

Annex 1 to the Jordan Cash for Protection SOPs

Cash Based Assistance (CBA) and Gender Based Violence (GBV)

Guidance Note by the Jordan GBV Working Group, Cash for Protection Taskforce and GBVIMS Task Force

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Section A. Introduction

- This guidance note was developed by a group of organizations with experience in GBV case management and cash and voucher assistance that are part of the Jordan GBV Sub-Working Group and the Cash for Protection Task Force. In particular, it benefitted from the substantive contributions from UNFPA, UNHCR, IOM, UN Women, DRC, IFH, JWU, IRC, JRF, INTERSOS, CARE.
- This document, endorsed in October 2022, is a product of the Jordan GBV Sub-Working Group, Cash for Protection Taskforce and GBVIMS Taskforce and constitutes an annex to the Jordan Cash for Protection SOPs developed by the Cash for Protection Jordan Task Force in 2021. It draws extensively from the global and regional resources developed by cash and GBV practitioners, and it was informed by best practices and lessons learnt by initiatives implemented in Jordan.
- The objective of this guidance note is to establish a common understanding of the procedures of providing cash assistance as part of GBV case management, enhancing efficient and holistic safety

net programming for GBV survivors and those at risk of GBV through high-quality complementary CBA.

- The intended target audience of this product include members of the Jordan GBV Sub-Working group and Cash for Protection Task Force engaged in CBA with GBV survivors or persons at risk of GBV as part of GBV case management, as well any organization who might consider the same interventions in the future.

Key definitions and terms¹

GBV Case Management is a structured method for providing help to a survivor. It involves one organization, usually a psychosocial support or social services actor, taking responsibility for making sure that survivors are informed of all the options available to them and that issues and problems facing a survivor and her/his family are identified and followed up in a coordinated way, and providing the survivor with emotional support throughout the process.²

Cash Based Assistance delivered in the framework of GBV case management means providing cash directly to survivors and at-risk groups for the purpose of supporting them to meet essential needs related to their case action plan. Similarly, cash assistance's role is to support survivors to fully recover from their experiences of violence, including accessing services and/or to mitigate GBV risks.³

Acronyms

CBA: Cash Based Assistance

GBV: Gender-based violence

CM: Case Management

MoU: Memorandum of Understanding

ECA: Emergency cash assistance (one single transfer)

FSP: Financial service provider

PDM: Post-distribution monitoring

PSS: Psychosocial (support)

RCA: Recurrent cash assistance (multiple transfers)

Section B. Roles and responsibilities



In Jordan, organizations integrating CBA within GBV CM undertake mainly two approaches:

Model A. One actor implementing the full process (from GBV Case Management assessment to cash disbursement and monitoring until case closure);

¹ Although multiple definitions exist globally, for the purpose of this guidance we shall consider only the ones mentioned in this paragraph.

² [Interagency Gender-Based Violence Case Management Guidelines](#), 2017

³ This definition is adapted from the "[Cash and voucher assistance \(CBA\) and Gender Based Violence \(GBV\) SOPs, North West Syria](#)" Cash Working Group and GBV Sub-Cluster, 2021 and the CALP Network [definition](#). For GBV risk mitigation and prevention potential linked to cash assistance within GBV case management see also p. 86 of the Interagency Minimum Standards on GBV in Emergencies Programming https://gbvaor.net/sites/default/files/2019-11/19-200%20Minimum%20Standards%20Report%20ENGLISH-Nov%201.FINAL_.pdf

Model B. Two actors involved, a GBV one carrying out only the full GBV case management and a cash one carrying out the cash assistance.

It is therefore important to ensure a clear understanding of the respective roles to ensure that minimum standards are in place at each stage. At the sectoral and national level, a close dialogue at least through a yearly joint meeting between the Jordan GBV Sub-Working group, the Cash for Protection Taskforce and the GBVIMS Taskforce will ensure alignment and exchange of best practices across the member organizations, as well as any revision needed to this guidance.

#	Action	Model A GBV/CVA Actor GBV Actor with capacity to both conduct GBV Case Management and disbursed cash after CM assessment.	Model B GBV CM Actor An organization supporting vulnerable women and girls through case management, linking them to various services and providing them with PSS support and case action planning.	Model B CBA Actor/FSP An organization or entity supporting vulnerable populations with CBA.
a.	Ensure regular meetings and ad hoc discussions as they may arise between all actors involved in CBA processes within the programme.		X	X
b.	Adhere to GBV guiding principles of safety, confidentiality, non-discrimination and respect and apply PSEA prevention and mitigation measures, including with a Complaints and Feedback mechanism in place.	X	X	X
c.	Determine jointly a period in which it is possible to take GBV referrals, ideally on a rolling basis throughout the year.		X	X
d.	Limit information-sharing to " need-to know " and only with those individuals for whom the information will enable them to protect the survivor, particularly any	X	X	X

	sensitive and identifying information collected on survivors.			
e.	Develop context-specific post-distribution monitoring (PDM) tools that would capture information relevant to both actors. Agree on which findings need to be shared externally and analyze PDM findings (using de-identified findings) to ensure quality cash referral pathways for GBV survivors. Safety concerns raised through the PDM must be immediately addressed, for example challenges expressed by the beneficiaries in accessing the cash disbursement location, harassment at the hand of the FSP staff etc.	X	X	
f.	Review PDM results and ensure actions are taken to address any recommendation on bottlenecks and safety risks.	X	X	
g.	Ensure all relevant staff are trained on the referral mechanism, GBV and protection guiding principles and data management and sharing protocols. Ensure implementing staff do not expose CBA recipients to further harm – training will be facilitated by an expert in GBV, ideally the GBV actor. If the GBV actor is not facilitating the training, they should, at a minimum, assure the quality of the training.	X	X	X
h.	Consult with GBV case manager, with the consent of the survivor, on an individual case basis if security or PSS issues arise concerning GBV survivors.			X
i.	Refers eligible/recommended recipients through the established referral mechanisms between GBV and CBA partners.		X	X

i.	Leads induction/training of CBA partner on the referral mechanism, GBV and protection guiding principles, data management and sharing protocols.		X	
m.	Ensures, in consultation with the survivor, a safety plan specific to the use of cash and ensures follow-ups on survivors who have received cash or voucher assistance from the CBA partner.	X	X	
n.	Work with cash actors to ensure CBA response analysis takes into consideration the most feasible modality within the recommended response time per case	X	X	X

Section C. CBA recipient eligibility



Eligibility for cash assistance considers the financial barriers the survivor is facing, the GBV incident or risk and whether the cash can contribute to reduce the risk of GBV or to support the recovery of the survivor. If the cash was identified through case management as an option in the survivor’s action/safety plan to mitigate GBV risk or respond to GBV consequences then she is considered eligible for the cash assistance, as recommended by the case manager in consultation with the supervisor and/or Case Conference according to internal SOPs.⁴ It is noted that avoiding duplication of cash assistance to the same beneficiary may not always be possible through the existing tracking systems and tools.

The minimum following eligibility criteria should be ensured, which may be in addition to the requirements set by each organization:

1. *Target GBV survivors or persons at risk of GBV, regardless of their nationality or refugee status. If your programme does not target specific categories, ensure referral to other entities that can provide the service, in line with the principle of non-discrimination. For referrals, please consult the Amaali app.*
2. *Ongoing case management response provided by GBV actor. It is recommended that CBA is not the last step of CM and that follow up on the assistance received is ensured until case closure.*

⁴ An example of steps for the integration of cash within GBV case management can be accessed [here](#) (extracted from UNFPA Jordan’s SOPs on cash within case management)

3. *Consideration, on a case-by-case basis, on the potential to address protection needs by including cash assistance*⁵.

Further considerations include the **three Ss**:

Safety: Cash should not create new risks, exacerbate existing risks, or perpetuate a recurring cycle of risk due to the transfer. Any specific details on how the cash can be safely disbursed should be noted in the assessment form and during follow up visits.

Sustainability: Every effort should be made to ensure that the impact of CBA is able to holistically address the protection needs identified when provided alongside a wider range of protection services. In the case that needs are 'recurrent' or would extend beyond the timeframe of the applicable CBA, referrals or advocacy should be made for longer term support at the earliest possible moment. Partners should take into account situations where non-provision of cash may lead to further harm.

Suitability: Cash will address the individual/household's protection needs effectively or will do so when paired with other services to which the individual/household will be referred.

In line with the **Leaving No One Behind** global principle, using cash assistance within GBV programming should entail that the following minimum standards are in place:

- All GBV survivors or persons at risk of GBV who qualify for cash assistance based on the general minimum standards and on each organization's criteria should receive CBA, regardless of their nationality or status
- In consultation with the survivor, efforts should be made in ensuring the accessibility of the CBA, in particular:
 - ❖ Cash disbursement should consider physical accessibility of the identified reception point, as well as additional cash contributions to support costs for private transportation to/from services for persons with disabilities
 - ❖ In the case of survivors who do not have valid identification documents then the option of cash in hand should be available
 - ❖ In the case of survivors that may face discrimination based on their available identification documents (in particular those belonging to the LGBTQI+ community), ensure that the FSP is aware of the specific case and the survivor has granted informed consent to this
 - ❖ In case of survivors who are under age, and in exceptional cases, ensure that the option of cash in hand is available. With under age beneficiaries cash is normally provided to the caregivers, in case of their involvement in the violent episode however, depending on the age of the survivor cash in hand, should be considered.

⁵ Please also refer to the Protocol for GBV Caseworkers for Assessing Survivors' Financial Needs and Referring Clients of GBV Case Management for Cash Assistance, available [here](#). Another example of an assessment tool to guide case managers in the decision to include cash in the survivor's action plan can be accessed [here](#).

Section D. Amounts and modalities



In addition to the general considerations referred to in Part 3 of the Jordan Cash for Protection SOPs, a harmonized approach to amounts and modalities is recommended in order to convey a coherent message to beneficiaries that CBA aims to provide the same support and solution, regardless of the agency that issues it. Moreover, such an approach among partners with regards to the rationale for the amount, duration of assistance and eligibility criteria is imperative to achieve a conflict-sensitive approach which avoids tension within and between communities, and to abide by the Do no harm principle.

- **Amounts:** The amount provided to clients will be based on the needs assessed by the case manager and/or case conference (it is recommended to avoid the involvement of the beneficiary in the definition of the final amount); however, the following thresholds should be considered:
 - ❖ For Emergency Cash Assistance (ECA): a maximum of 200 JOD. On an exceptional basis, individuals in need for additional cash assistance above the set ceiling may be considered upon written case management assessment and justification.
 - ❖ For Recurrent Cash Assistance (RCA): a maximum amount based on the updated Minimum Expenditure Basket (MEB) table, tailored for the type of needs and based on family size of the client.⁶
- **Delivery mechanisms:** Different delivery mechanisms can serve the diversified needs, capacity or resources of survivors, it is therefore recommended that **at least two options are available**, which should include cash in hand to address the needs of the most vulnerable groups (e.g. those who do not have valid ID to receive CBA from FSP). Other mechanisms include money transfers, Hawala, electronic cards, mobile money and cheques.
- **Timeframe for disbursement:** Depending on a case-by-case assessment, disbursement should be ensured within the shortest possible time frame to mitigate possible further protection risks. Whereas ECA is provided through a one-off, single transfer to the beneficiaries, it is recommended for RCA to last for a maximum of 6 months, with possible exceptions depending on the circumstances, and to be linked when viable with further livelihood support options. Duration of CBA is assessed by the case managers in line with the case explained by the survivor and her safety plan.
- **Conditionality:** It is recommended that CBA for GBV survivors or persons at risk of GBV should only be conditional to the engagement of the client in a GBV Case Management process, without any other conditionality or restrictions. This will ensure the freedom of the survivor in handling the CBA based on the identified needs and the support of the case manager in prioritizing expenses, especially in the case of RCA.

⁶ Refer to the UNHCR country website for updated MEB calculations. Latest 2022 ones available [here](#).

- **Risk Management:** Agencies have the responsibility to ensure that a GBV Risk Analysis is carried out before the start of the cash programming and regularly updated (at least on a yearly basis and whenever specific risks have identified through the regular monitoring exercise) to determine if GBV risks are related to specific aspects of CBA (e.g. modality, delivery mechanism, transfer frequency and amount) and adjust those aspects as necessary.⁷



Section E. Response prioritization and CBA options for GBV cases

All cases should be prioritized based on the type of incident or risk the client faces. The following table provides a series of possible scenarios and the recommended action to be taken, based on the assessment carried out by the case manager (in case of a cash intervention following Model B described in Section B, the decisions stemming from such assessment should be communicated to and applied accordingly by the CBA actor).

#	Scenario	(i) Guiding Note (ii) Response Time (ii) Potential CBA Response Options
1	The GBV survivor faces a life-threatening issue related to GBV incident, or protection-related risks (e.g., a verbal death threat, severe physical assault, sexual assault, rape, and sexual exploitation etc.); and has no access to financial resources to support immediate life-saving interventions (e.g., immediate safety and security, including for client's infants and children, as relevant) and prevention from further harm.	(i) Due to time sensitivity, such cases should receive immediate cash support as part of the CM process or be referred to a GBV actor able to support with CBA for urgent cases (ii) Recommended response time: within 72 hours (iii) Potential CBA response option: ECA or RCA (cash frequency depends on assessed needs)
2	The GBV survivor's life is not immediately at risk, but time-sensitive services, such as medical or legal (or others related to the client's recovery and to mitigate further exposure to harm, as well as client's infants and children as relevant) are required, and	(i) GBV CM actor should conduct financial eligibility assessment (socio-economic aspects) but avoid delaying action and either disburse as soon as possible or refer to agreed partners. (ii) Recommended response time: within 1 week (iii) Potential CBA response option: ECA or RCA (cash frequency depends on assessed needs)

⁷ An example of a tool for GBV Risk Analysis tool can be accessed [here](#)

	<p>the client needs financial resources to access and receive holistic support.</p> <p>This may include cash to support access to services, especially in the case of persons with disabilities. Examples include transport costs to access health services, such as surgery or pre-natal support, psychosocial support such as non-acute mental health services.</p>	
3	<p>The survivor is experiencing denial of access to economic resources or assets due to GBV (e.g. within domestic violence). Examples include a partner or family member who is in control of financial resources and is depriving the beneficiary of accessing those resources to meet their essential needs, a survivor forced to exchange sex or other acts for accessing financial resources from partner or family member, or a survivor of domestic violence who has left the abusive household and relocated but requires cash assistance until they establish their livelihood.</p>	<p>(i) GBV CM actor must do further financial eligibility assessment and disburse or refer to other GBV actors able to support one-off ECA, RCA or longer-term support as needed.</p> <p>(ii) Recommended response time: within 2 weeks</p> <p>(iii) Potential CBA response options:</p> <p>a. ECA or RCA (frequency depends on assessed needs); or</p> <p>b. Voucher transfer designed to meet specific needs as identified by the CBA recipients, compatible with active CBA's partner's voucher programming in the same operational coverage where CBA recipient is in residence; or</p> <p>d. Livelihood support, which may include paid vocational training to obtain skills, income generation activities and/or Cash-for-Work, if case response time coincides with CFW planning period in the same area of CBA recipient's residence/new location, and if the activity is socially/ culturally acceptable for CBA recipient's gender to join.</p>
4	<p>Those at imminent risk of GBV. Examples include:</p> <ol style="list-style-type: none"> a. Those who are at imminent risk of sexual exploitation (beneficiary being threatened by a family member, employer or landlord to engage in sexual acts in exchange for money) b. Woman herself or her daughter is at imminent risk of a harmful 	<p>(i) GBV CM actor must do further financial eligibility assessment on whether cash assistance would mitigate the potential risk of GBV-related negative coping strategies and disburse or refer to other GBV actors able to disburse.</p> <p>(ii) Recommended response time: within 2 weeks</p> <p>(iii) Potential CBA response options:</p> <p>a. RCA (frequency depends on assessed needs)</p> <p>b. Livelihood support, which may include paid vocational training to obtain skills, income generation activities and/or Cash-for-Work⁸, if case response time coincides</p>

⁸ See case study in Section I of this document.

	practice, e.g. child or forced marriage	with CFW planning period in the same area of CBA recipient's residence/new location, and if the activity is socially/ culturally acceptable for CBA recipient's gender to join.
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Section F. Monitoring and Evaluation



Adequate monitoring of the CBA provided as part of the GBV Case Management structure is key to not only verify receipt of and access to cash assistance by the survivors, but also to determine the appropriateness of the process and its effectiveness in relation to addressing their needs, as well as promptly intervene to mitigate possible risks.

In order to allow for unbiased responses or to mitigate risks of information manipulation, especially when the tool is administered orally, it is advisable that the person implementing the PDM form is **not** the caseworker who distributed the cash. Ideally, the technical supervisor or an alternate caseworker should handle the process.⁹ The PDM tool should under no circumstance be administered by members of the M&E team. Filled forms should be directly transferred to the GBV team for analysis.¹⁰

Depending on the type of assistance provided, different time frames can be implemented to administer the PDM. Organizations should follow their internal SOPs and guidelines; however, the following minimum is recommended:

- **In the case of ECA**, at least 1 round of monitoring should involve the beneficiaries, maximum 1 month after the disbursement of the cash.
- **In the case of RCA**, two rounds should be conducted, including at the end of the cycle, to monitor longer-term impact of the assistance. Pending their granted informed consent, a sample of at least 50% of the cash recipients should be included in the PDM exercise to ensure adequate oversight of the process.

It is important to note that monitoring and evaluation has a role also before the implementation of the cash activities in terms of risk assessment and mitigation, which will help design the programme, as well as afterwards to share best practices and lessons learned from the analysis of data and the programme evaluation.

⁹ [Jordan GBV M&E Toolkit](#), 2022

¹⁰ An example of a tool for post distribution monitoring (PDM) can be accessed through the [Jordan GBV M&E Toolkit](#), 2022, page 88

Section G. Documentation and information sharing

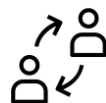


It is critical that cash assistance is provided in line with the principle of confidentiality. Information sharing should be limited to the least number of people needed for the purposes of assessing and allocating cash assistance. All documentation should be designed to allow for the sharing on a **need-to-know basis**. No data on vulnerability assessment conducted by GBV actors should be shared with CBA partners. All actors involved in the process of cash assistance as part of case management should be aware of their obligations to maintain confidentiality. All information sharing should be done based on the survivor's ongoing **informed consent**.¹¹

Documentation and information-sharing DOs and DON'Ts

- **Do** ensure cash assistance forms/tools support a collection of non-survivor labeling data.
 - **Do** ensure everyone involved has signed a data security protocol.
 - **Do** have the caseworker store all documentation in accordance with data security protocols.⁵
 - **Do** ensure that referrals to CBA partners are following a non-stigmatizing approach (e.g. In addition to GBV survivors, GBV actors are encouraged to also refer to other women at risk). GBV referrals should be categorized simply as “individual recipients”, and this category might also include other non-GBV survivors.
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- **Don't** involve more actors than there needs to be in the cash assistance component of case management.
 - **Don't** share case details as part of cash assistance approval or documentation process.
 - **Don't** involve third parties in cash assistance for survivors who are not aware and have not signed on to data security protocols.
 - **Don't** involve individuals in cash assistance for survivors who have not signed a code of conduct or have not been trained on PSEA and GBV guiding principles.

Section H. Sustainability and Referrals



Healing from violence and building a pathway for empowerment require more time and material resources than the typical six months of regular cash assistance, and it is important to direct GBV survivors to existing livelihood activities to support them in developing sustainable income-generation activities. Ensuring an appropriate transition strategy out of the CBA cycle can also mitigate the risk of falling back to violence or of resorting to unsafe coping mechanisms if no sustainable support solution is put in place.

¹¹ [Cash and voucher assistance \(CBA\) and Gender Based Violence \(GBV\) SOPs](#), North West Syria, Cash Working Group and GBV Sub-Cluster, 2021

It is therefore recommended to:

- Support survivor **enrolment in safety nets programmes**, including by mapping external livelihood or cash programmes¹² suitable for referrals in the same geographical area and by ensuring referrals to internal livelihood programmes, if available;
- Work on **livelihoods referrals** also through building partnership and MoUs, proactively engaging with other partners to secure viable options, especially in more remote areas with less likely opportunities after the end of the CBA support;
- Review referral **options in Amaali app** (the app provides referral options across various services, it is available in English and Arabic, and can be downloaded for Apple devices [here](#) and for Android ones [here](#))

Section I. Best practices from Jordan

This section collects best practices regarding the inclusion of cash assistance within case management in Jordan:

UNFPA case study: Cash Within GBV Case Management in Jordan

In 2021, UNFPA piloted the integration of cash assistance into its existing programmes supporting GBV case management. Women were eligible if they were already utilizing GBV case management services in UNFPA supported safe spaces and centers but still faced life-threatening situations or had identified fleeing as an option in their action/safety plan.

- Eligible women received one-off emergency support or recurrent cash assistance for a maximum of 6 months.
- The pilot cash transfer program operated with 3 implementing partners and benefited GBV survivors and women at risk of GBV across both urban areas (Amman, Karak, Madaba) and a refugee camp (Azraq).
- A research carried out on the protection outcomes of the intervention of one of the partners revealed how the cash assistance mitigated the risk of violence and improved the women's psychological well-being, as they described regaining strength, self-confidence and feelings of success and safety stemming from both cash assistance and case management.

The full research is available [here](#).

¹² The 2022 4Ws mapping coordinated by the Jordan GBV SWG (available [here](#)) and the Jordan Cash for Protection Taskforce (available [here](#)) can serve as a starting point to guide organizations in discovering other available services.

UN Women case study: The impacts of cash for work programming in Jordan

A 2015 report on UN Women’s work in Za’atari refugee camp found that the cash for work provided a wide range of benefits, including:

- An average increase in income from 10 JD per month to 145-180 JD per month
- 70 percent of the spending on nutritional diversity, especially fresh fruits and vegetables
- 91 percent of interviewed women reporting that access to economic empowerment and public space helped them recover their self-esteem and independent sense of identity
- 20 percent decrease in reported domestic violence due to the opportunity to leave the home

More information can be found [here](#).

IOM case study: Support to survivors and those at risk of GBV with cash assistance within overall case management

- Since February 2021 IOM Jordan has supported 252 survivors or those at risk of GBV with cash assistance
- Assistance has been complementary to case management from three referring organizations (JWU, JRF, IRC)
- 95-98% of survivors stated that the cash assistance has had a positive impact on their physical and psychological well-being, financial situation, relations within their household and the ability to make decisions regarding their own safety

More information on the intervention can be found [here](#).