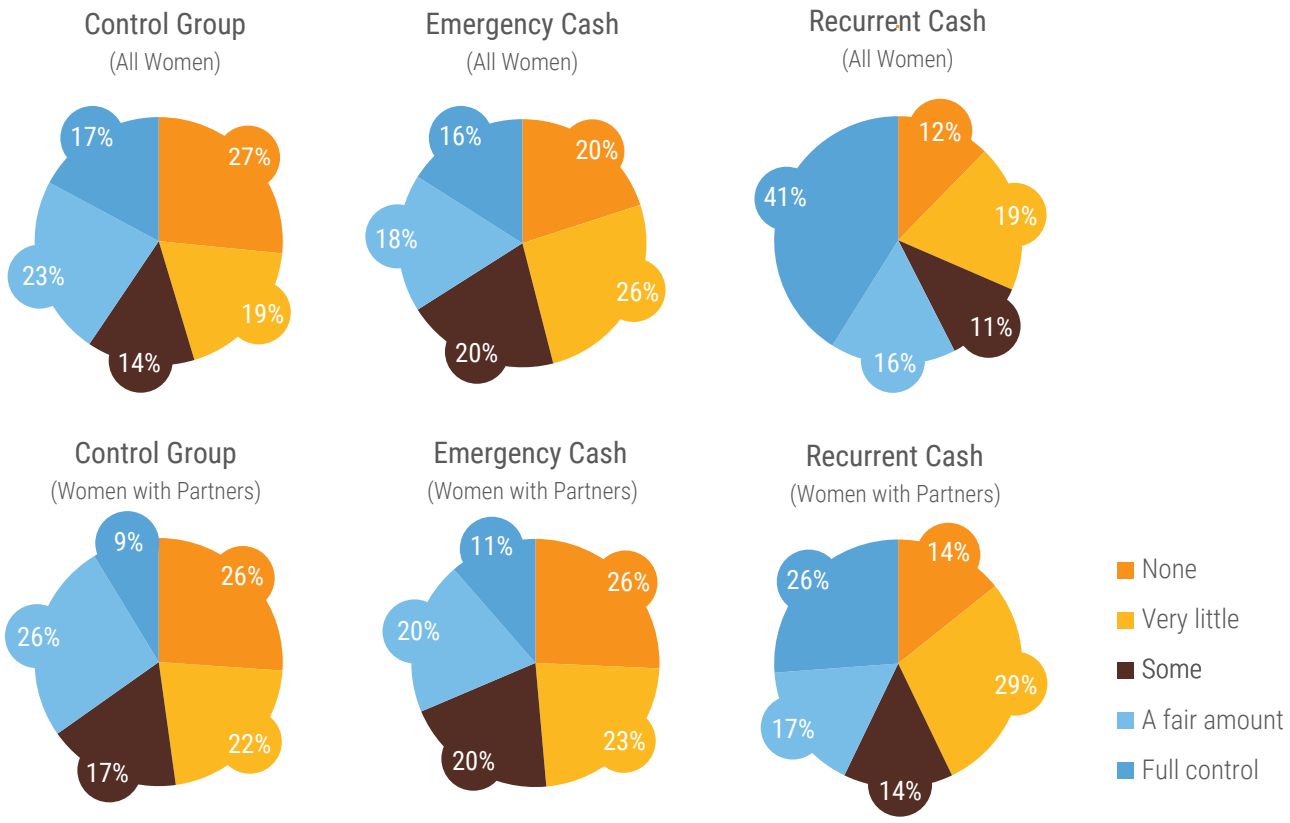
"Wishing I received the cash through an e-wallet, instead of going to the place,"

"To give cash assistance to avoid travel to other places, leaving children at home and losing money on transportation."

Household Decision Making

Prior to intervention, women were asked to report their level of control over household spending decisions (on a five-point scale from no control to full control), and any anticipated consequences if household members disagreed with their spending decisions. Women in the control and ECA groups were more likely to live with a partner than those in the RCA group (71.9%, 70.0%, and 57.5%, respectively), so these questions are reported both for all women as well as among only women living with a partner (**Figure 3**). The lower proportion of women living with a partner in the RCA group is likely due to selection of women that planned to leave or had left their partner, where more extended cash assistance was needed to facilitate an independent living situation.

Figure 3: Pre-Intervention Control Over Household Spending



3 - group comparison p-values: all women p=0.028; women with partners p=0.399

Prior to intervention, 57.5% of women in the RCA group reported a fair amount or full control over household spending compared to 40.6% of those in the control group and 34.0% of those in the ECA group. This difference was statistically significant (p=0.028) and a likely result of the greater proportion of RCA recipients that were not living with their partner. When considering only women living with a partner, 42.9% of the RCA group, 34.8% of the control group, and 31.4% in the ECA group reported a fair amount or full control over household spending decisions. This proportion was similar among the three groups (p=.399).

At the first post-intervention follow-up, approximately half of the participants living with a partner (55.6%) reported that their husband was aware of the cash transfer and their reaction was positive (84.1%, CI: 72.8-95.3%) (**Table 4**). At the second follow-up, fewer participants living with a partner (43.3%) reported that their husband was aware of the cash assistance. No cash recipients reported tensions with their spouse or neighbors, nor requests to share with relatives at the first follow up. At the second follow-up one RCA recipient reported spousal tensions and one reported a request to share with relatives.

Table 4: Cash Transfer Use and Decision Making among Women Living with Partners

	< 6 weeks post-intervention (Follow up 1)					> 6 weeks post-intervention (Follow up 2)				
	Emergency Cash		Recurrent Cash		p-value	Emergency Cash		Recurrent Cash		p-value
	Point	(95% CI)	Point	(95% CI)		Point	(95% CI)	Point	(95% CI)	
Partner aware of transfer	51.6%	(33.0-70.2)	59.4%	(41.4-77.4)	0.535	37.5%	(19.8-55.2)	50.0%	(30.3-69.7)	0.330
Partner reacted positively	75.0%	(51.2-98.8)	100%	-	0.021	100%	-	92.9%	(77.4-108.3)	0.345
Decision making on spending										
Woman	97.7%	(93.0-102.4)	98.4%	(95.1-101.6)		100%	-	100%	-	
Partner/male HH member	2.3%	(-2.4-7.0)	0.0%	-	0.346	0.0%	-	0.0%	-	--
Both	0.0%	-	1.6%	(-1.6-4.9)		0.0%	-	0.0%	-	

As noted above, nearly all ECA and RCA recipients reported that they were in charge of deciding how the cash would be used (≥98%). Several women living with partners discussed during the interviews their decision to not inform their husbands or other family members about the cash because of their concerns about conflict and/or the cash being taken by the husband. Women reinforced in the interviews their reasons that they did not tell their husbands or others in the family was to avoid disagreement, conflict and/or violence. One woman said:

"There was little stress because my husband was not informed about the assistance, I was able to find proper responses [when he asked about cash] and didn't face problems with him."

Another woman added:

"It is better that no one should know about the assistance, for money is the most important thing to my husband. Had he known about it, he would have taken it from me and I would not have done anything, and he would have beaten me up to take it."

@UNFPA Jordan / A woman beneficiary of cash assistance in Jordan awaits her turn at the local branch of the financial service provider to receive the agreed amount after her sessions with the case manager.

One woman who received the ECA decided:

"I did not have to ask for assistance from my husband as he used to put me in trouble whenever I asked, on grounds that he could not afford it. Upon receipt of the [cash] assistance, I provide needed medication to my son."

A woman in the RCA group said she decided to use the money to start a business while not telling her husband about the cash assistance, rather she informed him that she received materials as assistance to start her business:

"There was disagreement at the beginning as my husband had doubts about the amount of money I had. I explained to him that the makeup tools were obtained as a sort of assistance, and through operating this business, I will be able to afford securing the necessary needs."

Another woman in the RCA group decided she would purchase things for the household and hide them so her husband would not know about the assistance:

"When I bring food items like cheese and labneh, I hide them in the drawers of the refrigerator camouflaged/concealed by plastic bags. What helped me manage these acts is my husband has never been proactive in finding something to eat. He wants me to serve him and he always asks me to prepare breakfast, lunch or dinner. He does not know what he has in his refrigerator."

Consistent with the survey findings, several women participating in the qualitative interviews described making decisions to spend money alone, but others described making decisions with the support of trusted family members or with their case manager/ counselor. In qualitative interviews, women noted the challenges in making decisions because of the multiple demands and needs for the cash. One woman in the RCA group discussed asking a trusted family member to help with decisions for spending and being a resource for safely saving money:

"Yes, I engaged mum, I used to ask her about what was the most important expense item, and what the necessities were. I used to hide/save some money with her, so that I do not spend more, and that my father does not notice that I have much money and asks me to give him some."

Two women referred to working with a case manager or counselor to make decisions about use of cash:

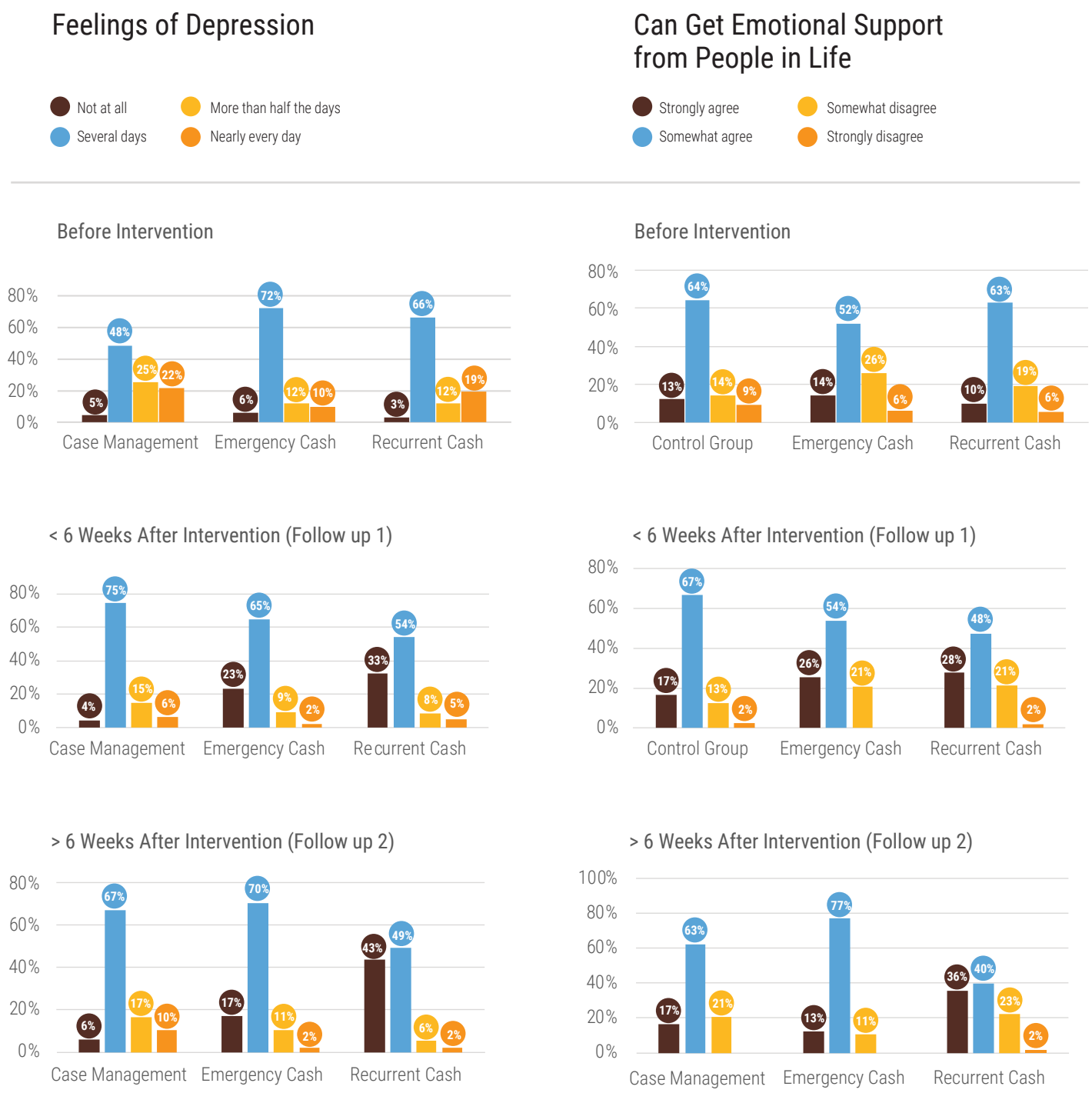
"At the outset, a plan was devised jointly with the psychological counselor. The priorities of the plan were also identified according to my needs. I started with partly paying the rental accumulations, followed by the Kibbeh startup."

"[I] sat with Noor Al-Hussein Foundation's staffers who listened to my needs and priorities and a spending plan was developed, and it was very suitable for me."

Psychological Well-Being

Participants were asked to report how frequently they felt depressed or hopeless in the prior two weeks [using a 4-point scale, ranging from not at all to nearly every day] as well as whether they felt emotionally supported by people in their lives. The proportion of women reporting feelings of depression and emotional support at each time point is presented in **Figure 4,** while **Table 5** (following page) presents change over time for each indicator by intervention group.

Figure 4: Women's Psychological Well-being and Emotional Support Before and After the Intervention



3-group comparison p-values:
Before intervention p=0.115
Follow up 1 p=0.026
Follow up 2 p<0.001

3-group comparison p-values:
Before intervention p=0.656
Follow up 1 p=0.611
Follow up 2 p=0.009

At baseline, 46.9% of the control group, 31.5% of RCA recipients, and 22.0% of ECA recipients reported frequent feelings of depression or hopelessness [defined as either more than half the time or nearly every day] and there were no statistically significant differences between groups (p=0.115). During the intervention period, feelings of depression and hopelessness declined in all intervention groups. At baseline, only 3-6% of women in each intervention group reported no feelings of depression or hopelessness whereas at the first follow-up, 23.3% of ECA recipients and 32.8% of RCA recipients reported no feelings of depression or hopelessness compared to only 4% of control group beneficiaries. Conversely, at the first follow-up, 20.8% of the control group, 13.1% in the RCA group, and 11.6% in the ECA group reported feelings of depression and hopelessness. The difference between groups was statistically significant, with higher levels of depression and hopelessness reported by the control group as compared to the ECA and RCA groups. At the second follow-up 27.1% in the control group, 7.6% in the RCA group, and 12.7% in the ECA group reported frequent feelings of depression and hopelessness; in contrast, 43% in the RCA group, 17% in the ECA group and 6% in the control group reported never feeling hopeless or depressed. The difference between groups at the second follow-up was statistically significant, with lower levels of depression and hopelessness among both ECA and RCA recipients as compared to the control group (p<0.001).

Table 5: Change in Psychological Well-Being and Emotional Support Pre/Post Assistance

	Control Group		Emergency Cash		Recurrent Cash		DiD p-value		
	% Change (95% CI)		% Change (95% CI)		% Change (95% CI)		ECA vs CM	RCA vs CM	ECA vs RCA
Change: Pre to < 6 Weeks Post Assistance (Follow-up 1)									
Feelings of depression or hopelessness in last 2 weeks									
Not at all	-0.5%	(-8.2-7.1%)	17.3%	(3.0-31.5%)	30.1%	(17.7-42.4%)			
Several days	26.6%	(9.2-43.9%)	-6.9%	(-25.8-12.0%)	-11.7%	(-28.2-4.9%)			
More than half of days	-10.4%	(-25.0-4.2%)	-2.7%	(-15.2-9.8%)	-4.1%	(-14.3-6.1%)	0.780	0.295	0.118
Nearly every day	-15.7%	(-28.9- -3.4%)	-7.7%	(-17.1-1.8%)	-14.3%	(-24.8- -3.7%)			
Can get emotional support from people in life									
Strongly agree	4.2%	(-9.1-17.5%)	11.6%	(-4.6-27.8%)	18.3%	(5.2-31.4%)			
Somewhat agree	2.6%	(-15.2-20.4%)	1.5%	(-18.9-21.8%)	-15.5%	(-32.2-1.3%)			
Somewhat disagree	-1.6%	(-14.2-11.1%)	-5.1%	(-22.3-12.1%)	2.1%	(-11.5-15.8%)	0.669	0.825	0.814
Strongly disagree	-7.3%	(-15.5-0.9%)	-6.0%	(12.6-0.6%)	-3.9%	(-10.0-2.3%)			

	Control Group		Emergency Cash		Recurrent Cash		DiD p-value		
	% Change (95% CI)		% Change (95% CI)		% Change (95% CI)		ECA vs CM	RCA vs CM	ECA vs RCA
Change: Pre to > 6 Weeks Post Assistance (Follow-up 2)									
Feelings of depression or hopelessness in last 2 weeks									
Not at all	1.5%	(-7.0-10.1%)	11.0%	(-1.6-23.6%)	40.7%	(26.8-54.5%)			
Several days	18.3%	(0.1-36.3%)	-1.8%	(-19.8-16.3%)	-16.7%	(-34.0-0.6%)			
More than half of days	-8.3%	(-23.2-6.6%)	-1.4%	(-14.0-11.2%)	-6.6%	(-16.4-3.1%)	0.825	0.020	0.007
Nearly every day	-11.5%	(-24.8-1.9%)	-7.9%	(-17.2-1.4%)	-17.3%	(-27.0- -7.5%			
Can get emotional support from people in life									
Strongly agree	4.2%	(-9.1-17.5%)	-1.2%	(-14.8-12.3%)	26.2%	(11.7-40.8%)			
Somewhat agree	-1.6%	(-19.6-16.5%)	24.6%	(6.2-43.0%)	-23.4%	(-40.6- -6.2%)			
Somewhat disagree	6.7%	(-7.5-21.1%)	-15.4%	(-30.4- -0.3%)	3.4%	(-11.0-17.9%)	0.586	0.456	0.839
Strongly disagree	-9.4%	(-16.5- -2.2%)	-6.0%	(-12.6-0.6%)	-3.6%	(-10.0-2.8%)			
DiD p-value = difference-in-difference (difference in percent change) comparison between indicated groups									

Change in feelings of depression and hopelessness was determined for both follow-up periods by examining differences in the proportion of women in each category as compared to baseline. While all groups reported a decrease in feelings of depression and hopelessness at the first follow up period, the magnitude of change was statistically similar between groups. At the first follow-up, the proportion of women reporting no feelings of depression and hopelessness increased by 0.5% in the control group, 17.3% in the ECA group and 30.1% in the RCA group whilst the proportion of women feeling depressed or hopeless nearly every day decreased by 15.7% in the control group, 7.7% in the ECA group, and 14.3% in the RCA group.

By the second follow-up, the difference in change in feelings of depression and hopelessness was more pronounced and statistically significant. The proportion of women reporting no feelings of depression and hopelessness increased by 1.5% in the control group compared to 11.0% in the ECA group and 40.7% in the RCA group. The proportion of women feeling depressed or hopeless nearly every day decreased by 11.5% in the control group, 7.9% in the ECA group and 17.3% in the RCA group. The difference in magnitude of depression reduction at the second follow-up was similar between the control and ECA group (p=0.825) and significantly different between both the RCA and control group (p=0.020) and the ECA and RCA groups (p=0.007), indicating that recurrent cash had the more significant psychological benefits.

In qualitative interviews, women in both the ECA and RCA group did not specifically discuss psychological

well-being in terms of depression but rather focused on how the cash assistance reduced their stress and disagreements in their household. The women also described regaining strength and self-confidence. They reported feelings of success and safety stemming from both cash assistance and case management:

"I benefited a lot. I strengthened my personality and I can now say 'no'. I repaid my debts and received medication from a female medical doctor, who referred me to the hospital to follow up on my health condition and psychological support has made me stronger, and dealt rightly and correctly with my husband. I received transportation allowances that enabled me to frequently visit the center without asking for money from anyone."

"My ability to secure the needs and priorities without having to ask my husband or any person, on the contrary, I have learnt to bear significant responsibility for identification of the spending areas. My priorities and intention to meet my needs without persistent nagging makes me feel confident."

"I felt afraid as it was the first time ever that I have received a similar amount of money. However, it was only after counseling and encouragement that such stress and fears attenuated. Most importantly is that I have been able to protect myself from the housing owner or relatives."

Similar to feelings of depression and hopelessness, perceptions of access to emotional support were assessed at each time point (Figure 4 and Table 5). At baseline, 76.6% of control group participants, 66.0% of ECA recipients, and 72.6% of RCA recipients agreed they could get emotional support from people in their lives, and these proportions were statistically similar between groups (p=0.656). Reports of support increased to 83.4% of the control group, 79.1% of ECA recipients, and 75.4% of RCA recipients at the first follow-up. Differences between groups at the first follow-up remained statistically similar (p=0.611,) as did the magnitude of change between groups. By the second follow-up, 79.2% of controls, 89.4% of ECA, and 75.4% of RCA recipients reported they somewhat or strongly agreed that they could get emotional support from people in their lives. The difference between groups was statistically significant (p=0.009) at follow-up two; however, when magnitude of change over time was compared between groups, there were not statistically significant differences.

In qualitative interviews, although women did note emotional support from family members (their mothers and daughters) in the interviews, they primarily focused on the support received through their engagement with case management and other services received, such as counseling, health care, and legal assistance:

"When I received multiple assistance, I was able to partly repay my debts and provide for my needs. I could extract an original birth certificate for my daughter. I also benefited from the individual sessions as I was psychologically and physically disordered. I had no optimism, but improved after attending the individual sessions, have become an eloquent speaker, feel comfortable and have a smiley face. Everything in your place is comfortable and beneficial, and you have instilled hope in our souls, and with this, the life cycle can continue."

Risk Mitigation

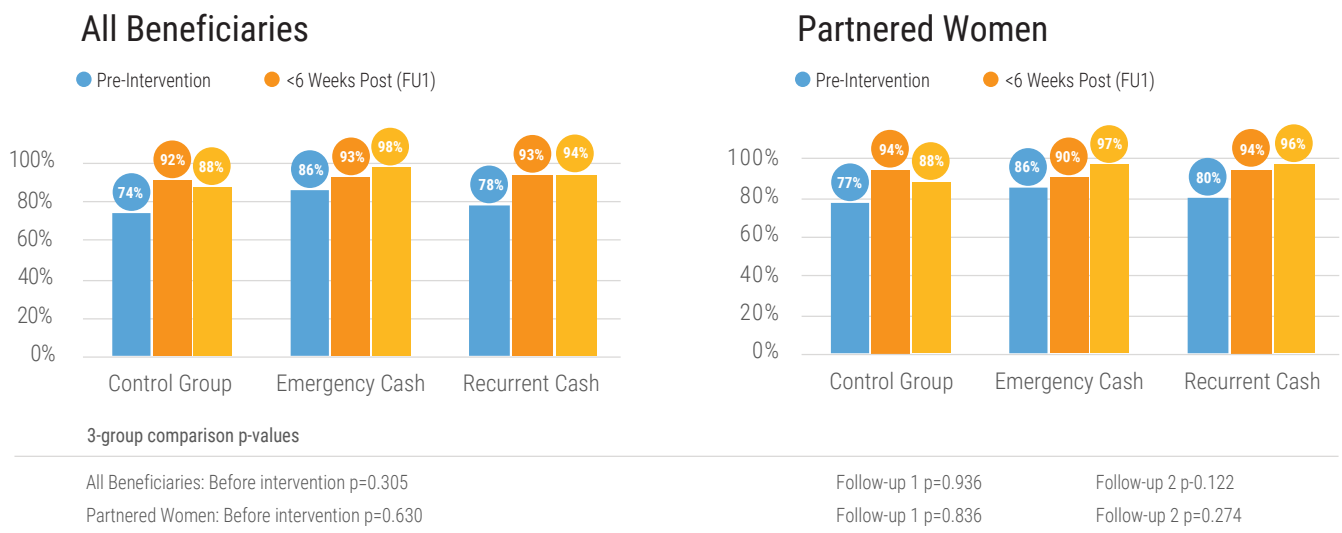
Participants were asked whether they had been recently threatened or harmed by a household member at baseline. Significantly higher proportions of women in the ECA (92.0%, CI: 84.2-99.8%) and RCA (90.4%, CI: 83.5-97.3%) groups reported that they had been threatened or harmed by a household member in the prior year as compared to women in the control group (75.0%, CI: 64.1-85.9%) (p=0.012). When considering only women living with a partner, these proportions were also significantly higher in the ECA (94.3%, CI: 86.2-100%) RCA (92.9%, CI: 84.7-100.0%) groups than the control group (76.1%, CI: 63.3-88.9%) (p=0.021). This observed difference in women's experience of threats and harm prior to the intervention is possibly a result of the criteria for integration of cash in case action planning set by the program, where cash would facilitate the removal

of women facing high threat of violence from risky situations.

At baseline and both follow-up surveys, women were asked to describe their feelings of safety when at home. The majority of women reported feeling safe in their households at baseline and both post-intervention follow-ups. At baseline, 74.2% of the control group, 77.9% of the RCA group, and 86.0% of the ECA group reported feeling somewhat or very safe in their households at baseline (p=0.305) (Figure 5). At the first follow-up, the proportion of women feeling safe increased to 91.7% of control group beneficiaries, 93.4% of RCA, and 93.0% of ECA recipients (p=0.936); however, these increases were not statistically significant across groups (ECA vs controls p=0.293, RCA vs controls p=0.835, ECA vs RCA p=0.352).

Feelings of safety at the second post-intervention follow-up were also higher than at baseline, with 87.5% of controls, 94.3% of RCA, and 97.9% of ECA recipients reporting feeling safe (p=0.122). The change in feelings of safety from baseline to the second follow-up was also not statistically significant (ECA vs controls p=0.882, RCA vs controls p=0.755, ECA vs RCA p=0.602), suggesting that receiving cash did not increase feelings of safety in the household. However, it is important to note that although the difference was not significant between groups, the vast majority of women in all three groups reported feeling safe in the households and that cash assistance did not negatively impact women's report of safety in the household.

Figure 5: Feelings of Safety Pre- and Post-Intervention by Intervention Type and Relationship Status

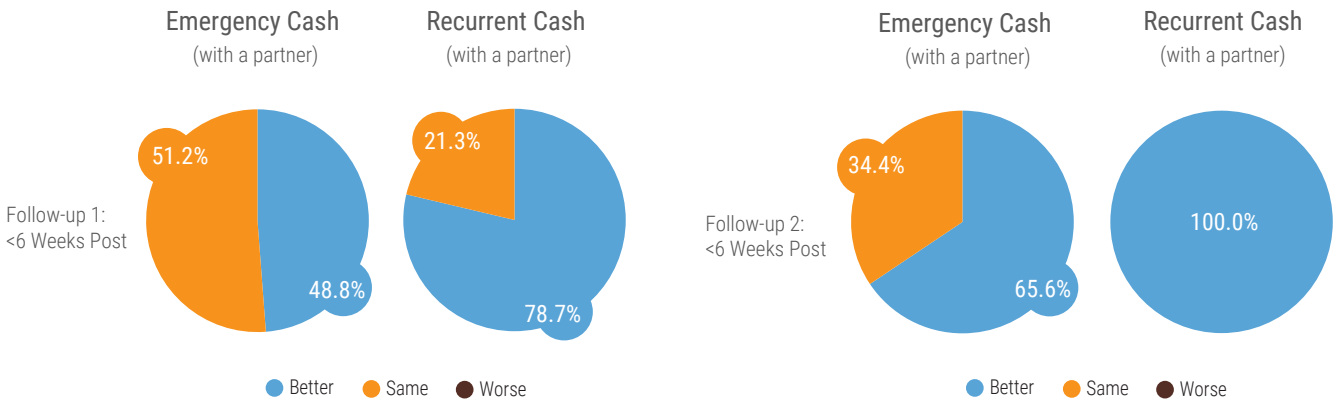


To further explore feelings of safety, the subset of women that were living with a partner was also examined [where RCA beneficiaries were less likely to live with partners as compared to the other groups] and similar results were observed. Among women living with a partner only, the proportion reporting feeling safe at home increased from 77.3% at baseline to 93.8% (follow-up 1) and 88.2% (follow-up 2) in the control group; from 85.7% at baseline to 90.3% (follow-up 1) and 96.9% (follow-up 2) in the ECA group; and from 79.5% at baseline to 93.8% (follow-up 1) and 96.4% (follow-up 2) in the RCA group. At the first follow-up, the magnitude of change across groups from baseline was not statistically significant different (ECA vs controls p=0.314, RCA vs controls p=0.851, ECA vs RCA p=0.407), with increases in feeling safe of 16.5%, 4.6%, and 14.3% in the control, ECA, and RCA groups, respectively. Changes were also not significantly different across groups from baseline to the second follow-up (ECA vs control p=0.986, RCA vs control p=0.626, ECA vs RCA p=0.594), with increases in feelings of safety of 10.9%, 11.2%, and 16.9% in the control, ECA, and RCA groups, respectively. It is again important to note that feelings of safety increased across groups, indicating that cash assistance did not negatively impact safety in households among women living with a partner.

Most RCA recipients reported better household relationships at the first follow-up after the

intervention (78.7% of RCA recipients and 90.6% of RCA recipients with partners), while fewer ECA recipients reported better relationships (48.8% of all ECA recipients and 61.3% of partnered ECA recipients) (**Figure 6**). No participants reported worsening household relationships after the intervention compared to before the interventions.

Figure 6: Change in Household Relationships After Interventions



The difference between groups before and at the first post-intervention follow up was statistically significant for both the whole group (p=0.002) and those who were partnered (p=0.006), with recurrent assistance having greater benefits on household relationships. At the second post-intervention follow-up, 90.6% of all RCA recipients and 61.7% of all ECA recipients reported better household relationships compared to before the intervention (p=0.001). Similarly, all partnered RCA recipients, and 65.6% of partnered ECA recipients reported better relationships as compared to pre-intervention (p=0.001).

Women in both groups discussed how cash can reduce individual and relationship-level stress, family conflict, and violence from husbands. In the ECA group, 12 of 13 (92.3%) women participating in the interviews responded that the cash had mitigated the risk of further violence from their husband or other family member (e.g. son). The one woman in the ECA group who reported the cash did not mitigate her risk stated that the one-time cash assistance had been received after she was living separately from her husband. In the RCA group, 10 of 21[6] women who completed the interview were asked about the role of cash assistance in mitigating GBV. All 10 women reported that the cash played a mitigating role in GBV.

Women in both groups did not emphasize decision-making but rather consistently described that the cash reduced financial stress that was often the source of conflict and their husband's use of violence. As one women stated:

"The most important thing to him is not to ask for money. He remains nice and wonderful until I tell him that the household lacks everything, or hand me money to buy"

Other women interviewed added:

"When you start contributing to the household's expenditures, and when you have money, you will be able to satisfy your needs; hence, disagreements will attenuate within any household."

"The family feels safe if its members have food, and their needs are met; they will not experience disagreements; no problems will arise claiming that we do not have food, or liquid gas for the heater. When money is available, people feel safe as they can satisfy their needs. A man will not be enraged and fight with his wife and children when he does have money."

6 The in-depth interview questionnaire was revised in December 2021, but this question was not specifically asked to 11/21 women in the RCA group due to an oversight in the questionnaire finalization.

"Be able to provide for their needs, minimize the concerns vis-à-vis the husband, know how to spend, manage matters, secure the household needs, and, hence, reduce disputes with the family."

Several women in the RCA group described how the recurrent cash helped them to build the skills to manage money and use the money to meet the family's needs without their husband's support. Several noted that the ability to manage the household needs had built their confidence to say no to his demands and threats, such as being forced to take a loan out for him in her name. Women in both groups described the importance of the cash in being able to afford rent so they could separate from the husband, or using the cash to file paperwork for alimony and pay for divorce proceedings. Women said:

"Now [I am] able to afford my needs without soliciting money from my husband who has stopped screaming at and hitting and beating me."

"I stopped resorting to my husband for money. He does not approach me as long as I do not ask him for money to meet the household needs."

"I was able to distance myself from my husband and now live with my parents. The cash assistance helped me stay not in need of him."

"I was already separated from my husband and the assistance helped me as if it was some sort of insurance for me [not to return]."

Women who reported feeling 'not very safe' or 'not safe' in their households at both post-intervention follow-ups were asked whether they had taken any action to increase their own safety or that of their children. Of the 11 participants reporting feeling unsafe, all 11 had taken at least one specific action at the first follow-up, including developing a safety plan with a case manager (n=10); packing a bag (n=5); trying to keep their partner calm by acting like they agreed with him (n=5); using community safe spaces (n=5); planning a safe place to go (n=4); participating in a job training program (n=3); talking with children about leaving (n=3); and borrowing cash for basic needs (n=3). At the second follow-up, all of the 10 participants reporting feeling unsafe had taken action to increase feelings of safety, including developing a safety plan with a case manager (n=10); packing a bag (n=7); using community safe spaces (n=7); participating in a job training program (n=4); talking with their children about leaving (n=4); planning a safe place to go (n=3); trying to keep their partner calm by agreeing (n=3); developing a signal/safe word with trusted friend, family member, or neighbor (n=3); borrowing cash for basic needs (n=1).

One woman in the one-time cash group reported changing her priorities for the cash when she learned she could use the cash to support her efforts for applying for alimony payments from her abusive ex-husband:

"Initially, I wanted to buy mattresses, but when the issue of the judicial execution emerged (applying for alimony payment), I opted for giving it priority, and considered the assistance as timely received and thought I would buy the mattresses using the alimony money.'"

Another woman stated:

"I was able to initiate the court process, got rid of the violence acts I was undergoing by my husband. I am now living in my parents' household and following up on the divorce process. The assistance was delivered at the right time."

In addition, a woman in the RCA group stated that by being able to repay her debts she reduced exposure to sexual harassment by creditor:

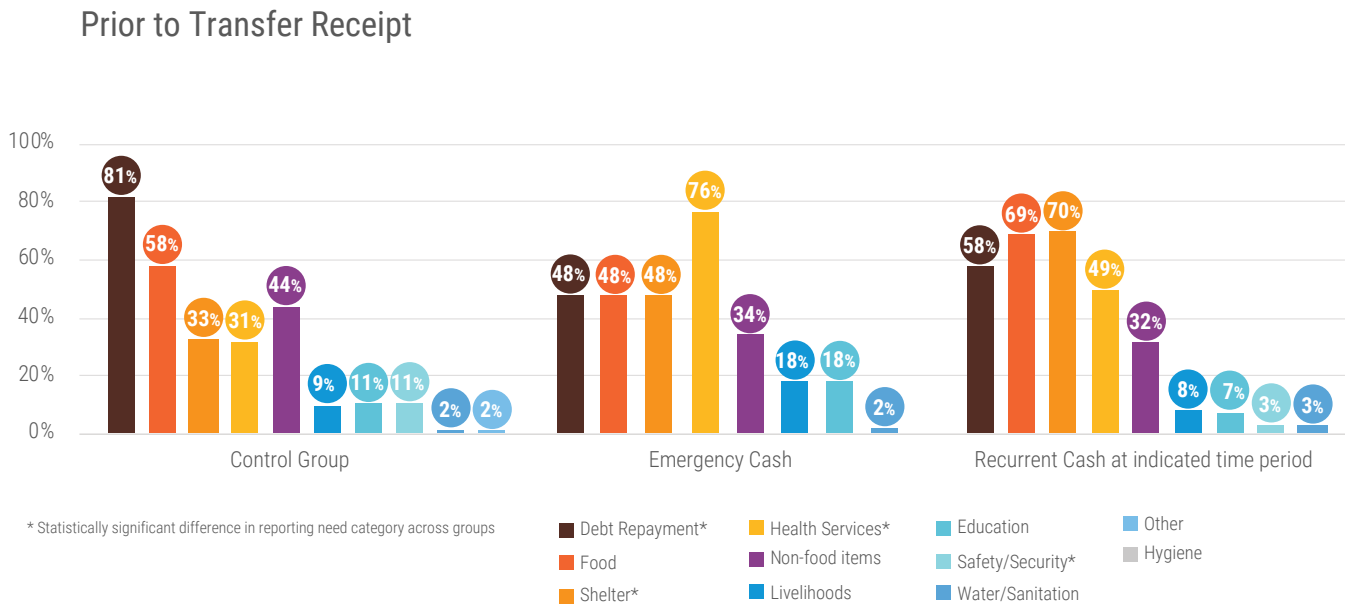
"Whenever the shop owner rings me up, he wants me to introduce myself more and opens up (ill-intended). He tries to harass me and send signs of flirting, and commenting that I haven't passed by him that day. I blocked him when I repaid the debt I owed him. He stopped ringing me up or talking to me whenever he sees me on the street, as women who have no supporters or income, they are in need of such assistance, so that they would not be exposed to exploitation."

Unmet Needs and Use of Cash Assistance

Unmet needs were significantly different across all three groups at baseline with food (22.5%), health services (21.9%), debt repayment (21.4%), and shelter (18.2%) most commonly reported. The top ranked unmet need at baseline differed by group, with debt repayment being the most reported highest priority need among control group participants (43.8%), health services most common in the ECA group (44.0%), and food most common in the RCA group (27.4%) ($p<0.001$) (**Figure 7**).

The profile of unmet needs was relatively constant over the intervention period for the control group, with debt repayment and food repayment remaining the most prominent unmet needs at both follow-ups. In contrast, the unmet needs changed for ECA and RCA recipients during the intervention period, where debt emerged as the priority unmet need in both groups at both follow ups, presumably because cash assistance helped women to meet unmet needs reported at baseline where health (ECA group) and food and shelter (RCA group) were priorities.

Figure 7: Priority Unmet Household Needs (Top 3 Needs)



Findings related to cash transfer use are presented in **Table 6.** There were no significant differences in how funds were spent between ECA and RCA beneficiaries at either follow-up period when transfer spending by category. When considering the two largest expenditures together, the most frequently reported expenditures in the ECA group were food (58.4% FU1, 59.0% FU2) and health (44.0% FU1, 54.5 FU2). This pattern was similar for the RCA group at the first follow-up, where food (71.9%) and health (50.2%) were also the most frequently reported expenses. However, in the RCA group a noticeable shift in spending frequency occurred by the second follow-up period where the most common spending categories were shelter (64.1%) and health (56.6%) with food dropping to the third most frequent use of cash assistance (30.2%). Reported use of cash aligned with unmet needs reported at baseline, where health was the priority unmet need for the ECA group, and food and shelter were top priorities for the RCA group.

Table 6: Use of Cash Assistance*

	< 6 weeks post-intervention (Follow-up 1)					> 6 weeks post-intervention (Follow-up 2)				
	Emergency Cash (n=43)		Recurrent Cash (n=61)			Emergency Cash (n=47)		Recurrent Cash (n=53)		
	Point	(95% CI)	Point	(95% CI)	p-value	Point	(95% CI)	Point	(95% CI)	p-value
Largest Expenditure										
Shelter	25.0%	(16.5-33.5)	14.0%	(3.2-24.7)		23.4%	(10.8-36.0)	35.8%	(22.5-49.2)	
Health	24.0%	(15.7-32.4)	30.2%	(15.9-44.5)		34.0%	(20.0-48.1)	30.2%	(17.4-43.0)	
Debt	17.3%	(9.9-24.7)	18.6%	(6.5-30.7)	0.148	14.9%	(4.3-25.5)	15.1%	(5.1-25.1)	0.677
Food	15.4%	(8.3-22.4)	14.0%	(3.2-24.7)		12.8%	(2.9-22.7)	5.7%	(-0.8-12.1)	
Second Largest Expenditure										
Shelter	8.6%	(-1.2-18.3)	10.0%	(2.2-17.8)		10.3%	(0.3-20.2)	28.3%	(15.8-40.8)	
Health	20.0%	(6.1-33.9)	20.0%	(9.6-30.4)		20.5%	(7.3-33.8)	26.4%	(14.1-38.7)	
Debt	5.7%	(-2.4-13.8)	8.3%	(1.1-15.5)	0.598	5.1%	(-2.1-12.4)	3.8%	(-1.5-9.1)	0.234
Food	42.9%	(25.6-60.1)	41.7%	(28.8-54.5)		46.2%	(29.8-62.5)	24.5%	(12.6-36.5)	

* Only the top four expenditure categories are presented; others included livelihoods, education and transportation

The qualitative interview findings were consistent with women's report of use of the cash assistance on the surveys. For example, several women from both cash groups emphasized that cash was used to meet basic needs for the family. As one woman in the RCA group noted:

"Since assistance was provided for a number of months, I was able to portion an amount to spend on the basic needs of my daughter – food, beverages and clothing, a second portion was earmarked for medical treatment. It was a timely assistance, and I used to prioritize the needs which ranged from the most to the least important."

In addition, several women in both cash assistance groups discussed that the assistance allowed them to avoid being "humiliated" or without "value" by having to continue to ask others for money to meet basic needs. As a woman in the ECA group stated:

"It helped me avoid humiliation and insult when asking people to give assistance. It enabled me not to ask for assistance from anyone and it is somehow sufficient for a while."

A woman who received RCA stated:

"[Cash] met most of the needs I have been lacking during that period. Made me not in need of anyone. Felt stronger as I have already experienced how to grovel, act in a servile manner

to manage to get diapers and infant powder formula milk for my son."

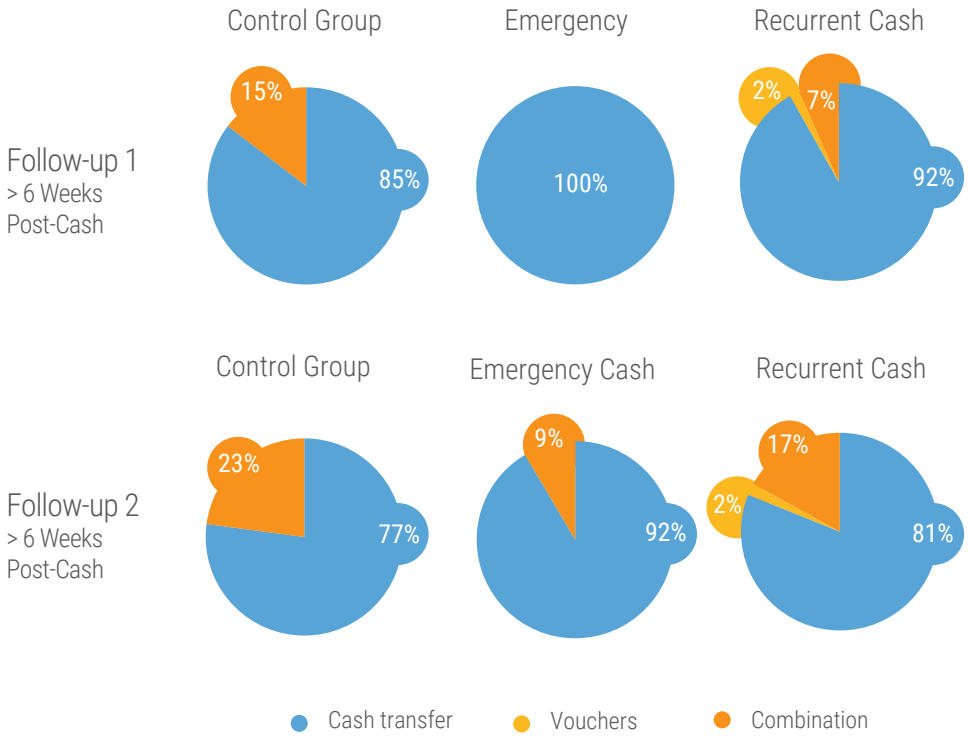
Another woman in the RCA group added:

"I was valueless, nil, zero, now I can afford my medications, meet household needs and buy winter clothes (praise be to Allah/God). Assistance came timely. I've been able to buy kerosene, repay debts, and have eyelid surgery. I am now a human being. I fully repaid the loan. I now have the guts and stamina to go outdoors and see people."

Preferences for Future Assistance

For future assistance, the majority of participants in all groups reported a preference for cash assistance at the first post-intervention follow-up, with marginally significant differences between groups at the first follow-up (p=0.068) and no significant difference between groups at the second follow-up (p=0.24) (**Figure 8**).

Figure 8: Preferred Transfer Type for Future Assistance



In addition, women in the qualitative interviews stated that one-time assistance is useful but does not meet the significant challenges they face:

"I wish the assistance could be bigger, or sustained for a longer period, for the assistance I received was not sufficient enough. I did not feel that I received it because I spent it on the same day."

"If it is one-time assistance, it will only help for one time. However, if it were for a longer period, it could meet our children's education needs."

"If assistance can be repeated, spiritual and food security would be secured. Coupled with health security, an individual will psychologically feel safe when they have money."

Most women in all groups preferred a woman to be the recipient at both the first (88.2%, CI: 83.0-93.4%) and second (87.8%, CI: 82.5-93.2%) follow-ups with no significant differences across groups (follow-up 1 p=0.182, follow-up 2 p=0.101). In addition to preferring women as recipients, women in the qualitative interviews described the importance of tailoring the assistance to the multiple and diverse needs of an individual woman and her family. All the women who

completed the interviews noted the importance of women being the recipients of the cash assistance so that money is used to meet priority needs:

"I was stressed endeavoring to provide for my household and family members; my husband plays no role in this respect. I want to get separated from him. I bear all the responsibilities for my household and children."

"We have been able to meet our needs without asking for it from anyone. I used to borrow too much. I was asking myself, how long I will continue to borrow. Now, praise be to Allah, I can afford education fees for my daughter, as the divorcé doesn't pay anything."

Service Referrals

The types of services for which referrals were requested at baseline were significantly different across groups (**Table 7**). At baseline, a significantly larger proportion of the control group (79.7%) requested referrals compared to both ECA (28.0%) and RCA recipients (26.0%) (p<0.001). The most common requests for referrals at baseline in the control group was cash (48.0% vs 7.1% of ECA and 5.0% of RCA recipients). For ECA recipients the most common referral requests were health services (50% vs 14.0% of controls and 30.0% of RCA recipients) while the RCA group most often requested other service referrals (55.0% vs 24.0% of controls and 21.4% of ECA recipients).

Table 7: Requests for and Use of Referral Services

	Control Group		Emergency Cash		Recurrent Cash		
	Point	**(95% CI)**	**Point**	**(95% CI)**	**Point**	**(95% CI)**	**p-value**
Requests for Referrals for Services at Baseline							
	n=64		n=50		n=73		
Referral Requested (any type)	79.7%	(69.6-89.8%)	28.0%	(15.1-40.9%)	26.0%	(15.7-36.3%)	<0.001
Health Services	14.0%	(4.0-24.0%)	50.0%	(20.0-80.0%)	30.0%	(8.0-52.0%)	0.001
Livelihoods	14.0%	(4.0-24.0%)	21.4%	(-3.2-46.0%)	10.0%	(-4.4-24.4%)	
Additional Cash	48.0%	(33.7-62.3%)	7.1%	(-8.3-22.6%)	5.0%	(-5.5-15.5%)	
Other	24.0%	(11.7-36.3%)	21.4%	(-3.2-46.0%)	55.0%	(31.1-78.9%)	
Use of Referral Services < 6 Weeks Post-Intervention (Follow - up1)							
			n=43		n=61		
Received information	--	--	83.7%	(72.2-95.2%)	75.4%	(64.3-86.5%)	0.477
Sought suggested services	--	--	77.1%	(62.5-91.8%)	67.4%	(53.3-81.5%)	0.335

	Control Group		Emergency Cash		Recurrent Cash		
	Point	(95% CI)	Point	(95% CI)	Point	(95% CI)	p-value
Use of Referral Services > 6 Weeks Post-Intervention (Follow -up 2)							
			n=47		n=53		
Received information	--	--	87.2%	(77.3-97.1%)	90.6%	(82.4-98.7%)	0.550
Sought suggested services	--	--	80.5%	(67.8-93.2%)	68.8%	(55.1-82.4%)	0.207

As a means of disseminating information about other services, providing ECA and RCA were similar, with approximately 83.7% of ECA and 75.4% of RCA recipients reporting at the first follow-up that they received information about other services at the time of the intervention (p=0.477); 87.2% of ECA and 90.6% of RCA recipients reported at the second follow-up that they received information about other services at the time of the intervention (p=0.550). Of those who reported receiving information at the first follow-up, 58 (71.6%) reported seeking the suggested services compared to 66 (74.2%) participants at the second follow-up. These proportions were similar between groups (follow-up 1 p=0.335, follow-up 2 p=0.207), suggesting that both interventions can be appropriate methods of facilitating linkages to services. Women who received referrals and used the referrals described the impact on their health and well-being:

"I received health services during pregnancy follow ups, means for family-planning, and multiple gynecological services and also, through psychological support, individual and violence awareness raising sessions."

"I attended psychological sessions, visited a female gynecologist to check on female issues, joined groups supporting anger and stress management, and another on violence"

One woman described being aware of protection services and feeling able to use this knowledge to stand up to husbands demands:

"I've repaid the loan he coerced me to get in my name and repaid my other debts (praise be to Allah). He is now asking to have another loan, which I have categorically rejected. He got furious, fought, and screamed, together with his other wife, we threatened him that we would approach the Family Protection Department (FPD), (if he tried to force them to take another loan for him) whereby he got silenced and sold his car (to have money)."

Another woman noted being referred to legal service to complete divorce from abusive partner:

"I was referred to Arab Renaissance for Democracy and Development (ARDD) for (guidance on) divorce procedures, was recommended to receive assistance, and benefitted from them on how to complete the divorce due process."

One woman discussed the importance of the cash assistance combined with programs directed at changing social norms that sustain gender inequality.

"To make stronger women who can get out from a community with outdated thoughts about women while placing them in the routines of life. Such women will be able to solely bear responsibilities for the household and children. This is an indication about the success that the assistance has achieved. I have had this experience and I was so strong upon taking all the decisions I needed."

Conclusions

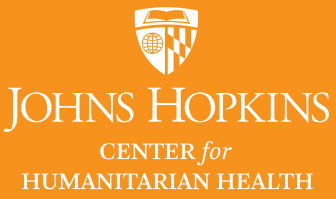
There is a strong evidence base that cash transfers can be safely delivered at scale in humanitarian contexts. Findings from this study and others suggest that cash does not increase risk; however, humanitarian organizations targeting those at risk of GBV and GBV survivors should ensure there are well defined safety plans, strong case management, and well-defined monitoring systems to ensure safety given the vulnerability of the target group. Continuing to build the evidence base around cash transfers and protection, especially as it relates to GBV risk mitigation measurement, can inform future programming strategies. In particular, robust study designs that look at longer-term impacts of cash assistance are needed.

A critical challenge of cash transfers programs is that they are often short-term in nature. In the case of this study, recurrent cash assistance was provided for 3-6 months. Case management and cash was beneficial, particularly providing women with control over the cash assistance that was a meaningful component of recovery. While many participating households may have also received cash assistance from other organizations over a longer timeframe (e.g. multipurpose cash from UNHCR or WFP), the UNFPA cash transfers were short-term in nature. Referrals to long-term cash assistance programs as well as livelihood opportunities should be integrated into case management to the extent possible as means of enabling greater long-term financial independence.

While the study findings indicate that case management is beneficial, the addition of cash assistance to case management for survivors and women at risk of GBV yielded additional benefits by mitigating risk of violence and improving psychological well-being. Women in both cash groups that completed the interviews all agreed that cash assistance mitigated the risk of conflict and violence in their relationships. Recurrent cash transfers were preferred by beneficiaries and also yielded greater benefits in terms of improved partner and household relationships and psychological well-being. Given the current global context, where humanitarian needs far exceed available resources, and protracted crises increase protection risks for women and girls, UNFPA and their implementing partners should endeavor to include cash assistance as a standard tool within their GBV Case Management programs. Moreover, UNFPA should consider making it a minimum standard in GBV response, both by focusing on RVA and increasing the number of recipients.

Acknowledgements

This brief was commissioned by the United Nations Population Fund (UNFPA), through the Humanitarian Office Cash and Voucher Assistance (CVA) team and is the product of collaborative efforts of the UNFPA Humanitarian Office CVA team, ASRO CVA team, and the UNFPA Jordan team. The report was prepared by Shannon Doocy, Nancy Glass, Kayla Pfeiffer-Mundt, and Emily Lyles of the Johns Hopkins University Center for Humanitarian Health. Pamela Di Camillo, Haneen Al Aqily, Giada Cicognola and Elena Bertola from UNFPA provided important inputs during technical discussion and critical review of the substantive materials. Data collection was conducted by UNFPA implementing partner the Institute of Family Health - Noor Al Hussein Foundation (IFH). The UNFPA Humanitarian Office wishes to thank the Government of Denmark for their generous financial contributions for the development of this study and the Government of Sweden for funding the project.



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September 2022