

## **WEBINAR 2/3 CVA & GBV\_JORDAN\_ 20<sup>th</sup> September, 2022**

### **Jordan**

**All:** Have you collected any evidence on the direct link between the provision of cash assistance and GBV prevention and response?

**FOCCEC:** Yes. Cash assistance has often contributed to survivors or individuals at risk of GBV being able to avoid or reduce a risk or recover from the violence the survivors of GBV faced. We have evidence through case follow-up and evaluations.

**INTERSOS:** INTERSOS managed to collect evidence on the impact of cash assistance on GBV survivors' well-being and their increased feeling of safety through post-distribution monitoring. INTERSOS found that 62% of cases were closed (out of them; 37% received multiple rounds of distribution) showed a decrease in their risk level compared to the initial assessment. While 23% of the closed cases (vulnerable at risk of GBV and not GBV survivors) showed an increase in their safety after receiving cash assistance as a direct mitigation of protection risk such as lack of civil documentation, access to the services, and no access to physical security.

**CARE:** CARE has completed evaluations. For survivors who faced a life-threatening issue related to a GBV incident, or protection-related risks (e.g., a verbal death threat, severe physical assault, sexual assault, rape, and sexual exploitation etc.) who had no access to financial resources prior to cash referrals to support their immediate life-saving interventions, cash assisted them to access immediate safety and security solutions. Cash referrals supported GBV survivor's whose lives were not immediately at risk to access time-sensitive services, such as medical or legal support as well as other services related to the clients recovery and to mitigate further exposure to harm. The delivery methods used were appreciated and the recipient didn't face difficulties as the IRIS scan mitigated access issues and potential discrimination faced based on their available identification documents (in particular those belonging to the minority community). Delivering cash through IRIS Scan and using Alawneh Exchange proved feasible and appropriate for recipients and proved accessible for those with disabilities.

**All:** When you refer cases to external service providers, how do you trace the status of the cases and outcomes and what are considerations about data protection and data sharing?

**INTERSOS:** In Jordan all actors who work in protection programming refer externally through a unified inter-agency referral form. INTERSOS has a tracking system linked directly to the case management online platform (besides GBVIMS), combined with the tracking system that any referral done externally or internally will require feedback (which is linked to the ability to close the cases inside the case management platform). In addition, INTERSOS technical protection units conduct case management auditing a 30% random sample quarterly.

**CARE:** CARE also has created a secure email for severe and sensitive cases announced between organizations. CARE also relies on its internal IT- databases "COMPASS" which currently is used to track, export and import real-time data about all cases including referrals.

**All:** How does your organization's CVA for GBV outcomes programming link to social safety nets? How do you ensure sustainability of assistance provided and a solid exit strategy?

**FOCCEC:** Within the protection project, cash assistance is provided to mitigate / or prevent from GBV so we try to emphasize the use of cash to prevent this violence, in addition by linking them with other NGOs that may provide support for a longer period.

**CARE:** CARE's service delivery in Jordan seeks to address the needs of the most vulnerable, ensuring their access to basic needs through cash assistance, education and psychosocial support; this is combined and connected to social and economic empowerment, which addresses the underlying causes of inequality and poverty. Poor and marginalized women and girls are one of the key target groups for whom CARE seeks to support leading to a significant and sustainable change. This is done through, strengthening integration with and referrals to livelihood programmes: business grants are key to strengthen resilience of small and micro businesses. Also, referring cases to business skills training aiming to improve women's ability to access, understand and navigate the labor market, and confidence in the production and marketing of their products.

**All:** How can individual and household-level assistance be complementary for protection from GBV?

**CARE:** CARE believes that gender inequality is at the root of all GBV and therefore ending GBV in humanitarian and development settings requires a holistic approach centered on gender equality. CARE's GBV programmatic approach consists of three different pillars which at times overlap and together comprise a comprehensive approach to addressing GBV: risk mitigation, prevention and response. These three pillars are also interconnected with CARE's Gender Equality Framework which focuses on building agency (empowering women and girls to meet their basic needs and have information and resources to make informed decisions). These are: 1. changing relations (changing social norms to promote respectful and non-violent relationships), 2. transforming structures (shifting power to local women's rights organizations; and 3. ensuring state and non-state actors actively address GBV). To do so, CARE tested its two approaches Social Analysis Action (SAA) and Engaging Men and Boys (EMB), and now are the backbone of multiple CARE's projects in Jordan that take a holistic approach and aim to further gender equality, GBV prevention, mitigation and response. This encompasses individual, household and community-level interventions which are interlinked.

**INTERSOS:** What do you think is the benefit of separating the satisfaction survey and the PDM survey? Do you think you get better data than if you include satisfaction questions in the PDM?

**INTERSOS:** INTERSOS usually looks to have a better overview of the beneficiaries' feedback for the different services, and that is why INTERSOS separated the satisfaction surveys and post-distribution monitoring (PDM).

- A minimum of 75% of all INTERSOS beneficiaries who received any services from INTERSOS (like case management, specialized service, psychological and legal assistance, and group psychological therapy) are asked to complete the satisfaction survey which collects direct information and concerns, if any, on INTERSOS protection services quality, employee behavior/attitude, access to services, respect/dignity, and AAP.
- A minimum of 40% are asked to complete Post Distribution Monitoring (PDM), which focuses on a specific activity like CVA and/or in-kind assistance;

- 1) If CVA - Money transfer agent (MTA) or INTERSOS field offices focuses on distribution points; access, safety, the behavior of employees during the distribution, the sufficiency of the CVA, and for what.
- 2) If In-kind assistance (like; dignity kits, food baskets, etc.)- focuses on distribution point accessibility, behavior/attitude of INTERSOS employees during the distribution, the quality of the assistance provided, functional or not.

Since INTERSOS currently works in the GBV prevention and response program, case managers, based on the criticality and safety of the cases select the sample of who will be part of the MEAL exercises. Everyone is asked for consent and those who give it are sampled.

The satisfaction surveys and PDM findings help to refine the case management services package INTERSOS provided.

Satisfaction surveys are only conducted for closed cases to ensure the answers will be direct, without fear of retaliation or denial of services from the beneficiaries.

**FOCCEC:** What kinds of training or capacity building do you or partners deliver to GBV survivors receiving CVA?

**FOCCEC:**

1. Making sure every individual understands the purpose of CVA are in their response plan.
- 2- Working with the individual to provide referrals alongside the CVA referral for long-term assistance that can help empower and protect them from exposure to violence in the future.
- 3- Making sure every individual understands how CVA could be supportive in their particular case to remove themselves from the cycle of violence. In addition to educating them about the concepts of GBV and its consequences, how to respond to it, and integrating them and engaging them in emotional support groups, which are provided by specialists which is aim to look for solutions according to each person's ability, help increase a person's strengths; teach them new ways of dealing with their life's challenges, enhance their ability to overcome them, and improve their self-defense mechanisms.