

# Cash Transfers in Raqqa Governorate, Syria

Changes Over Time in Women's Experiences of Violence & Wellbeing



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Violence Against Women and Girls  
in Conflict and Humanitarian Crises

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# Executive Summary



Cash and voucher assistance (CVA) has quickly become one of most widely used modalities of aid in humanitarian crises. In humanitarian contexts, cash assistance has been shown to have significant positive impacts on food security and basic needs for households, helping them to withstand conflict-related economic shocks and market fluctuations, and reducing their reliance on negative coping.<sup>1,2,3</sup>

While cash is being increasingly used in acute emergency settings, there is a gap in evidence around the impact of CVA on violence against women and girls (VAWG). Women and girls are at increased risk of a variety of negative outcomes in conflict and humanitarian crises, including harm to their physical and mental health and increased exposure to violence and exploitation.<sup>4,5</sup> There is little evidence from emergency settings on how cash might improve protection outcomes for women and girls, or how it might put them at further risk of gender-

based violence (GBV). However, recent reviews offered promising evidence that cash has the potential to decrease intimate partner violence (IPV) in development settings.<sup>6,7,8,9</sup> Similarly, evidence demonstrates a positive link between cash and measures of empowerment and wellbeing for women and girls,<sup>10,11,12,13</sup> including sexual exploitation and early marriage,<sup>14,15</sup> although impact is dependent on the programme design and contextual norms.



International Rescue Committee

Nevertheless, the majority of data are from long-term programming in low- and middle-income countries. More evidence is therefore needed on the impact of cash assistance on VAWG in acute emergency response.

To address this gap in evidence, the International Rescue Committee (IRC) conducted a mixed-methods assessment of an emergency cash assistance programme in Raqqa Governorate in northeast Syria between March and August 2018 as part of the UK-funded global programme, *What Works to Prevent Violence against Women and Girls in Conflict and Humanitarian Settings*. **The aim of the study was to better understand the influence of conditional cash transfers on protection outcomes for women, including experiences of VAWG and other aspects of women's wellbeing.** This study represents the first systematic mixed-methods research effort, to our knowledge, inside Raqqa Governorate, Syria in recent years, providing much needed data on cash programming and the experiences of women in general.

The northeast region of Syria was chosen for the study given the acute need for humanitarian assistance after the withdrawal of ISIS (Islamic State of Iraq and Syria) in late 2017. Despite the withdrawal of ISIS from the region, populations continue to suffer due to high levels of destruction and little access to livelihoods, with more than 2 million individuals in need of assistance.<sup>16</sup> Lack of income and accumulated debt have also led to a high reliance on negative coping mechanisms.

The cash programme being evaluated was a multi-round unconditional cash transfer for non-food items (NFIs) targeted at heads of household regardless of sex, one of the most commonly used types of CVA programmes in humanitarian response. The pre-post evaluation used mixed methods to examine the perceived impact of cash alone on sexual exploitation and IPV, as well as other factors related to decision-making and emotional wellbeing. As part of the study, 456 women were interviewed before and after their households received three rounds of cash transfers from the IRC over a three-month period. In addition, a purposive subsample of 40 women was qualitatively interviewed at endline.

**The study findings reveal that, overall, women face high levels of distress, violence and economic hardship.** Nine out of 10 women have been displaced at some point in their lifetimes, one in four have had a family member killed in the crisis and one in five have had a family member go missing. The status of women within society is low, especially for divorced or widowed women, and more than half of married women reported having ever experienced IPV. Negative coping is pervasive; faced with a lack of livelihoods and unstable markets, households cope by having children work, begging and going into severe debt to meet their needs.

**After the cash assistance programme, women and their families had reduced food insecurity and reduced reliance on negative coping.** Household food insecurity decreased overall from baseline to endline. Most recipients reported spending cash on basic needs, paying back debts and family medical expenses, though spending habits differed depending on the order of the cash transfer.

**Perceived household needs and stress did not change, but depressive symptoms increased.** While many women reported in qualitative interviews that receiving the cash reduced household tension and provided a sense of personal relief, it is possible that the short-term nature of the programme, concerns for the future, and unintended consequences related to the cash – such as community and family jealousy – may have prevented significant change in perceived needs and household stress. Findings showed a statistically significant increase in women's reported depressive symptoms between baseline and endline, and qualitative data revealed the deep levels of stress that many women were feeling over their current predicaments and their families' futures.

**It is important to note that we cannot be certain that the above changes were the result of the cash programme because of the lack of comparison group in the study design. There may have been other factors that caused these changes that are unrelated to the programme.**

**Between baseline and endline, married women reported increased joint decision-making with their husbands; and unmarried women reported increased independent decision-making.** However, this increase was seen primarily for smaller expenditures such as decisions around food. The finding on increased shared decision-making among married women should also be considered together with findings on IPV, which show an increase in economic abuse, including controlling behaviours that may restrict a woman's access to money.

**Married women report increased overall IPV with significant increases in sexual IPV and economic abuse.** Baseline findings demonstrated that VAWG is an accepted norm, and qualitative interviews revealed common experiences of IPV before, during and after the conflict. The increase in reporting of sexual and economic abuse from baseline to endline may be a result of men wanting to reassert control over their wives. However, the increase could also be due to increased disclosure during endline as women became more comfortable with the study team.

**Overall, the research concludes that:**

- **cash as an aid modality is acceptable and widely preferred by women; and**
- **the programme met its primary goal of helping women and families to meet their basic needs and reduce negative coping; nevertheless,**
- **considerations must be made with regard to programme design to reduce risks to women that are related to the changing household dynamics caused by the cash programme.**

# Recommendations

The following recommendations for practitioners, researchers and donors are offered to add to and move forward areas for further exploration.

## Practitioners:

- 1 Design cash programming to monitor, minimise and prevent risks to women and girls throughout the cash transfer cycle.
- 2 Test different design and delivery elements to understand how they affect positive outcomes for women and girls.
- 3 Set up referral systems between cash and VAWG prevention and response programmes.
- 4 Better communicate to recipients and communities.
- 5 Develop clear exit strategies after cash assistance ends and ensure beneficiaries are aware of alternative available economic opportunities.

## Researchers:

More rigorous research, informed by safety and contextual concerns testing different design elements are needed. Areas of cash programming on which researchers should consider concentrating include:

- 1 Feasibility and effectiveness of brief, targeted behavioural cash and complementary approaches in emergencies;
- 2 The impact of changes to programme design, such as gender of recipient, size of cash transfer amount and duration, to make cash transfers more beneficial to women and to increase their safety;
- 3 Potential impacts of cash transfers on sexual exploitation and abuse;
- 4 How the marital status of women (head of household, divorced, widowed, married) modifies the impact of the cash transfer and how programming can be adjusted to minimise risk and maximise return depending on status; and
- 5 Ethical research design for cash transfers that allow for rigorous evaluation of outcomes in humanitarian emergencies.

## Donors:

- 1 Invest in building capacity to mainstream gender and VAWG response and prevention into cash and voucher assistance.
- 2 Fund referral systems and GBV response services, such as GBV case management to mitigate and prevent VAWG in cash and voucher assistance.
- 3 Invest in research to test cash transfers' impact on women's experience of IPV or other forms of GBV. There is an urgent need for more evidence and learning around mitigating and preventing VAWG in cash assistance programmes.
- 4 Ensure increased collaboration between cash practitioners and practitioners who work to prevent and respond to VAWG by acknowledging the relevance of cash programming to GBV prevention and the importance of gender sensitivity in cash programming within funding calls.
- 5 Utilise key international moments, such as the reviews of global policy initiatives including the Grand Bargain, the Call to Action on Protection from GBV in Emergencies and the G7 Whistler Declaration on Gender Equality, and the Empowerment of Women and Girls in Humanitarian Action, to define a gender-sensitive approach to cash programming, to review progress, and to make new, evidence-based commitments to tackling GBV while furthering our collective understanding of cash transfers in emergencies.
- 6 Increase multi-layer and longer-term funding at the early stages of an acute crisis by financing economic programming that includes short-term emergency cash programming as well as longer-term livelihood opportunities for women.
- 7 Deliver on GBV commitments outlined in the IASC standards in an attempt to prevent GBV / VAWG, address structural inequalities and promote women's rights in conflict settings.

# Glossary

**Basic needs** refers to the essential goods, utilities, services or resources required on a regular or seasonal basis by households for ensuring long-term survival and minimum living standards, without them resorting to negative coping mechanisms or compromising their health, dignity and essential livelihood assets.

**Cash and voucher assistance (CVA)** refers to all programmes where cash transfers or vouchers for goods or services are directly provided to recipients. In the context of humanitarian assistance, the term is used to refer to the provision of cash transfers or vouchers given to individuals, household or community recipients; not to governments or other state actors.

**Commercial sexual exploitation and abuse** refers to any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily from the sexual exploitation of another.

**Forced marriage** is the marriage of an individual against her or his will. **Child marriage** (also referred to as early marriage) is a formal marriage or informal union before the age of 18. While some countries permit marriage before the age of 18, international human rights standards classify these as child marriages, reasoning that those under 18 are unable to give informed consent. Therefore, child marriage is a form of forced marriage, as children are not legally competent to agree to such unions.

**Gender-based violence (GBV)** is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences. The term is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk of multiple forms of violence. As agreed in the Declaration on the Elimination of Violence Against Women (1993), this includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or private life.

**Hawala** is a system or agency for transferring money traditionally used in the Middle East, whereby the money is paid to an agent who then instructs a remote associate to pay the final recipient.

**Intimate partner violence (IPV)** is behaviour by an intimate partner or ex-partner (married, cohabiting, boyfriend/girlfriend or other close relationships) that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.

**Labelling** is a programme design feature comprising activities employed by implementing agencies to influence how recipients use assistance. For example, this might include the types of messaging conveyed to recipients, possibly in combination with **complementary programming** activities. Sector-specific interventions using cash transfers may employ labelling to encourage recipients to spend the cash on items or services that will contribute to achieving sectoral objectives.

**Multi-purpose cash (MPC) transfers** (either periodic or one-off) correspond to the amount of money required to cover, fully or partially, a household's basic and/or recovery needs. The term refers to transfers designed to address multiple needs, with the transfer value calculated accordingly.

**Negative coping mechanisms** are learned behavioural patterns that people use to cope with difficult situations. In the humanitarian sphere, they are typically used in reference to the negative or harmful strategies used by individuals or households in difficult economic situations that may produce longer-term negative consequences and protection risks.

For the purposes of this paper, **economic-related negative coping mechanisms** include family debt, begging, selling non-productive assets, selling productive assets, skipping rent, and being forced to move. **Employment-related negative coping mechanisms** include commercial sexual exploitation, exploitative work, child labour and family separation.

**Non-food items (NFIs)** are items other than food used in humanitarian contexts when providing assistance to those affected by natural disasters or crises.

**Unconditional cash transfer** is a programme design feature where cash transfers are provided without the recipient having to do anything in order to receive the assistance.

**Violence against women and girls (VAWG)** is defined by the United Nations Declaration on the Elimination of Violence Against Women (1993) as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

## | Abbreviations

<b>DFID</b>	Department for International Development (UK)	<b>NFIs</b>	Non-food items
<b>ERD</b>	Economic Recovery and Development	<b>NGOs</b>	Non-governmental organisations
<b>GBV</b>	Gender-based violence	<b>OFDA</b>	Office of Foreign Disaster Assistance (US)
<b>HESPER</b>	Humanitarian Emergency Settings Perceived Needs Scale	<b>PDM</b>	Post-distribution monitoring
<b>HFIAS</b>	Household Food Insecurity Access Scale	<b>PHQ-9</b>	Patient Health Questionnaire 9
<b>IDPs</b>	Internally displaced persons	<b>rCSI</b>	reduced Coping Strategies Index
<b>IPV</b>	Intimate partner violence	<b>RCT</b>	Randomised controlled trial
<b>IRB</b>	Institutional Review Board	<b>RDD</b>	Regression discontinuity design
<b>IRC</b>	International Rescue Committee	<b>SEA</b>	Sexual exploitation and abuse
<b>ISIS</b>	Islamic State of Iraq and Syria	<b>VAWG</b>	Violence against women and girls
<b>LMICs</b>	Low- and middle-income countries	<b>WHO</b>	World Health Organization
<b>NES</b>	Northeast Syria	<b>WPE</b>	Women's Protection and Empowerment



# Background



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## Cash transfers in acute emergencies

Cash transfers are increasingly being used as a tool to improve a wide range of outcomes for populations affected by humanitarian crises, due to its cost efficiency and ability to offer clients choice. In 2016, the Grand Bargain, an agreement by donors and more than 30 aid organisations made at the World Humanitarian Summit, committed to delivering more assistance through cash transfers.

Research demonstrates that multi-purpose cash assistance has consistent positive impacts on food security and the ability of recipients to meet their basic needs across contexts.<sup>1,2,3</sup> In crisis settings, research has shown that, where market conditions are sufficient, cash assistance is more effective and efficient at improving food security outcomes than conventional, in-kind food distribution programmes. When targeted at women, cash assistance can further increase food security for the entire household, as it can decrease gender gaps in food intake and increase food consumption for children,<sup>1,2,3,10,11</sup> however, this is not consistent across all contexts.

**In 2016, the Cash Learning Partnership estimated that nearly \$3 billion of humanitarian aid was delivered via cash and vouchers. This accounts for roughly 10% of all aid – but it is also a dramatic increase from 2.5%, only one year earlier. This represents a 40% increase in investment since 2015 alone.**

**Year on year, investment in cash transfers is expected to increase exponentially as dozens of major organisations have made targeted commitments to increase their use of cash.<sup>19</sup>**

Cash transfers have also been used to improve health and other measures of wellbeing for populations affected by humanitarian crises, although effectiveness is highly dependent on the programme design (transfer value, frequency, duration and timing).<sup>17</sup>

In conflict settings, research has shown that cash can help households to respond to conflict-related economic shocks, including market fluctuations, unemployment and the illness or death of a family member.<sup>1</sup> Households that receive cash assistance are also less likely to take children out of school to work, cut back on minimum food consumption, deplete savings or sell assets.<sup>11,13</sup> Cash also shows promise as a modality for improving or repairing shelters in the aftermath of an acute crisis;<sup>11</sup> evidence from one study showed that in unstable settings where access for non-governmental organisations (NGOs) is limited, shelters built by recipients of cash can be of higher quality and more efficient than those built by NGOs.<sup>18</sup>

## Cash transfers and women's protection and empowerment

Despite the increased use of cash and voucher assistance (CVA) in acute emergency settings and the evidence of positive impacts from cash, there remains a dearth of evidence around the impact of cash assistance programmes on violence against women and girls (VAWG). Women and girls affected by conflict and humanitarian crises are at increased risk of a variety of negative outcomes, including harm to their physical and mental health and increased exposure to violence and exploitation. One in five refugee or internally displaced women report experiencing sexual violence,<sup>5</sup> and recent evidence shows that intimate partner violence (IPV) is often of even higher prevalence among conflict-affected women than sexual violence perpetrated by a non-partner.<sup>4,20,21,22</sup> Experiencing IPV confers additional risk of poor mental health among conflict-affected women, often even above and beyond that of traumatic experiences related to crises.<sup>23,24</sup>

While cash assistance aims to support crisis-affected populations, there is little evidence on how cash might improve their protection outcomes in emergency settings or how it might put women and girls at further risk of gender-based violence (GBV). Increased understanding is needed, as reviews of cash in development settings demonstrate promising but mixed results for improving protection outcomes for women and girls, including prevalence of IPV, as well as measures of wellbeing such as economic access, monetary poverty, education, health and nutrition and empowerment, among others.<sup>6,7,8,9,10</sup> While results on the effect of cash assistance on VAWG are varied, evidence shows that cash has the potential to decrease IPV across large populations of vulnerable groups through multiple pathways.<sup>6,7,8</sup> For instance, transferring cash directly to women and girls can improve their bargaining power over household decisions and might lower economic stressors within the household, leading to a reduction in family violence and IPV. However, this shift is dependent on the specific gender and power dynamics of the household, and therefore cash assistance can also result in male household members increasing their use of violence to reassert or increase their control, or can have negligible effects on levels of violence.<sup>6,7</sup> Other contextual factors that influence the effect of the cash programme include demographic factors (income and education level), social and gender norms, and the type of asset transfer programme.<sup>25,26</sup>

Similar to humanitarian settings, evidence from low- and middle-income countries (LMICs) also demonstrates the link between the impact of cash on negative coping mechanisms and reduced socioeconomic vulnerability for women and girls. By increasing household resilience to economic shock, cash assistance reduces negative coping, resulting in increased school enrolment and reduced child labour for both boys and girls;<sup>2,10,12</sup> however, the impacts of programmes vary overall as does the impact on gender disparity. Targeting women and girls in cash programmes has also been shown to increase the age of marriage for girls and to decrease sexual exploitation. A quasi-experimental programme evaluation conducted in Chad demonstrated that, among other positive impacts, respondents reported a decrease in both sexual exploitation and early marriage, or said that they expected such a decrease as a result of the programme.<sup>14</sup> This is also evidenced in an International Rescue Committee (IRC) study in Liberia in which cash resulted in a significant positive effect on sexual behaviour outcomes for adolescent

girls, as girls participating in the programme reported a decrease in the likelihood of early marriage, an increased age of sexual debut, and a reduced number of sexual partners in the past 12 months.<sup>15</sup> These findings are consistent with reviews of other evaluations conducted in LMICs.<sup>7,9,10</sup>

While evidence demonstrates promising links between cash transfers and improved outcomes for women and girls, the majority of literature examining cash and protection investigates long-term social protection programming, as opposed to rapidly deployed cash assistance for emergency response.<sup>27</sup> Given the significant benefits of utilising cash as an aid modality in humanitarian settings, further investigation is needed to understand how cash might decrease women's and girls' socioeconomic vulnerability and result in both short- and long-term improvements to their protection outcomes in acute crisis settings. Work is also needed to assess how it might unintentionally put women and girls at further risk.

### A snapshot of the crisis in Raqqa Governorate: civil conflict and ISIS occupation

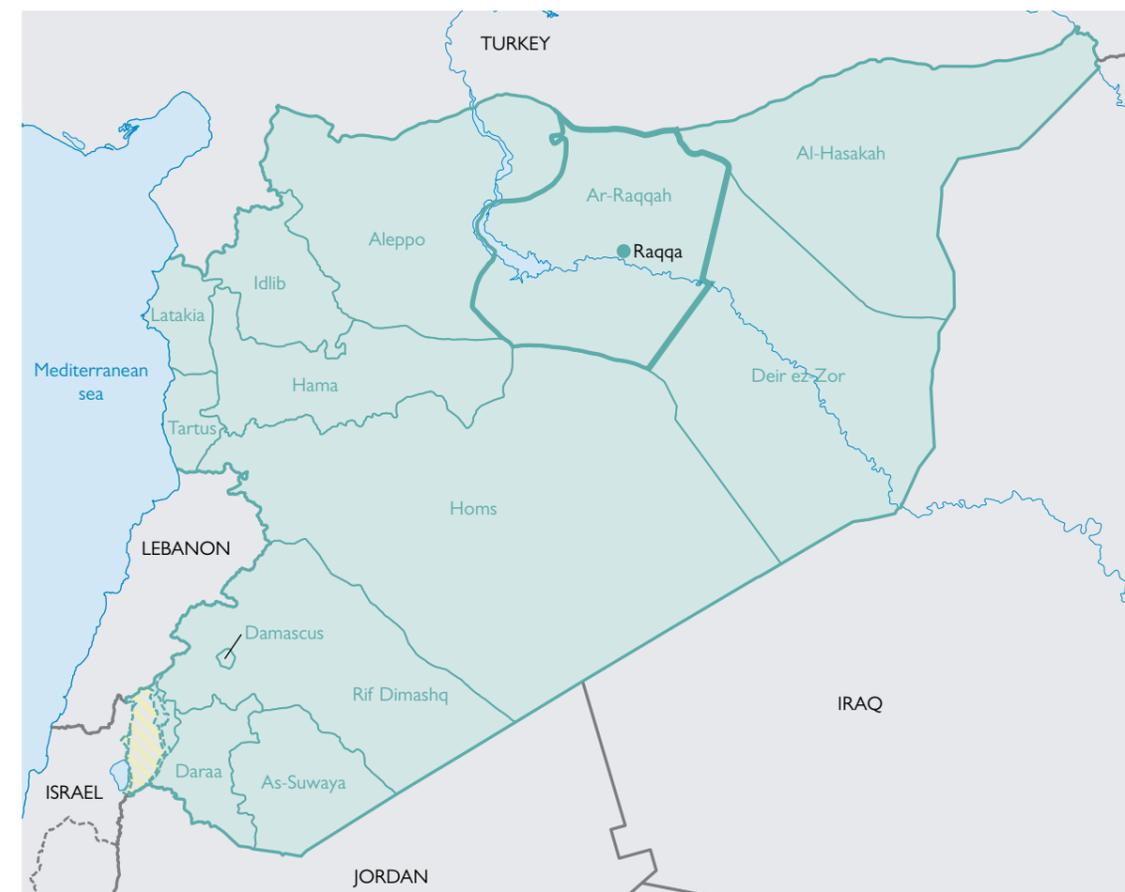
After seven years of war, the conflict in Syria has left an entire population exposed to extreme violence and deprivation. More than 7 million people have fled the country and another 6 million are internally displaced, while at least half a million have been killed by the conflict.<sup>28</sup> The northeast Syria (NES) region has experienced varying degrees of overlapping conflict, with the civil conflict against the Syrian government as well as the Democratic Federation of Northern Syria<sup>ii</sup> clashing with ISIS<sup>iii</sup> for control over the region.

In addition to the ongoing civil conflict, ISIS began seizing territory in the Raqqa Governorate in early 2013 and occupied the territory until the withdrawal of ISIS from Raqqa City in October 2017. While rigorous evidence is limited, IRC programme staff working in Raqqa revealed concerning information on the experience of women and girls. For instance in Raqqa City, women and girls were the first to be targeted by ISIS, restricting their clothing, appearance and freedom of movement. Male members of the families often supported this restriction, controlling their sisters, wives and daughters. It became more

difficult for girls to access education and for women to find work. In addition, parents viewed early marriage as a safety mechanism. IPV was thought to be more common, and more husbands took second wives. There was also widespread reporting of enslaved Yazidi women being held in Raqqa City during the time it was occupied by ISIS, although they were not part of the evaluation nor did they receive cash assistance as part of the programme.

The conflict escalated across the region between November 2016 and October 2017, as the campaign to expel ISIS intensified. The entire population of the city of Raqqa – more than 375,000 people – was displaced within the governorate and to nearby governorates. Despite high levels of need among both internally displaced persons (IDPs) and those who remained in areas of direct conflict, the region was largely inaccessible to aid. Infrastructure and civilian homes in the region were destroyed in the conflict, largely as a result of a barrage of airstrikes by the US-led coalition. As IDPs began to return to their homes, largely during mid-2018 despite continued risks from unexploded ordnance and the remnants

Figure 1: Raqqa Governorate map



of war, they faced extremely limited access to health services, shelter and food, as well as limited economic opportunities to re-establish their livelihoods.<sup>29</sup>

Despite the withdrawal of ISIS and the restoration of relative peace to the region, at the time of the study, the communities within the region continue to suffer. While more than 150,000 individuals have returned to Raqqa City, living conditions are substandard due to high levels of destruction, and many families continue to live in IDP sites or in other informal settlements with little access to livelihoods.<sup>29</sup> As of April 2018, the population in need of assistance in northeast Syria was approximately 2 million individuals.<sup>16</sup> The majority of communities report having insufficient income to cover household needs<sup>16</sup> and are faced with spikes in the costs of fuel, rent, utilities and private provision of essential services such as water trucks.<sup>30</sup> Given the disruption to their livelihoods, households often rely on negative coping mechanisms to meet their basic needs. IRC household vulnerability assessments reveal this high reliance on negative coping mechanisms associated with lack of income and accumulated debt.

### Study objective

To address the knowledge gap regarding the impact of cash on protection outcomes for women and girls, the IRC conducted a mixed-methods assessment of an emergency cash assistance programme in northeast Syria between March and August 2018. The aim of the study was to better understand the influence of unconditional cash transfers on VAWG protection outcomes and other aspects of women's wellbeing. This study was carried out as part of the research programme *What Works to Prevent Violence against Women and Girls in Conflict and Humanitarian Crises*, funded by the UK's Department for International Development (DFID). This study represents the first systematic mixed-methods research effort, to our knowledge, inside Raqqa Governorate, Syria in recent years, providing much needed data on cash programming and experiences of women in general.

i The label "negative coping mechanism" in this document refers to activities that women and girls may undertake in order to improve their ability to meet basic needs for themselves and their families. Some of these are economic in nature, such as borrowing or delaying rent payments; these may have follow-on protection risks. Other negative coping mechanisms present direct and significant risk to women's and girls' safety, health and wellbeing, such as exploitative sex or work; removing girl children from school to engage in child labour; or forced marriage of daughters. Please refer to the Glossary for additional information.

ii The de facto governance structure dominated by the Kurdish Democratic Union Party.

iii ISIS, or the Islamic State of Iraq and Syria, is a jihadist militant group and former unrecognised proto-state. ISIS may also be referred to as ISIL (the Islamic State of Iraq and the Levant) or by its Arabic language acronym, "Daesh". This paper will refer to the group as ISIS, which was the term utilised by the respondents, but it does not reflect any political affiliation or preference.

## Intervention overview: the IRC's cash transfer approach in Raqqa Governorate, Syria

The cash transfer approach that was evaluated was a multi-round, unconditional cash transfer for non-food items (NFIs), funded by the Office of US Foreign Disaster Assistance (OFDA). The cash assistance programme was targeted at heads of households, regardless of sex. This was intentionally selected because this type of cash assistance is the most widely used in the humanitarian field. Evidence of its influence on women's wellbeing and protection outcomes is urgently needed. This study is therefore relevant to the most common approach to CVA programming in humanitarian contexts.

Through the programme, households were selected in underserved sub-districts or in villages hosting large numbers of IDPs. The target settings for the cash were areas from which ISIS had recently withdrawn and which had received new influxes of IDPs fleeing the battle in Raqqa City. In a needs assessment before the cash transfers began, more than 90% of households reported that cash was the preferred modality of assistance over other forms of vouchers or NFIs.

Transfers per recipient household were \$76 per month for three months, distributed to the heads of households,<sup>iv</sup> who could be either men or women depending on the household composition. The IRC designed the value of the cash transfer to cover approximately 80% of the average NFI needs for a six-person family over three months, based on price trends of a comparative in-kind NFI kit traditionally distributed by the IRC in northeast Syria.

The distribution of the total amount over three transfers was to allow recipients to better adjust their purchases to their monthly needs and align to normal household spending patterns to provide economic stability. This also reduced the risk of inducing inflation and other market distortions as a result of a large cash injection in the local economy that may have occurred with one lump sum payment. Further, the length of three months for the cash programme was selected, as this length of repeated assistance was the maximum accepted by most local authorities; they encouraged shorter-term programmes in order to ensure that more households might benefit from humanitarian assistance. There were no conditions placed on receiving the cash and there were no restrictions on how households were allowed to spend the cash.



<sup>iv</sup> The head of household is determined by asking each respondent who the primary decision-maker is in the household.

# Methods



Jacob Russell/IRC

## Research design

The study used a mixed-methods approach with a pre-post test design combined with qualitative interviews at endline. A total of 456 women were interviewed before and after their households had received three rounds of multi-purpose cash payments from the IRC over a three-month period. Baseline interviews were conducted during the period after households had been selected as beneficiaries of the cash but before distribution of the first round of cash. Endline interviews were conducted two to three weeks after households received the third and final cash distribution. This follow-

up time period was based on when the cash was likely to be spent as potential influences of cash transfers were not hypothesised to have a long-term impact. A purposive subsample of 40 women were qualitatively interviewed at endline to better understand their experiences with the cash assistance programme and to further explore their experiences of violence.

A full description of the pre-positioning process for readying an evaluation in an acute emergency context is found in Annex 1.

Figure 2: Timeline of data collection and cash transfers

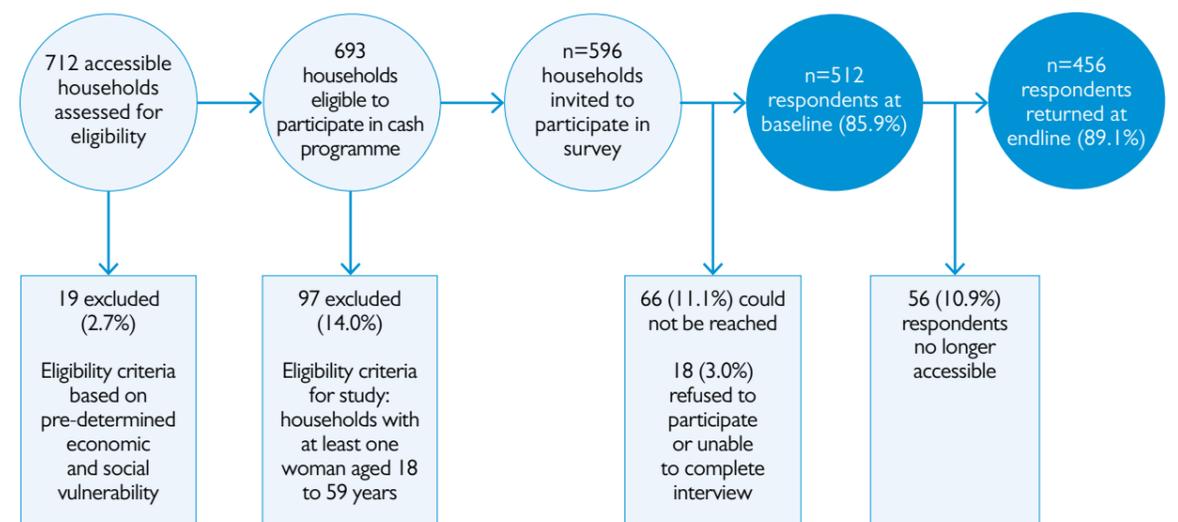


## Target population and sampling

Study participants were drawn from households selected to receive cash transfers under an existing IRC cash transfer programme in northern Raqqa Governorate. These areas were selected as the IRC also provided GBV response services, such as case management, in these settings, which was paramount to monitor and appropriately refer women requesting additional assistance. Eligibility for the cash assistance programme was determined by the IRC's Economic Recovery and Development (ERD) team, based on pre-defined economic and social vulnerability criteria using a household emergency assessment tool. Criteria considered when determining vulnerability included income, ownership of various types of assets, food insecurity and receipt of remittances from family members residing abroad.

The geographic area discussed here includes the towns of Ain Issa and Suluk, and surrounding villages. The IRC's cash programming team assessed a total of 712 households in the selected locations; 693 households (97.3% of the accessible population) met the eligibility criteria to receive cash. Among these, all households with at least one woman aged 18 to 59 were invited to participate in the survey (596 eligible households). In female-headed households, the female head of household was invited to complete the survey. In male-headed households containing more than one eligible woman aged 18 to 59, a Kish grid was used to randomly select the research respondent among eligible women.

Figure 3: Study sampling frame





Jacob Russell/IRC

Interviews with the selected women were conducted in March and April of 2018. A total of 512 interviews of the 596 households invited to participate were completed at baseline, with a response rate of 85.9%. The most common reason for non-response was that the household or respondent could not be reached because of travel or relocation (11.1%) and the remainder (3.0%) refused to participate or were otherwise unable to complete the interview.

After three rounds of cash distribution, the same women were invited back for an endline interview. Of the 512 women who participated in the baseline interview, 456 (89.1%) returned to complete the endline. The most commonly reported reason for loss to follow up between baseline and endline was that many women who were displaced at the time of the baseline had been able to return home and thus were no longer accessible to research staff. Attrition was not significantly related to key variables, including baseline levels of intimate partner violence or demographic factors such as marital, disability, head of household, or educational status.

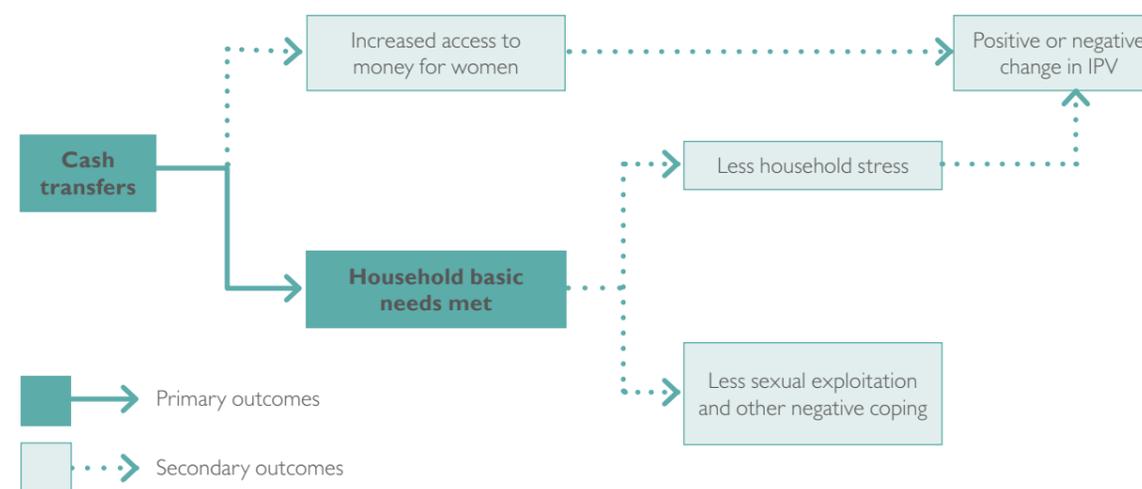
To inform and complement the results of the quantitative survey, qualitative data were collected concurrently with quantitative data at endline. Forty in-depth interviews were conducted with women selected from participants in the quantitative survey. Maximum variation sampling methodology was used to select women for the qualitative interviews. Criteria included female-headed household status, age, disability, displacement status, and experience of violence as reported during the baseline survey.

## Conceptual framework

The theory of change for cash transfer programming in acute emergencies is fairly straightforward: cash transfers enable affected households to purchase goods and services to meet their basic needs. This is highlighted as such in the conceptual framework below.

However, when cash is infused into a household, there can be other influences on family dynamics and wellbeing. Therefore, the original theory of change for cash was expanded into a conceptual framework through consultations with the IRC's Women's Protection and Empowerment (WPE) and ERD technical teams, and through a review of existing literature. (For example, see Buller, et al. (2018) for a recent review of cash programming and IPV linkages.)

Figure 4: Theory of change



A set of hypotheses to test were developed:

- Cash transfers help households to meet their basic needs, operationalised within this report as food insecurity.
- Cash transfers may result in less negative coping, with a specific focus on exploring whether cash transfers may result in less sexual exploitation in households where basic needs are met.
- Cash transfers **may** result in reduced household stress if basic needs are met.
- IPV **may** increase or decrease if a woman has increased access to and/or control of cash depending on household dynamics.
- IPV **may** decrease if the household is experiencing reduced stress as the result of receiving cash transfers and having basic needs met.

**Of note, any hypotheses beyond cash transfers helping a household to meet basic needs were not planned outcomes of the cash transfers in this project or of similar programmes in emergencies. However, given the observed pathways from other literature and the gap in evidence in humanitarian settings, the study team explored whether there were changes between baseline and endline among these different outcomes.**

## Measures

Based on the constructs determined in the conceptual framework, questionnaire modules were selected. The constructs and an overview of the scales are presented in Figure 5.

Figure 5: Study measures

Construct	Measure	Source	Variable construction
<b>Basic needs – operationalised for this study as food insecurity</b>	<b>Household Food Insecurity Access Scale (HFIAS)</b> (nine items) For example: <ul style="list-style-type: none"> <li>In the past four weeks, did you worry that your household would not have enough food?</li> <li>In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?</li> </ul>	Food and Nutrition Technical Assistance Project (FANTA), USAID (2007) <sup>31</sup>	Binary (yes/no) items summed in a continuous measure
<b>Negative coping behaviours</b>	<b>Coping Strategies Index (rCSI)</b> (five items, as adapted and applied in IRC post-distribution monitoring surveys) For example: <ul style="list-style-type: none"> <li>During or after the war, have you ever been in a situation where you or your family has resorted to debt in order to meet your or your family's basic needs?</li> </ul>	Adapted from CARE & USAID (2008) <sup>32</sup>	Items analysed separately as binary (yes/no) choices
<b>Sexual exploitation and abuse (SEA)*</b>	<b>World Health Organization (WHO) Survey on Situation of Women's Health and Life Experience [in Conflict Settings]</b> (one item) For example: <ul style="list-style-type: none"> <li>Have you ever done a sexual activity in exchange for helping to meet your or your family's basic needs?</li> </ul>	WHO (2017) <sup>33</sup>	Item analysed separately as binary (yes/no) choice
<b>Household stress</b>	<b>WHO Humanitarian Emergency Settings Perceived Needs Scale (HESPER)</b> (21 items)	WHO (2011) <sup>34</sup>	Binary (yes/no) items summed in a continuous measure

\* Sexual exploitation and abuse (SEA): collected at baseline only. The labels "transactional sex" or "survival sex" are often used to describe the dynamic where women and girls who have no resources and who cannot meet their basic needs are de facto coerced into sex. Since the ownership and control of resources is most often with men, women and girls need to engage with men in order to try to get hold of resources. These men abuse their resources and social power to extort sexual activities from the women and girls who need these resources in order to survive. Expecting and demanding sexual activities as a condition of sharing resources is an abuse of women and girls, and reflects men's entitlement to sexual access to women and girls. For this reason, the IRC will refer to this construct as men's sexual exploitation and abuse of women and girls.

Construct	Measure	Source	Variable construction
<b>Household financial decision-making</b>	<b>Life Experiences in Cote d'Ivoire</b> (10-11 items) For example: <ul style="list-style-type: none"> <li>In general, please tell me who made decisions about your children's education in the past three months? Mostly your husband, you and your husband equally, mostly you, another male</li> </ul>	London School of Hygiene and Tropical Medicine (2010) <sup>35</sup>	Items collapsed into mostly myself/equally for empowered decision-making; mostly others (including husband or other male family members) for disempowered decision-making
<b>Intimate partner violence</b>	<b>WHO multi-country study on women's health and domestic violence against women</b> (14 items) For example: <ul style="list-style-type: none"> <li>Has your husband slapped or thrown something that could hurt you, or hit you with something that could hurt you in the past three months?</li> <li>Has your husband ever choked you or burned you intentionally in the past three months?</li> </ul>	WHO (2005) <sup>36</sup>	Any affirmative binary response (yes/no) was coded as experiencing that form of violence in summary measures
<b>Depression</b>	<b>Patient Health Questionnaire (PHQ-9)</b> (nine items) For example: <ul style="list-style-type: none"> <li>Over the past two weeks, how often have you been bothered by any of the following problems? <ul style="list-style-type: none"> <li>Little interest or pleasure in doing things</li> <li>Feeling down, depressed or hopeless.</li> </ul> </li> </ul>	Pfizer (1999) <sup>37</sup>	Ordinal items (not at all, several days, more than half the days, nearly every day) summed in a continuous measure
<b>Disability</b>	<b>Washington Group Short Set</b> (five items, adapted) For example: <ul style="list-style-type: none"> <li>Do you have difficulty seeing, even if wearing glasses?</li> <li>Do you have difficulty walking or climbing steps?</li> <li>Do you have difficulty (with self-care such as) washing all over or dressing?</li> </ul>	Washington Group on Disability Statistics (2016) <sup>38</sup>	Ordinal items (no difficulty, some difficulty, a lot of difficulty, cannot do at all); a lot of difficulty or cannot do was coded as having a moderate or severe disability

One of the a priori areas of investigation for the study was to examine whether unconditional cash transfers had the potential to reduce the commercial sexual exploitation of women and girls. **Questions about commercial sexual exploitation had to be removed at endline due to increased scrutiny by local authorities that would have put the full study at risk of being discontinued. Therefore, we are not able to examine the changes over time in this outcome.**



Jacob Russell/IRC

## Data collection

### Quantitative

Prior to starting data collection, the survey was piloted with adult women in a camp for IDPs. Translations were checked for consistency of meaning between English and Arabic versions by technical specialists in WPE teams. Cognitive interviewing with adult women was also completed for negative coping-related items to ensure that meaning was contextually appropriate and understandable.

Quantitative interviews were conducted by female enumerators and took approximately 45 minutes to complete. They were conducted in private spaces at IRC Integrated Protection Centres in Al Amin and Suluk, and in a rented venue in Ain Issa. Data were recorded using smartphones with SurveyCTO software.

To promote respondent comfort and reporting of negative experiences, the questionnaire section on negative coping experiences such as begging, child labour and sexual exploitation was administered using audio computer-assisted self-interviewing (ACASI). At the beginning of the section, the enumerator handed the phone to the respondent, explained the format of the section and went through a practice question together with the respondent. The respondent listened to an audio recording of each question on a pair of headphones and entered their answer on the touchscreen, with “yes”, “no” and “refuse” options indicated by different coloured squares. Questions on frequency used clusters with different numbers of dots to represent “once”, “few” and “many”. This methodology, which has successfully been used in humanitarian contexts, was selected for collecting the most sensitive outcomes as it has the potential to reduce social desirability bias or under-reporting due to stigma.<sup>39</sup>

As an additional way of capturing information on one of the most sensitive topics in the survey, experience of SEA was included in a listing exercise at baseline in which respondents were asked to pass a pen from one hand to the other for each item on a list if that statement was true for them. They were asked to report the number of pens in their hand at the end of the exercise to represent the number of true statements on the list. Respondents were randomly assigned to two groups, with one group hearing four statements including one item about SEA and the other group hearing only the three statements not related to SEA. Using these data, the overall prevalence of SEA was estimated

based on the difference between the two randomly assigned groups. Listing exercises seek to maximise disclosure rates while maintaining the highest standards for minimising any potential stigma; their use is growing within violence research.<sup>40</sup>

### Limitations of study design

The study design **does not allow for causality** to be inferred between the receipt of cash transfers and women’s experiences as this study did not have a comparison group. External factors that may have occurred in the community or within families could influence the results, and, without a comparison group, we are not able to determine whether it is the cash programming or other factors that caused changes. In addition, women were not randomly selected, therefore, we cannot generalise results to the larger communities or to all Syrian women. Further, experiences may be under-reported due to potential stigma or over-reported if participants feel this influences their ability to access programming.

### Qualitative

Qualitative data were collected concurrently with the quantitative endline interviews. In-depth individual interviews were conducted using an open-ended interview guide. The interview guide was supplemented with a visual timeline technique where women were asked questions about their experiences during the cash programme using a timeline of their lives before the conflict, after the conflict, before cash, during the cash programme, and afterwards.

In-depth interviews were conducted in a private room at each data collection site by IRC research staff, as well as caseworkers from the IRC’s Northeast Syria WPE team. All interviews were conducted with one interviewer and one note-taker; in the case of a few interviews conducted with research staff who did not speak Arabic (N=6 of 40), a translator was present to support the interview process.

With significant experience in supporting women who have endured traumatic experiences and of conducting ethical and respectful conversations with survivors, the IRC’s WPE caseworkers were selected to facilitate the qualitative interviews because of the heightened sensitivities of the topic and context. Although the

qualitative research did not specifically target survivors of GBV, regardless of disclosure, the likelihood of survivors being among those interviewed was high. This therefore required more experience in working with women exposed to men's violence and abuse than was available among the quantitative enumerators. The WPE caseworkers and external note-takers were trained on qualitative data collection techniques, research ethics, interview guide and transcription process.

## Ethics

The IRC's Institutional Review Board (IRB) approved the research protocol. A protocol shell was originally submitted outlining the overarching goals of the study for an acute emergency. This shell was updated with the appropriate methodological and ethical considerations after the research inception workshop. Permission to conduct the research was obtained from the appropriate local and regional authorities.

## Selection and training of staff

During the recruitment process, enumerator candidates were screened using a survivor-centred attitude scale questionnaire. Only women who displayed a compassionate non-blaming attitude towards survivors of violence were considered for work on the study. The IRC's WPE team provided an orientation on the topics of violence against women to continually assess candidates' attitudes. Hired enumerators and staff were then trained on ethics related to research on violence against women and girls along with general research ethics guidance.

All quantitative enumerators attended a seven-day training session. Trainers from the WPE staff led the first two days of training and included activities designed to increase understanding and awareness around VAWG and to re-emphasise compassionate attitudes towards survivors of violence and exploitation. WPE staff also provided training in psychological first aid referral pathways for respondents who required psychosocial support. WPE staff who were involved in conducting interviews and transcribers attended a separate two-day training at endline.

## Informed consent

Before the baseline quantitative interview, enumerators read aloud the informed consent statement to the respondent in a private space. If the respondent confirmed that she understood and agreed to participate in the study, the enumerator documented that oral consent was obtained by signing her own name on a document showing the respondent's ID code. This method of recording informed consent was selected based on conversations with the programme team to promote adherence to the guiding principles of VAWG / GBV case management which include ensuring the safety and confidentiality of VAWG survivors accessing IRC services and compliance with the guidelines in WHO's *Ethical and safety recommendations for documenting and monitoring sexual violence in emergencies and Putting women first: ethical and safety recommendations for research on domestic violence against women*.

At the beginning of the endline interview, the enumerator read a statement reminding the respondent of her rights and obtained confirmation of her ongoing consent to participate. For participation in the qualitative in-depth interview, separate oral consent was obtained and documented by the facilitator prior to the start of the interview.

## Confidentiality and privacy during data collection

Training data collectors involved a focus on human subject research, including the need to strictly adhere to confidentiality, both in quantitative and qualitative research activities.

During data collection, data provided by the IRC ERD team for identifying beneficiaries were stored in a password-protected Excel sheet accessible only to fieldwork managers and supervisors. This information was linked to a unique identifying code, which was entered into the phone by the supervisor before the beginning of each interview. No names, addresses or other identifying information were included on the informed consents, surveys or other study materials other than the confidential ID code.

IRC staff supervising the fieldwork explained to participants and other stakeholders that all information would be kept confidential. All interviews took place in a private space where they could not be overheard by outsiders. The female data collectors were instructed to reassess privacy several times during the interview and to pause or discontinue the interview if she was not confident that privacy would be assured.

## Protection from social risk

An important concern in conducting research with women on issues related to violence is ensuring their safety. Because this study includes socially stigmatised topics such as sexual exploitation, protecting participants from social risk was of particular concern in the design of study procedures.

In addition to the measures mentioned above, the staffing of enumerators at each research site was carefully planned to further safeguard respondent confidentiality. Enumerators were matched with respondents to ensure that the enumerator did not live in or come from the same community as the respondent. Local IRC staff advised that this method of matching enumerator to respondent would maximise the respondent's privacy. This careful matching of study participants with enumerators outside their community may also have improved disclosure levels.

## Psychological risk and distress

The research staff were carefully selected and trained to minimise and mitigate the risk of distress to participants. Training of interviewers included guidance on how to avoid showing signs of judgement or to give any indication that an answer is surprising or "wrong". Care of research staff was completed through regular debriefings with supervisors and field managers.

Given the sensitive nature of some topics discussed, some respondents were expected to experience psychological distress during the course of data collection. As part of the informed consent process, respondents were informed that if they were uncomfortable answering any question, they could skip it or they could stop the interview at any time. Interviewers were trained to identify respondents in distress and to stop interviews if a respondent seemed unable to continue.

Survey participants who reported a recent history of violence, a desire to self-harm, or another acute need for psychosocial support were referred to an experienced IRC WPE caseworker who would also conduct referrals to qualified mental health staff as appropriate. Caseworkers were on site during data collection to provide immediate support when requested. All study participants were provided with information about WPE services available to them and their community.

## Treatment and storage of data

Quantitative data collected on smartphones were uploaded to a central, password-protected server on a daily basis. Data were checked and cleaned throughout this period by the research manager. The final database was transferred to IRC headquarters after each phase of data collection. All devices and computers used to store participant information and survey results are password-protected.

Handwritten notes from the qualitative interviews were translated, typed and stored using password-protected files and devices. After notes were transcribed and translated into electronic formats, the written copies were destroyed.

## Analysis

Quantitative analysis was completed in SAS software. Change between baseline and endline was assessed by paired t-tests for continuous variables and McNemar's p-value for binary variables. For scale variables (such as HESPER, PHQ-9 and HFIAS) missing values for single items were coded as zero for conservative estimates and retained to maintain statistical power. Checks on the robustness of findings were completed by regressing the outcome of interest against a time variable in a first model; a second model was also constructed that accounted for individual fixed effects of women.

Qualitative analysis was led by IRC researchers with support from the NES programme teams and key technical staff. A combination of a priori and inductive coding was used to identify emerging themes and patterns from the transcripts and photographs of the interactive timelines drawn by the interviewer. An initial coding structure was developed using the theory of change as described in the conceptual framework section above. Additional codes were then developed through grounded theory as patterns emerged from the data. All data were coded using the qualitative analysis software Dedoose. Quotes and replications of the life lines are used to illustrate prominent patterns in the analysis.

After completing the analyses, a two-day research validation workshop was held in Ain Issa, Raqqa Governorate, Syria with the in-country Syrian team members to review the results. Syrian staff led the discussion on whether there may have been other contextual factors relevant to the changes between baseline and endline, examined the qualitative insights and helped to develop locally relevant programme recommendations.



# Results

## The state of women in Raqqa Governorate, Syria

The results of this study explore the situation of women and girls in Raqqa Governorate, Syria, including their experiences before, during and after participating in the cash transfer programme.

The majority of the women sampled (63%) were the head of household, and just over half (54%) had ever attended school. The average age of the women who participated in the study was 37 years. Within the settings of the research, Arab and Kurdish populations are the predominant ethnic groups. However, the local Syrian team deemed ethnicity and religion questions too sensitive and these were removed from the survey.

Figure 6: Demographic characteristics as reported among female respondents at baseline (n=512)

Demographic	% / Mean (SD)
<b>Woman's relationship to head of household</b>	
-Self	63.3%
-Wife	19.7%
-Daughter	9.6%
-Sister	4.1%
-Mother	1.4%
-Other	1.8%
<b>Marital status</b>	
-Married	41.8%
-Divorced	12.5%
-Single	6.1%
-Widowed	36.5%
-Separated/In between	3.1%
<b>Age</b>	<b>36.5 (10.2); Range 18-58</b>
<b>Ever attended school</b>	
-Yes	53.9%
-No	46.1%
<b>Have children</b>	<b>86.7%</b>
<b>Mean number of children (if have children)</b>	<b>4.28 (2.5)</b>

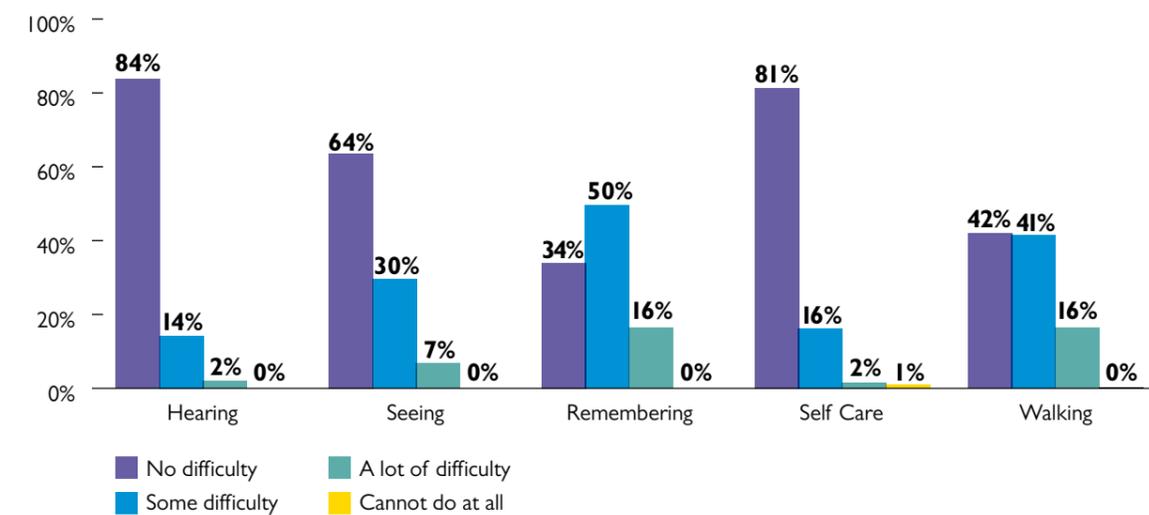
At the time of baseline data collection, 42% of the respondents were currently married, 37% were widowed and 13% had been divorced. Of those who were married, 11% had been forced to marry by their relatives or their husband, and 16% of the women lived in polygamous households. Approximately half of women (49.5%) were married as children (<18 years of age).

Figure 7: Marriage-related demographic characteristics as reported among ever-married female respondents at baseline (n=481)

Demographic	% / Mean (SD)
<b>Polygamous household</b>	<b>15.9%</b>
<b>Mean age at marriage</b>	<b>19.5 (5.3)</b>
<b>Age at marriage</b>	
-11-14	10.3%
-15-17	39.2%
-18-24	41.5%
-25+	10.9%
<b>Forced marriage</b>	<b>10.6%</b>
<b>Age of husband among currently married</b>	<b>44.0 (13.6)</b>
<b>Husband's education</b>	
-None	30.2%
-Some	69.8%

In terms of disability status, the Washington Group Short Set revealed that difficulty remembering was the most common form of a disability reported by women, followed by walking or climbing stairs. The least commonly reported disability factor was hearing challenges.

Figure 8: Disability status as measured by the Washington Group Short Set among female respondents at baseline (n=512)



### Respondents at baseline: high levels of traumatic experiences and low status of women

Overall, the study population had high exposure to potentially traumatic events, with nine out of 10 women having been displaced by the conflict at some point in their lives. When speaking of their lives during and after the war, all women interviewed shared experiences of hardship, loss and extreme deprivation. One in four women had a family member killed in the crisis, and one in five had a family member go missing.

“We ran away to the middle of nowhere, no food, no water. We didn’t know what was happening. I went looking for my children and I couldn’t find them.”

Married woman

“[My husband] was killed in an air strike, he was killed with four of my sons. They pulled me out of the rubble with my son and my daughter after an hour.”

Widowed woman

Those who remained in their houses throughout the conflict witnessed the destruction of their homes and had family members killed or imprisoned by ISIS or other armed actors. Many were confined to their homes and did not feel safe to venture outdoors, even for food or water.

“The control of ISIS affected us a lot, we spent 15 days without tea or anything.”

Married woman

“We were living inside the war, my husband worked only one day a week, we sold our furniture. ... The most difficult situation was the fear, the hunger, everything, we borrowed money from everyone we know.”

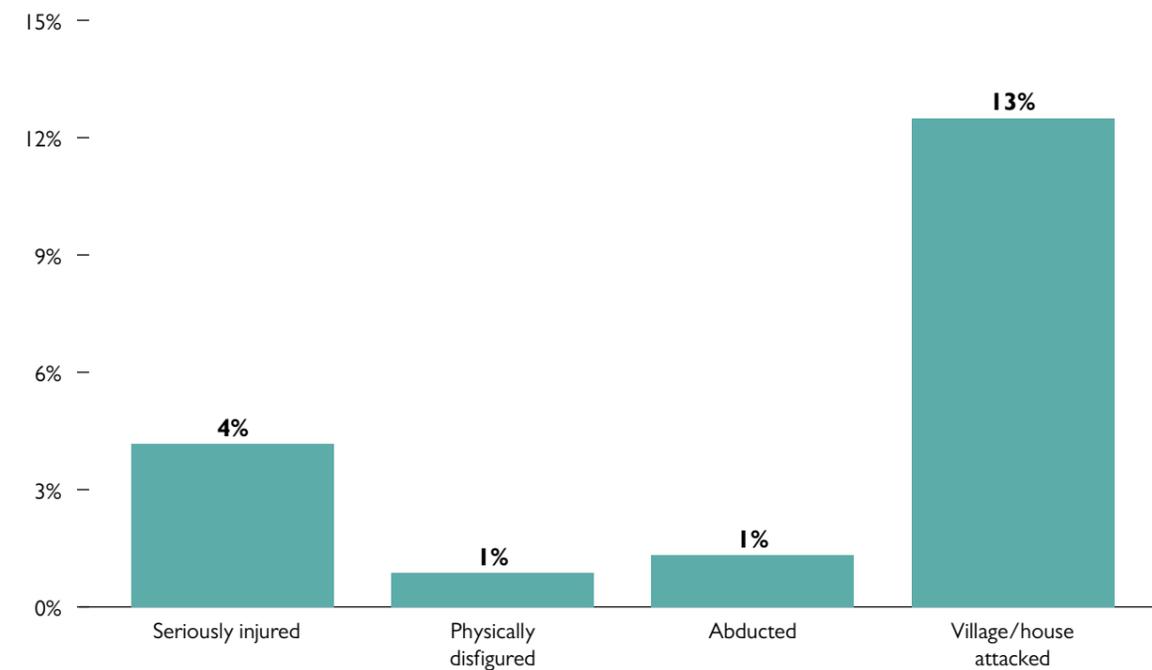
Married woman

Figure 9: Direct war experiences among family / household members as reported by female respondents at endline (n=456)



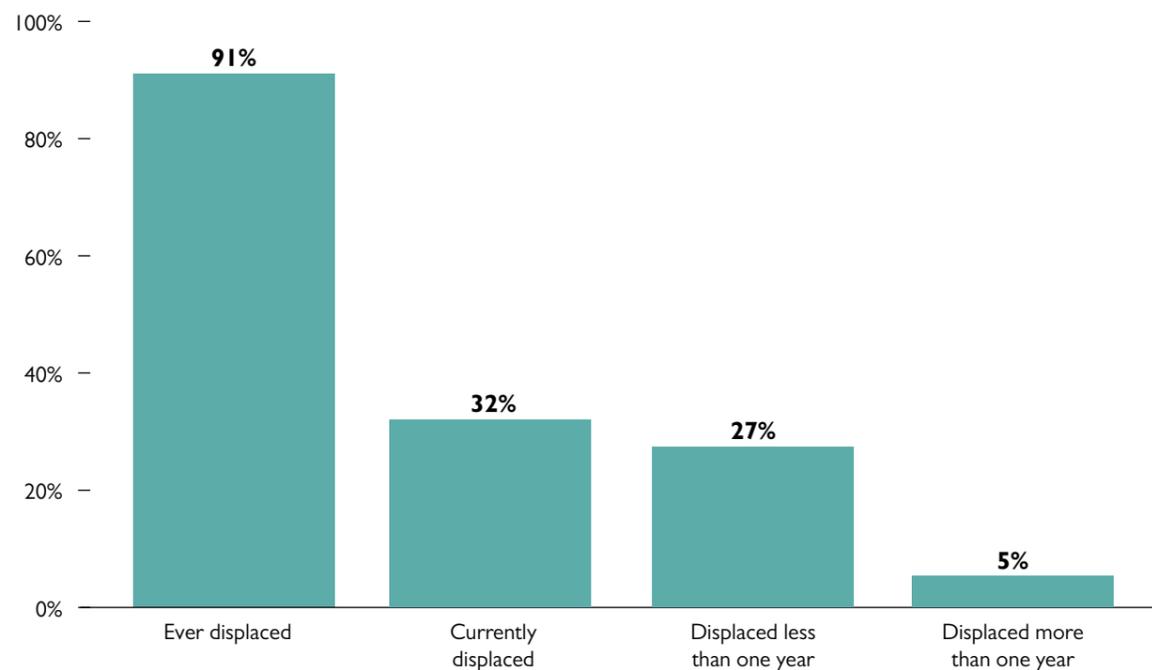
Women who responded affirmatively to each of the above items were subsequently asked whether they themselves had had that experience.

Figure 10: Direct war-related experiences as reported by female respondents at endline (n=456)



Women were also asked about their experiences with displacement, which are presented in Figure 11.

Figure 11: Displacement experiences as reported by female respondents at endline (n=456)



In general, respondents spoke about the difficult circumstances for women and girls in the region due to their lower status. This was exacerbated during the conflict as a result of insecurity and the violent methods of control used by ISIS. At baseline, more than half of women who were ever partnered had ever experienced physical, sexual or emotional IPV; however, this number is likely to be under-reported due to the sensitive nature and stigma associated with reporting experiences of violence. During the qualitative interviews, women were asked about their life experiences before the war; many women described incidences of IPV and other forms of coercion and abuse. Several women described how their husbands were currently suffering from trauma experienced during the conflict, which was explained as one reason why they had become more aggressive and violent. In one instance, a married woman described how her husband had become irrational and violent since they had lost their home in the conflict:

“I was once in the village with my son. My husband told me that we must return home. I went back home and he starts hitting us and throwing rocks at us. He is jealous all the time and gets upset when someone visits or talks to us.”

Married woman

Gender discrimination and the poor treatment of women were particularly evident among widowed or divorced women. Their lowered status was worsened by the extremely restrictive regime and ideology that ISIS practised towards women and girls and the control and violence they enforced on women who were out in public.

“It was hard, even to throw away garbage I must dress according to the dress code. I was once with my aunt and she wasn’t covering her eyes, and the *Hisbah*<sup>vi</sup> took us, and because we were alone with no *Mahram*,<sup>vii</sup> my brother came. They whipped him and put him in a training about sharia.”

Divorced woman

“ISIS was the biggest challenge, they forced us to wear *niqab*.<sup>viii</sup> I was free before and they came and choked us. I spent my time at home and never went out.”

Married woman

In the wake of ISIS’s withdrawal, the suffering and traumatic experiences did not end. At the time of baseline data collection, the community stigma around unaccompanied women was still strongly felt, and women’s accounts of their experiences suggest society’s behaviour towards these women had not returned to pre-occupation levels. Divorced and widowed women frequently described their diminished autonomy and restricted mobility as being trapped or imprisoned.

“Whenever I needed to go to the market or to see a doctor, I was forced to wait for someone of my family to go with me, because I’m a divorced woman, and I can’t go out alone. ... There is no movement, it feels like prison.”

Divorced woman

Families returned home to find their houses and businesses destroyed. Several women reported currently living in improvised shelters, such as in abandoned schools and grocery stores, where they shared space with multiple families and continued to struggle to find adequate food, water and other basic needs.

vi Religious police employed by ISIS in the regions under their control.

vii An unmarriageable male relative who escorts a woman in public.

viii A veil or a garment of clothing that covers the face. A niqab is typically made of black fabric that flows to the ground.

“The community has a very wrong understanding of dealing with a lonely woman.”

Hiba<sup>ix</sup> married her husband when she was 15 years old and lived with him in Raqqa City until the war broke out. During the siege against ISIS, their house was destroyed by an air strike while they were still hiding inside. An hour after the building collapsed around them, Hiba was pulled out of the rubble. ‘My daughter, son and I were the only ones who survived,’ she explained. Hiba’s husband was killed in the strike, along with four of her sons.

After the air strike, Hiba and her children could not flee from Raqqa for 40 days. ‘We kept moving from one place to another without being able to escape.’ Hiba described climbing through the wreckage of the conflict as they finally escaped, taking in the destruction

around them. She is still haunted by the images from those days. ‘We walked over dead bodies,’ she said.

Hiba now lives in a village with her children in an empty shop, which she has fashioned into a living space. They depend on receiving charity from others to provide for basic needs. ‘Good people are helping me, but our situation is very bad’, she explained. Hiba’s 12-year-old daughter sometimes works as a daily worker to provide an income, but both of the children are severely distressed.

Hiba’s status as a widow has left her in a vulnerable position within the community. She admitted that what frightens her most is that ‘someone tries to harass me

because I’m alone’. She described how men, including local officials, have come to her home to say that they are offering help, but then they try to sexually exploit her. ‘I feel so much suffering. People know me and respect me, but I am tired of having to explain to the others my point of view. ... The community has a very wrong understanding of dealing with a lonely woman.’

The cash programme has enabled Hiba to pay off some of her debts and to purchase basic needs and clothes for her children, but her participation in the programme has drawn negative attention from the

community, and they have stopped giving her charity.

When speaking of the future, Hiba described her desire to flee to another country. However, she said it is not safe for her to move with her children while alone. ‘People will know that I am a young single mother, a widow, and they will try to exploit me. It’s better to stay here.’

“People will know that I am a young single mother, a widow, and they will try to exploit me. It’s better to stay here.”



ix All names have been changed in qualitative stories presented in this report.

## Loss of livelihoods and income

In addition to traumatic experiences due to direct experiences of war and violence, the conflict significantly disrupted livelihoods for the respondents and their households. Asked about the time before the war, the majority of women reported that they were either housewives or unemployed; a smaller minority of women earned an income working in daily labour or in agriculture.

However, as can be seen in Figure 12, fewer women worked outside their homes in the aftermath of the conflict. This is likely due to high levels of insecurity and stricter controls on the movement of women, as well as a lack of jobs following damage to key infrastructure and related disruption in the local labour market. Many women's husbands also lost their source of income during and after the war; the percentage of women reporting that their husbands were unemployed increased by more than 20 percentage points from before to after the war.

This disruption in income typically provided by the male head of household required some women to defy social norms to supplement her partner's income, and in some cases to become the sole income earner for their families. A minority of women noted that while they had not worked before, they were now working in daily or seasonal labour because their husbands could no longer work, or they had been widowed or divorced.

**“I work as a seasonal farmer, what I get barely covers the price of bread. I was not working before, but I'm forced to work now.”**

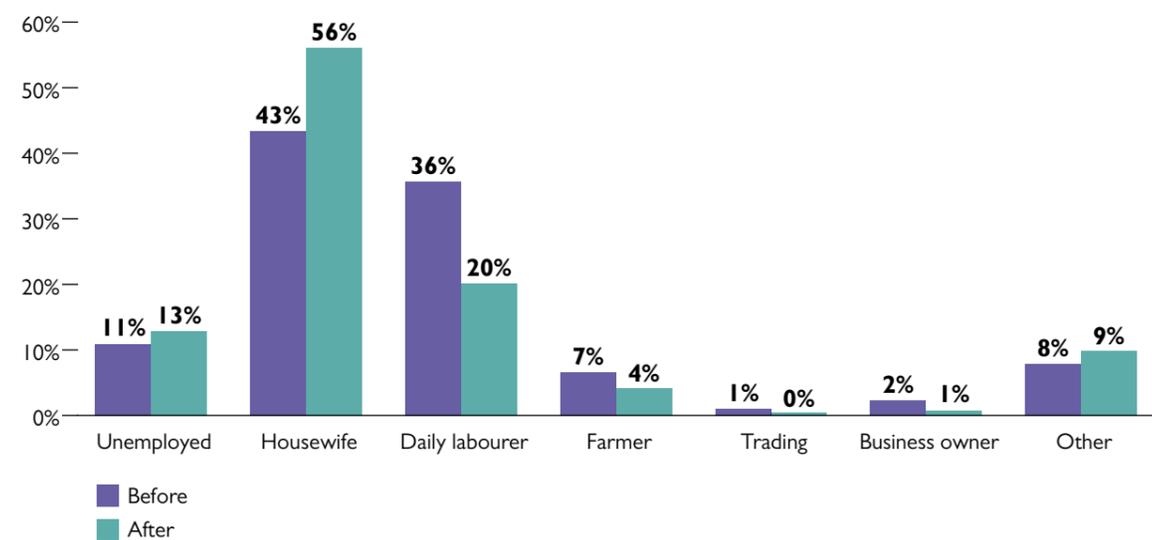
**Married woman**

Most women reported borrowing money from their family and neighbours in order to provide basic needs for their children. Widows commonly reported relying on charity<sup>x</sup> from their communities as a key source of income. Others sold assets in their home.

**“I was living with my children and suffering from the lack of money. I was forced to sell the refrigerator and washing machine to pay off the debts.”**

**Divorced woman**

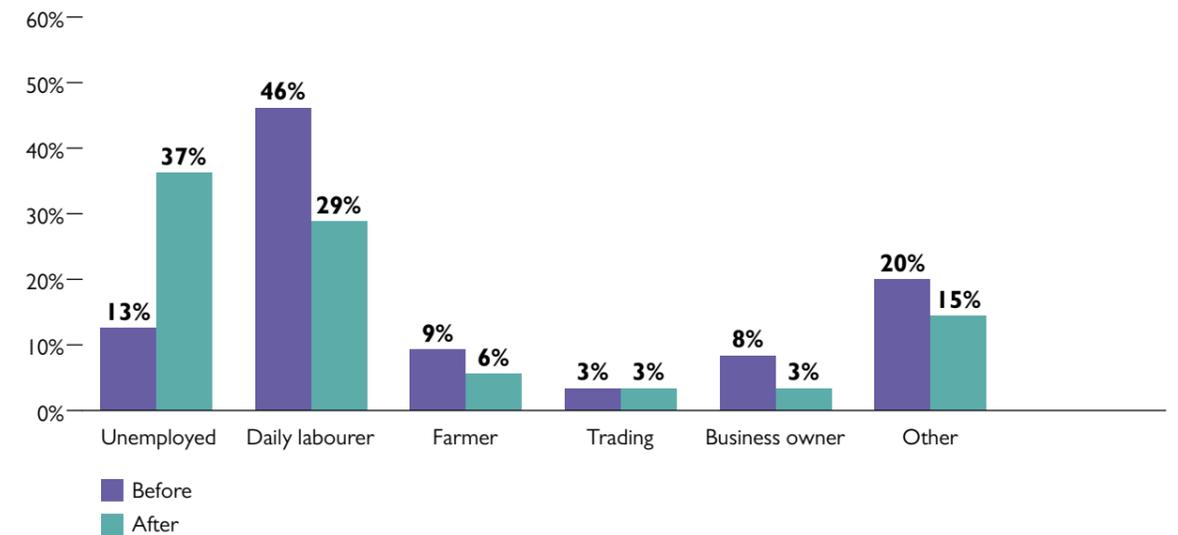
Figure 12: Respondents' livelihood: percentage reporting livelihood before and after the start of the war as reported by female respondents at baseline (n=512)<sup>xi</sup>



<sup>x</sup> It is perceived as socially acceptable to give cash charitable donations (Futra) to widows in this context because of the loss of their husband/partner – particularly if this was related to the conflict and the deceased was linked to governing armed actors/militia rather than ISIS. This is of additional relevance to the study given that charitable donations increase or occur more frequently over Eid, which coincides with the timing of this study. It is far less socially acceptable to give cash charitable donations to divorced and separated women.

<sup>xi</sup> Before and after the war were not specified based on a time period; rather, piloting indicated that women understood “before the war” to be before the time the civil conflict occurred.

Figure 13: Husband's livelihood before and after the start of war as reported by currently married female respondents at baseline (n=214)



## Commercial sexual exploitation and abuse

Their low social status due to patriarchal social norms, combined with the economic hardships brought by conflict, left many women vulnerable to exploitation, including commercial sexual exploitation and abuse. While women were not asked directly about their experience of commercial sexual exploitation in qualitative interviews, eight women (out of 30 in total who participated in a qualitative interview) shared their experiences of this type of violence.

It generally came up in interviews with divorced or widowed women when speaking about the community stigma that they encounter, relative to their status as unmarried women, matched with their experiences of being observed and having their movements policed by the community, or their increased vulnerability when having to borrow money or goods. Given the stigma associated with commercial sexual exploitation of women in this context, they did not discuss experiences of other women known to them who may have experienced this type of violence.

**“Some people say that I am looking for another husband, but God knows, the villagers know me. I am afraid of this situation, people gossip all the time and watch widows and divorced women.”**

**Divorced woman**

**“When we first came to this neighbourhood, I used to go out and buy fabrics for my sister-in-law because she works as a tailor. People started gossiping about me, where I go every day, and what I am doing when I am go out. They accuse me of doing bad things.”**

**Divorced woman**



Jacob Russell/IRC

Unmarried women perceived that being known for being alone or unaccompanied as a woman in public increased their risk of being targeted by men and exploited to engage in an exchange of sex for resources. Quantitative data suggest that 6.5% of single, 4.8% of widowed, and 4.8% of divorced women reported ever experiencing commercial sexual exploitation in their lifetime.

“The shopkeeper used to tell me that ‘you can take whatever you want’. He was nice with me because he wanted more, not because he felt sorry for me or because he was a good person, and he told me that he wanted something in return. This all happens to widows and divorced women.”

**Divorced woman**

“What frightens me most is that someone tries to harass me because I’m alone. My neighbour told me that a man was asking about IDP families, and they told him about me. Luckily I was out, and he came another time and I was out too, and when my neighbour told him that I’m out, he said: ‘It’s good, everyone told me that I won’t get a thing from her’. In another situation, an official came to my place, and he said that he wants to help me, and when he entered, he told me that his wife is travelling, and he needs a woman. I asked him to leave, and he offer me marriage and I said no.”

**Widowed woman**

Approximately one in 20 married women (5.6%) also reported commercial sexual exploitation. In some instances, husbands were among the perpetrators and forced their wives to exchange sex for resources.

“I can’t go out with other men to bring money to my husband. He told me to do that; I didn’t accept. A man I know from the village offered me money in exchange for something. [She asked for a break, and collapsed in tears, and after five minutes, she continued.] My son is one year and half, he stayed with my sister when I went with the man.”

**Married woman**

These experiences compound the stigma, gender discrimination and poor treatment already experienced by women within the region. The experience of conflict within the entire population, combined with the region’s economic challenges, has left many women exceptionally vulnerable to exploitation and additional violent and traumatic experiences, along with difficulty of entering the labour market.

## How have cash transfers potentially changed women's lives? Positive, negative and mixed insights

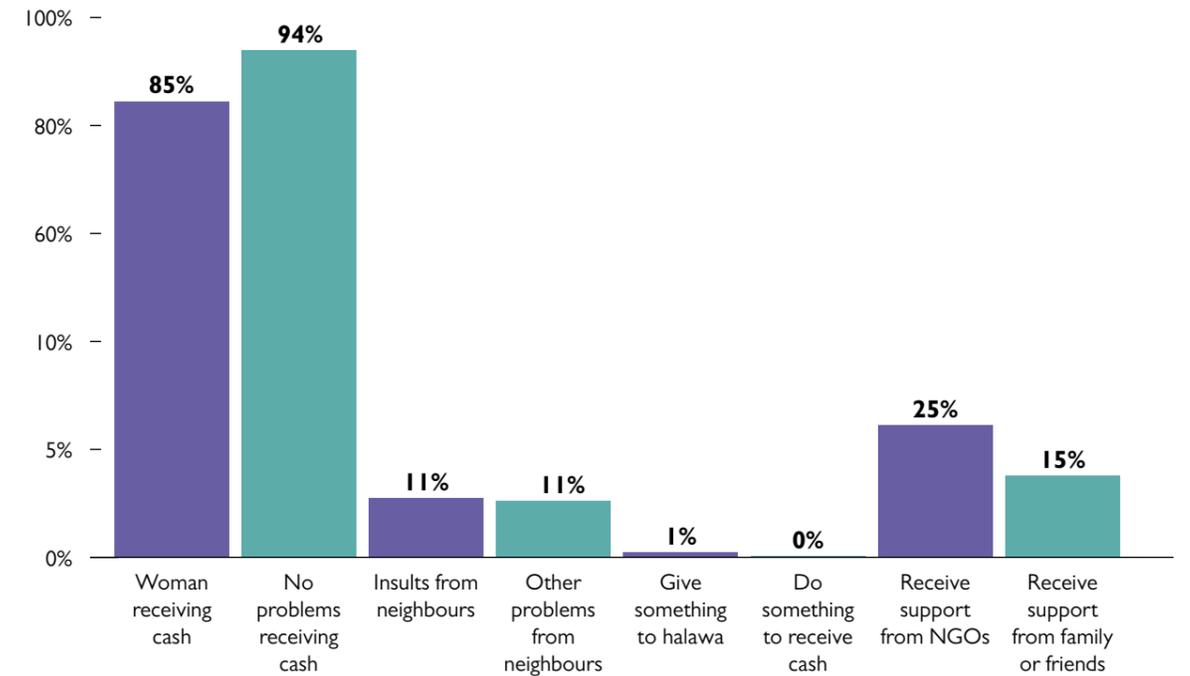
Key constructs	Before and after cash programming
 Food insecurity	↓
 Economic-related negative coping	↓
 Employment-related negative coping	→
 Perceived household needs and stress	→
 Depressive symptoms	↑
 Joint decision-making among married women and their husbands	↑
 Independent decision-making among unmarried women	↑
 Sexual IPV and economic abuse	↑

Households receiving cash transfers in Ain Issa and Suluk received the first of three cash distributions in May 2018, shortly before the holiday of Eid al-Fitr – which occurs at the end of the month of Ramadan – and during the local harvest season. The endline data collection occurred two to three weeks after the final cash transfer in August 2018. The findings below examine the experiences of women after their households began to receive cash and explore how the cash might be linked to changes in their lives and the lives of their families.

## Access and general experiences with cash programming

Overall, 95% of women reported having no problems accessing or receiving the cash, and very few reported negative experiences with receiving their cash. As can be seen in Figure 14, throughout the duration of the cash assistance programme, fewer than 11% reported receiving insults or having other issues with neighbours, and only 1% had to give something to the *hawala*<sup>xii</sup> or do something in order to receive the cash. Some 85% of women were the recipients of the cash.

Figure 14: Percentage of female respondents reporting experiences with cash programming at endline (n=456)



In the qualitative interviews, women who reported not receiving the cash directly were typically married women whose husbands or mothers-in-law went to the cash distribution site to receive it.

xii A *hawala* is a system or agency for transferring money traditionally used in the Middle East, whereby the money is paid to an agent who then instructs a remote associate to pay the final recipient.

## Women report increased ability to meet basic needs and reduced food insecurity

Overall household food insecurity decreased from baseline to endline, suggesting that the cash transfers helped women or households to meet at least some of their basic needs. As can be seen in Figure 15, the mean change varied slightly across the demographic variables considered. However, food insecurity status at endline did not statistically significantly vary by demographic variable in regression models.

Although not statistically significant, the potentially larger mean change in food insecurity for female heads of household, single, separated, widowed and divorced women who received the cash transfer may also reflect that women with more autonomy and decision-making power upon receiving the cash transfer could control

resources and therefore spend more on their families' basic needs, compared to those who were married or were not the head of household. Another explanatory factor, as identified by the IRC Syria team, is that vulnerable community members often receive additional support like food from outside sources during or soon after Ramadan, which occurred during the study period.

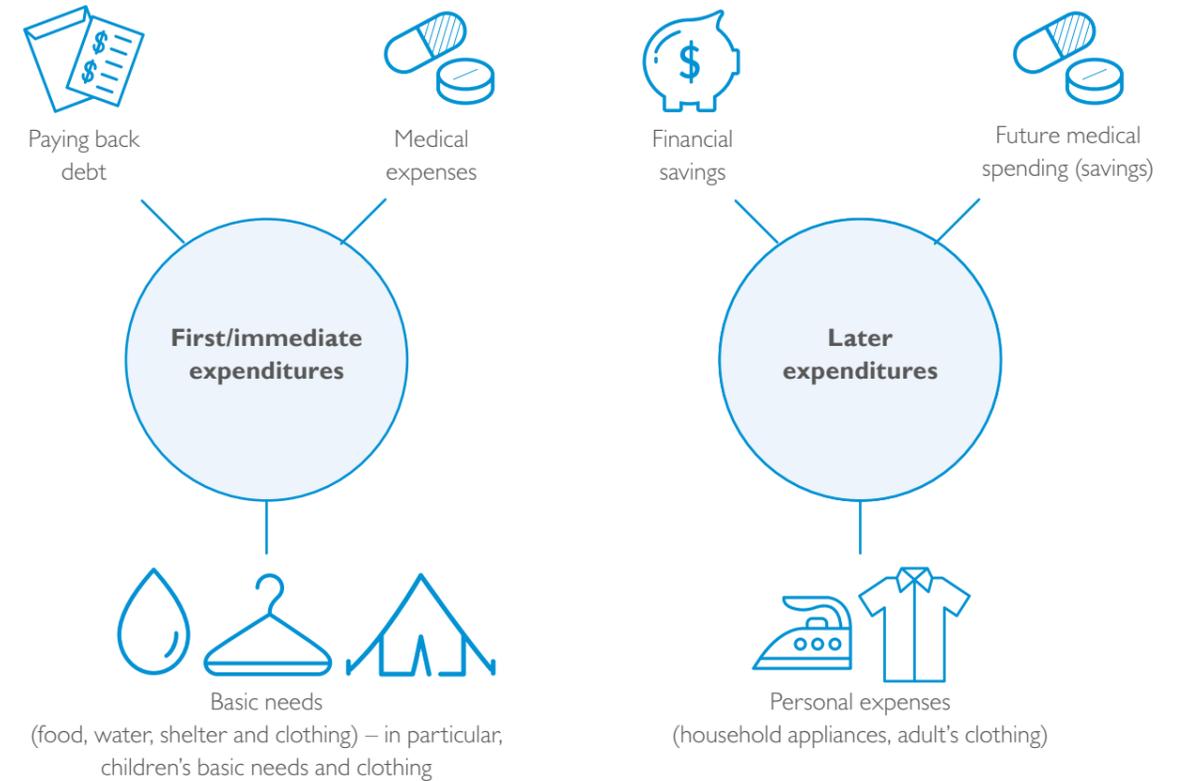
Importantly, given the survey was delivered at different times of the year, it is plausible that there may also be seasonality in the availability and prices of food, along with changes in income, above and beyond the cash transfer delivery.

Figure 15: Household Food Insecurity Assessment Score (HFIAS) by respondent demographics at baseline and endline<sup>xiii</sup> (n=456)

	Baseline Mean Food Insecurity Score	Endline Mean Food Insecurity Score	Paired T-Test P-Value <sup>xiv</sup>
<b>Overall</b>	<b>6.8</b>	<b>5.85</b>	<b>&lt;0.0001</b>
<b>Head of household</b>			
-Woman herself	7.11	5.95	<0.0001
-Other	6.26	5.67	0.004
<b>Marital status</b>			
-Married	6.79	6.01	0.0002
-Divorced	6.64	5.81	0.004
-Single	6.68	5.29	0.004
-Widowed	6.82	5.77	<0.0001
-Separated/In Between	7.40	6.27	0.08
<b>Recipient of cash transfer</b>			
-Woman herself	6.87	5.40	<0.0001
-Other	6.87	5.94	0.003
<b>Disability (Any)</b>			
-Mild or none	6.62	5.73	<0.0001
-Moderate or severe	7.22	6.13	<0.0001

Women across all groups reported that their households spent the cash on basic needs, paying back debts and paying for medical expenses; however, there was a clear difference in spending habits depending on the order of the cash transfer. The first transfer, which occurred immediately before the Eid al-Fitr holiday at the end of Ramadan, was generally spent on the children's basic needs and paying back debts. With the second and third rounds (the third round coming just before Eid Al-Adha), while many still paid portions of their cash towards basic needs and debt, more women also reported putting money toward savings, personal expenses and saving for anticipated medical expenses.

Figure 16: Cash transfers and common expenditures



“The money finished in one day, I paid back debts, and bought medication for my husband and children.”

**Married woman on her spending during the first round of cash transfers**

“I didn’t spend it yet, I keep it for emergencies.”

**Widowed woman on her spending during the third round of cash transfers**

Women across groups rarely reported spending the money on personal items, including menstrual hygiene products and underwear, for themselves. They referred to these items as non-essentials, excessive or lavish. This is reflective of women's perception of basic needs, which does not include meeting their own basic needs but rather prioritising the needs of their family members.

“The first payment was spent on clothes and food supplies for the house, the second on clothes and sweets. I already had menstrual products from the kits we received, this helped me a lot while I was waiting for the third payment.”

**Divorced woman**

However, in several qualitative interviews, married women described spending a small portion of the cash on cigarettes and other items for their husbands.

“I bought food supplies with 10,000 liras,<sup>xv</sup> my husband spent some on cigarettes, we needed *iftar* and *suhoor*.<sup>xvi</sup> We paid off some debts. I wanted to buy something for myself, but my children are more important. I bought them clothes.”

**Married woman**

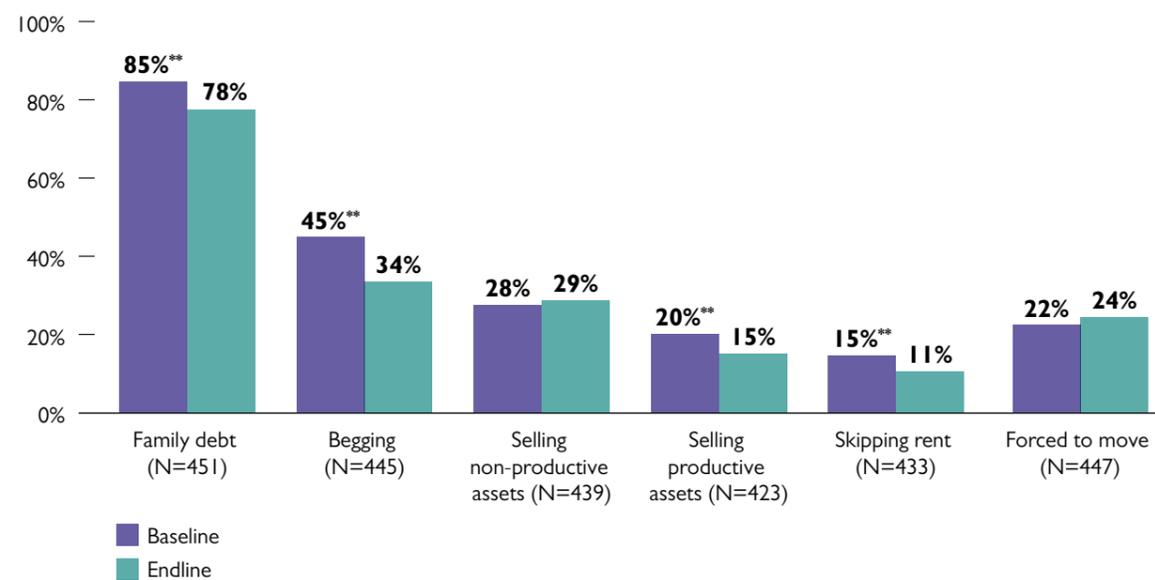
<sup>xiii</sup> Basic needs were operationalised through food insecurity, using the Household Food Insecurity Scale.  
<sup>xiv</sup> P-values represent the paired t-test. P-values of  $p < 0.05$  are statistically significant at the 95% confidence level.

<sup>xv</sup> The term liras used here is a colloquial translation of the Syrian Pound and does not refer to the Turkish Lira.  
<sup>xvi</sup> During the holy month of Ramadan, *iftar* is the meal to break the fast after sunset and *suhoor* is the meal taken just before sunrise, before the day of fasting starts.

This pattern in spending reflects the larger power dynamics in which women are negotiating control over finances and overall decision-making within their households. In general, women expressed being happy to be able to provide for their families; however, when it came to their own basic needs, women across all groups often prioritised the needs of others over themselves. This is particularly true among married women who reported during qualitative interviews that they purchased non-essential items for their husbands as a negotiation tool for having increased control over household spending, or even as a preventive measure to mitigate their partner's potential violent behaviour.

Most women who were qualitatively interviewed expressed that, while they would have liked to invest the money in household assets, including household appliances, it was not a large amount and they had to prioritise the immediate needs of their children.

Figure 17: Economic-related negative coping mechanisms as reported by female respondents at baseline and endline (\*\*p<=0.05)<sup>xvii</sup>



Nonetheless, the qualitative findings show that debt relief, while an unexpected positive finding, was temporary given the relatively small and brief duration of the cash transfer. For example, while one woman discussed how the cash payment alleviated a more permanent family debt that she had inherited, most other women reported being able to pay off only some of their debts or to clear their debt with the grocer or other store owners.

### Women report reduced negative coping

In addition to helping women to provide for the basic needs of their households and reduce food insecurity, the cash transfers seemed to help families to reduce their reliance on some negative coping mechanisms. As can be seen in Figure 17 below, women reported a statistically significant decrease in incurring family debt, begging, selling productive assets and skipping rent between baseline and endline.

When discussing their spending habits, women of all groups commonly reported reducing their families' debts as a priority. Although the overall number of women relying on debt as a mechanism to meet needs was reduced, it was still the most commonly reported coping strategy during the programme.

“I paid off a debt. When my father died we bought things we distributed. I borrowed 40,000 liras from our neighbour, when he gave me the money he was worried that I won't be able to pay it back. I paid off 30,000 liras and he said that he doesn't want the rest, God bless him.”

**Widowed woman**

Consistent with the quantitative findings, several women also mentioned that the cash was not enough to cover all of their immediate needs, requiring them to continue borrowing money even while participating in the cash programme.<sup>xviii</sup> This was reported in the qualitative interviews more among widowed and divorced women than married women, which is perhaps illustrative of the lower income-generating power of a single-headed household.

“The money wasn't enough because I gave [my daughter] back her money and I borrowed money again to cover the expenses of the month.”

**Widowed woman**

“Like with the [cash transfers] before, I paid some debts. But now I have to borrow money again. I was sad when I knew that this will be the last payment. People think that I enjoyed the money. They don't know that I take groceries from the shop without paying.”

**Divorced woman**

Nevertheless, respondents perceived that even this temporary measure for reducing debt during the period of the cash transfers was beneficial. Women from all groups anticipated that they would need to borrow again once the cash transfers ended. Several reported that, because the cash had enabled them to pay off family debts, they had increased their social capital and would be able to borrow again in the future.

“We got rid of debts. I'm happy because the shop owners are sure that we are going to pay later. I can buy food, I take from here and pay off there. Till now they are giving us groceries.”

**Married woman**

“When I needed anything I knew there was a next payment, so I could go to the shop and take what I need and tell the shopkeeper that I will pay when I receive the cash. I have something to count on. It's not that much money, but it's better than nothing.”

**Divorced woman**

While the cash transfers may not have been of a sufficient amount to end the cycle of debt and negative economic coping for women, it did enable them to establish their dependability and build their credit with business owners in the community. For widowed, separated and divorced women who experience community stigma, building social capital could have the potential to reduce their risk of experiencing discrimination or other harmful behaviours from community members.

<sup>xvii</sup> For all figures: \*\* p <= 0.05, statistically significant at the 95% confidence interval.

<sup>xviii</sup> This was somewhat expected as the \$76/month cash transfer was only intended to cover 80% of the average non-food item household needs in a six-person family.

## Women report positive and negative influences on employment-related negative coping mechanisms: exploitation, child labour and family separation

Women commonly expressed that the conflict and its aftermath have caused their quality of life to deteriorate, leaving them without sources of income to provide for their families' basic needs. Given the multitude of economic shocks related to the conflict, many households were forced to resort to employment-related coping that is also risky or has negative consequences for women and girls. For instance, one woman stated:

**“We do not send our 11-year-old daughter to school anymore, she is working in cleaning houses. I also work in cleaning houses.”**

**Married woman**

While respondents perceived that cash had a positive influence on negative coping strategies (described above), its potential influence on negative employment-related coping such as exploitative work, child labour and family separation was mixed. Women reported a small, non-statistically significant reduction in exploitative work, and a non-statistically significant increase in child labour. However, they did report significant increases in family separation for work-related purposes. These changes may be due to other economic and security factors at play over the study time period that are not influenced by cash.

## Exploitative work

While there was no statistically significant change in exploitative work for women,<sup>xix</sup> several women who participated in the qualitative interviews reported being able to stop working because they were receiving cash. Given the context of entrenched patriarchal norms, stopping work could also be reflective of women attempting to reduce their exposure to social stigma or risk of violence and exploitation.

**“When I started receiving the cash, I stopped working in the field because I have a pocket money now.”**

**Widowed woman**

**“My husband was working but he can't anymore. I worked as a seasonal farmer [to provide for basic needs]. I was not working before [the war], but I was forced to work [when my husband became sick]. ... When I start receiving the cash, I was able to stop working.”**

**Married woman**

## Child labour

Women reported a non-statistically significant increase in child labour from 32% to 37% before and after receipt of cash transfers. It is worth noting that school was also not in session and it was cotton-picking season during the endline data collection period, which may have also contributed to the increased frequency of reporting child labour. Results may have been different if school had been in session. In qualitative interviews, women did note the reliance on household income brought in by their children as a way of providing for basic and household needs, and the need to return to this strategy now that the cash programme had ended.

**“After the cash stops, my daughter will go back to work, and God will help us.”**

**Widowed woman**

**“God will help us. I will tell my daughters to find some work to do, but currently there is no work.”**

**Married woman**



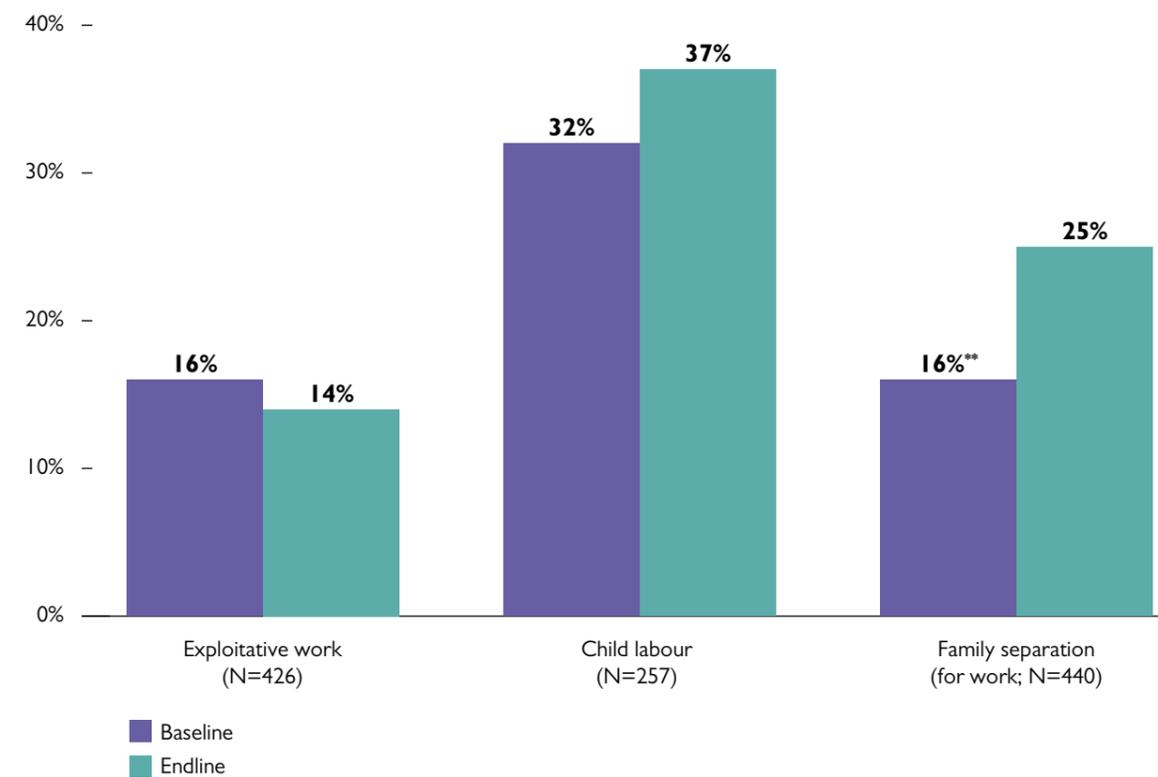
Jacob Russell/IRC

xix Data on type of work, who was responsible for perceived exploitation, etc., were not captured in the survey.

## Family separation

There was a statistically significant increase in family separation from 16% to 25% ( $p=0.0003$ ); however, this increase may be related to the fact that husbands and other male family members had started to return to Raqqa City for work given recent efforts to complete de-mining, or they had moved away from home for the cotton-picking season. Alternatively, family members may have moved in search of other economic opportunities or adult men may have relocated to avoid military conscription,<sup>xx</sup> while the women and their families stayed behind in the villages.

Figure 18: Employment-related negative coping mechanisms as reported among female respondents at baseline and endline (\*\* $p<=0.05$ )



## Commercial sexual exploitation

While we were unable to collect quantitative data at endline due to increased risk, we were able to collect some of the first data collected in the region at baseline. Approximately one in 20 women (4.7% ever; 3.9% in the past three months) reported experiencing commercial sexual exploitation at baseline, which is likely an underestimation given the highly sensitive nature and potential repercussions of disclosure. This was relatively consistent across direct questioning, a listing exercise and questions about family and community member experiences.

As noted in the findings above, women participating in qualitative interviews who shared their experiences of commercial sexual exploitation did so when describing

instances where they were economically vulnerable – for example, dependent on begging or incurring debts from shop keepers – or when experiencing stigma from the community for being unmarried, divorced or separated. No changes in commercial sexual exploitation were specifically mentioned in relation to receipt of cash. Because women reported a reduction in their reliance on other forms of negative coping strategies, it is possible that the cash transfers could have had similar short-term positive effects on commercial sexual exploitation. However, given the lack of data on this outcome, more research is needed to reach any conclusions on the influence of cash on commercial sexual exploitation and related violence.

xx There is no clear evidence to indicate that rates of conscription increased during the study period; however, it is an ongoing risk for adult men in northeast Syria.

## No change in perceived serious needs and household stress, but women report more depressive symptoms

Respondents were asked about their perceived serious needs using an adapted Humanitarian Emergency Settings Perceived Needs Scale (HESPER). This included a series of 20 questions about social, psychological and physical problem areas relating to needs felt by populations in humanitarian settings. Higher scores indicate higher perceived needs.

Overall, women rated their perceived serious needs as high (on average, 12 of 20 items were rated as a serious problem by respondents) at both data collection points. As can be seen in Figure 19, there was no statistical change in reporting from baseline to endline, showing little potential influence of cash on these outcomes, with the exception of the stratified analyses focusing on separated women. This is potentially due to the temporary nature of the cash transfer and its inability to provide permanent solutions for respondents and their families.

Figure 19: Total Humanitarian Emergency Settings Perceived Needs (HESPER) Score among respondents at baseline and endline by respondent demographics (n=456)

	Baseline HESPER Score	Endline HESPER Score	Paired T-Test P-Value
<b>Overall</b>	<b>12.02</b>	<b>12.13</b>	<b>0.57</b>
<b>Head of household</b>			
–Woman herself	12.06	11.96	0.67
–Other	11.93	12.38	0.13
<b>Marital status</b>			
–Married	12.09	12.50	0.16
–Divorced	11.93	12.47	0.26
–Single	12.71	11.77	0.16
–Widowed	11.67	11.71	0.88
–Separated/In Between	14.07	11.47	0.03
<b>Recipient of cash transfer</b>			
–Woman herself	12.09	12.01	0.89
–Other	12.01	12.15	0.49
<b>Disability (Any)</b>			
–Mild or none	11.75	11.90	0.52
–Moderate or severe	12.65	12.65	0.98

In addition to no change on perceived serious needs, there is a statistically significant increase in women's reported depressive symptoms between baseline and endline. It is important to note that mental health was not formally assessed by a clinician and all symptom scores are self-reported.

Figure 20: Depressive Symptoms Score as calculated by the Patient Health Questionnaire (PHQ-9) among female respondents at baseline and endline by respondent demographics (n=456)

	Baseline PHQ-9 Score	Endline PHQ9 Score	Paired T-Test P-Value
<b>Overall</b>	<b>11.09</b>	<b>11.98</b>	<b>0.001</b>
<b>Head of household</b>			
-Woman herself	11.25	12.17	0.05
-Other	10.78	11.69	0.01
<b>Marital status</b>			
-Married	10.53	11.71	0.005
-Divorced	11.98	13.40	0.05
-Single	10.61	11.52	0.5
-Widowed	11.42	11.91	0.3
-Separated/In Between	11.93	11.80	0.9
<b>Recipient of cash transfer</b>			
-Woman herself	11.26	12.08	0.007
-Other	10.16	11.50	0.07
<b>Disability (Any)</b>			
-Mild or none	10.42	11.61	0.0004
-Moderate or severe	12.66	12.87	0.7

The qualitative data revealed the extent to which women were suffering from stress on a regular basis, with many women reporting that they were struggling to cope and were fearful for the future. As a result of receiving the cash, some described feeling a temporary sense of relief and release from the anxiety and pressures of trying to meet basic needs.

**“I felt like I was imprisoned and released, I was able to prepare the meal I want, I was relaxed.”**

**Divorced woman**

When asked to describe positive impacts of the cash in the qualitative interviews, women across all groups described how it enabled them to no longer depend on their families or neighbours for support during that period which temporarily elevated their social status within the community during the period of the cash programme implementation. Many women perceived that due to this debt reduction and improved community standing, household economic-related stress decreased, thereby improving some relationship dynamics with their husbands, parents and siblings, and enabling them to build positive social ties within their families and their communities.

The improved dynamics with husbands/male household members were also contingent on aligned views between the man and the woman on what the money would be spent on.

**“My husband wasn’t angry or upset, he was glad because he feels upset whenever we had to borrow money. One day [before the cash] he got angry because I borrowed money from my neighbour to buy a pair of shoes for myself, he told me that he will cut the shoes. He was happy because I paid off the debts.”**

**Married woman**

**“[My brothers] never interfere, they know that I receive the cash and they know that I will spend to cover my expenses for me and my mother.”**

**Divorced woman**

This overall perception did not always hold true for married women living with their husbands’ families, however; married women reported family jealousy occurring most often among in-laws and co-wives.

**“I told my mother in-law that the money is mine, because I applied. She got angry and threatened to send me back to my parents’ house, she insults me all the time.”**

**Married woman**

**“My co-wife, she used to take my son to the clinic and buy him things. When I received the cash she was upset, because I am the one who takes him to the clinic now.”**

**Married woman**

Nevertheless, women across groups shared that they had felt humiliated or ashamed when they were forced to ask family members or neighbours for money or other financial support, or when they were unable to pay for goods at the grocery store. The qualitative data strongly revealed how having cash relieved them of this sense of shame and burden to others and restored their sense of dignity.

**“I paid off debts. The cash helped me to save my dignity; I used to wear old clothes that others give me.”**

**Married woman**

**“The cash we received maintained our dignity and met our needs. I don’t live like a queen because of the aid, but it is good.”**

**Divorced woman**

Women participating in the qualitative interviews who were divorced or widowed commonly expressed feeling confident, independent and free from their debts to others as a result of receiving the cash. Others spoke positively of the power they felt from having more financial responsibility.

**“I really needed this money. I felt that I owe no one and that I can do something. I felt important because I participated in the household expenses and I do not owe anyone for my daughter’s and my expenses.”**

**Divorced woman**

**“I used to rely on charity and on people, hoping that they would be good to me and help me with Zakat Al-Fitr,<sup>xxi</sup> but now with the payments I get I am in charge again and I am able to buy clothes for my son. This money is very much appreciated. I feel confident, no one can force me to do anything. Having this money gave me confidence.”**

**Widowed woman**

However, women across all groups expressed that this temporary sense of relief exacerbated the stress they felt about the end of the cash programme. When asked about the future, the respondents expressed intense anxiety and sadness over having to borrow money once again, about their inability to find adequate jobs locally, and their fears that they would be unable to provide for their families.

**“I was sad when I knew that this was the last payment, because it was useful.”**

**Widowed woman**

**“I didn’t think yet what I’m going to do when the project ends. I’ll work in the field from the early morning to the evening, and I’ll get 500 liras. I will suffer and struggle again.”**

**Married woman**

These findings highlighted both the potentially positive and negative effects of the cash transfers on women’s perceived needs and wellbeing. Many women reported in qualitative interviews that they experienced a release of stress over their improved conditions during the cash programme. Yet they knew that the relief was temporary and that they would still have to identify permanent solutions to their economic situation, even so far as driving them to risk potentially dangerous solutions, such as fleeing the country.

<sup>xxi</sup> A charitable cash gift given during Ramadan to families and individuals perceived as poor by the community. In northeast Syria there is a preference for people to give their cash gift directly to their chosen recipient rather than through a charitable organisation. Charity is more likely to be given to widows and other “socially acceptable” groups than to divorced or unmarried women or families from outside the community.

“  
**Life before the war was Heaven, but now it turned into Hell**  
 ”

Khoulood<sup>xix</sup> spoke of life with her husband before the war with emotion, describing the protection he provided her in Ain Issa as a refuge. 'My husband and I used to have a great life, but after the war we became displaced for five years. ... Before the death of my husband, we were happy, and I lived like a queen. Life before the war was Heaven, but now it turned into Hell.'

Khoulood's husband died while imprisoned by ISIS. Now, Khoulood struggles with the community stigma that surrounds her as a widow with a young child living with her in-laws.

'Certainly it is different when a woman still has her husband. Now I am a widow and I have a four-year-old child. ... Now that [my husband] is dead, if I stood at the house door, people would talk and say, "My God! Look, it's the widow". I cannot work or do anything. I cannot stand at the house door or talk to anyone at all. People's eyes are on me now.'

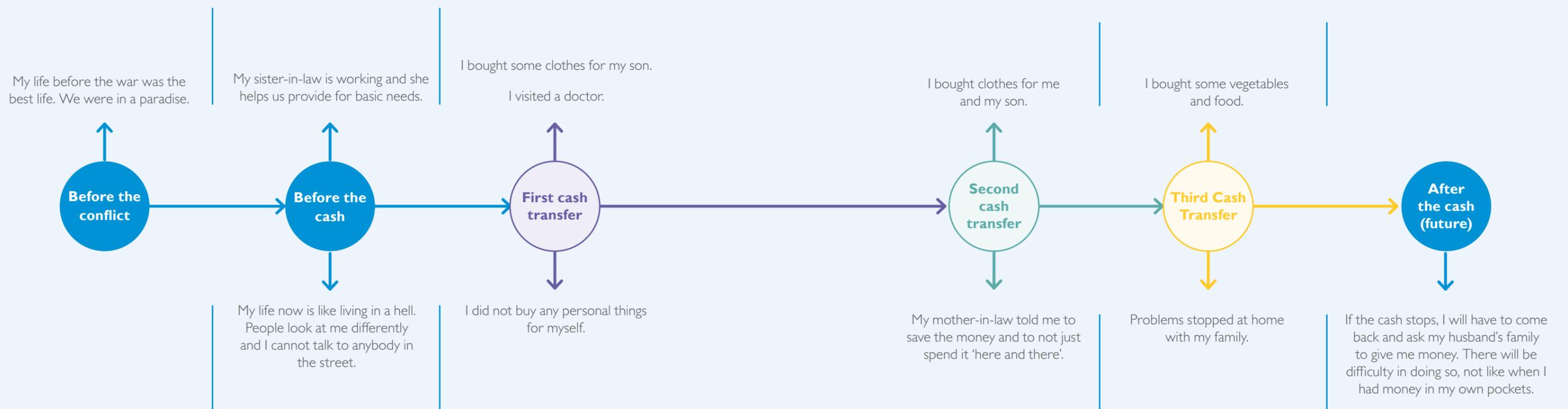
Khoulood wants to work to provide for her son, but her in-laws will not allow it because it could risk their reputation. They even threatened to take her son if she took a job. 'As a woman, I should be extremely careful to protect my reputation for my own sake, and my son, also.'

The cash programme has helped Khoulood to provide for her and her son's basic needs, also helping her to feel more relaxed and more confident. She said: 'I swear, and thank God, when the cash project started, it helped me during the Eid period. I bought my son things he needed and did not wait for help. I used to rely on charity ... but now with the payments, I am in charge again and I am able to buy clothes for my son.'

She described how being able to buy food and clothes for her son also helped to soothe family tension, and that problems at home have stopped. 'Much has changed. I always feel embarrassed whenever I need something, and I bear the humiliation of asking and waiting to be given. But now I no longer wait for anyone.'

The cash programme has also helped Khoulood with her own self-confidence. 'This money ... is very much appreciated. I feel confident; no one can force me to do anything. Having this money gave me confidence.'

“  
**This money ... is very much appreciated. I feel confident; no one can force me to do anything. Having this money gave me confidence.**  
 ”



ix All names have been changed in qualitative stories presented in this report.

## Women report increased role in decision-making

### Married women

Married women generally reported more joint decision-making between baseline and endline. This increase in joint decision-making seemed to be the result of shifts from decisions being made by “mainly husband” but also a reduction of decisions made by the “woman herself”. Decision-making categories were then grouped together to include either “mainly herself” or “mainly herself and husband equally” to indicate empowered decision-making, versus “mainly husband”, “mainly brother, father, or in-laws” or “mainly others” to indicate decisions the woman was not involved in. Once this was done, three dimensions significantly shifted to more women’s empowered decision-making between baseline and endline: decisions around food, general household expenses, and paying back money that was owed. Other decisions that required larger financial investment or decisions about children did not change. In addition, spending related to menstrual hygiene products did not change as the majority of women had empowered decision-making in this dimension at both time points. A full table of decision-making results is included in Annex 2.

In qualitative interviews, married women typically reported perceived shared decision-making with their husbands, or their husbands or in-laws made financial decisions alone. However, even in cases where respondents stated that their decision-making was shared, qualitative interviews showed the definition of shared decision-making varied. Even though the respondent labelled decisions as being made jointly, she often described her husband as controlling whether or not she was included in the decision-making process.

**“[My husband] received it and gave it to me, and we bought what we need. We understand each other. ... We always make decisions together, and there is no problem.”**

**Married woman**

**“My husband and I [made decisions on how to spend the money] together, but out of respect I let my husband make the decision. He advised me ... and he knows how to spend the money.”**

**Married woman**

Women’s notion of perceived joint decision-making should be considered in conjunction with earlier points raised on women’s spending habits during the cash transfer. In qualitative interviews, while not systematically prompted, several married women reported buying non-essential items for their husbands in order to mitigate tensions, navigating his potential violent attitudes and behaviours, and by being compliant with his decisions or choices as a trade-off for challenging the status quo in the household, and in order to reduce the risk of further violence being perpetrated against them.

**“I decided how to spend the cash. ... I bought my husband cigarettes, so he doesn’t get angry.”**

**Married woman**

The finding on increased decision-making among married women should be considered together with the finding in the next section on IPV, which shows an increase over the same period in economic abuse, which includes controlling behaviours that may restrict a woman’s access to money. This may mean that husbands used IPV to maintain and reassert control over the woman to ensure her compliance with his wishes on cash expenditures.

Qualitative interviews reported that joint decision-making for married women was also subject to the influence of other family relationships. Most households are multi-generational and women typically live in large households with their husbands’ relatives. Given this, some women who received the cash directly described expectations that they give part or all of it to their mothers-in-law, whereas decisions around the spending and control of the cash was often governed by the mother-in-law, who held a position of higher authority in the household compared to both her son and daughter-in-law.

Women reported during the qualitative interviews that this increase in tension between her and her mother-in-law often led to negative altercations in the household and in some cases direct abuse of the woman or her children. This also put negative stress on the woman’s relationship with her husband, sometimes leading to outbursts of anger.

**“My mother-in-law took [the cash], and whenever I asked her about the money she threatened that she is going to find my husband a new wife. She tells me all the time that a woman should work to build a house and that I did nothing.”**

**Married woman**

**“She controlled everything. My husband gives all his money to his mother. We didn’t benefit from the money because the registration for the cash was in her name. The cash helped her of course for her medications, and she bought food supplies for the house and helped me with taking my son to the doctor. But for myself, she gave me nothing.”**

**Married woman**

Figure 21: Decision-making changes between baseline and endline among currently married women (n=171).

	Baseline		Endline		P-Value
	Mainly me or both of us equally	Mainly husband or others	Mainly me or both of us equally	Mainly husband or others	
Children’s education <sup>xxiii</sup>	58.5% (55)	41.5% (39)	68.1% (64)	31.9% (30)	0.1
Marriage decisions for children	59.4% (19)	40.6% (13)	75.0% (24)	25.0% (8)	0.2
Having more children	76.4% (97)	23.6% (30)	79.5% (101)	20.5% (26)	0.5
General household expenses	52.7% (88)	47.3% (79)	63.5% (106)	36.5% (61)	0.02
Food for the family	50.6% (85)	49.4% (83)	64.9% (109)	35.1% (59)	0.005
Go to the market to buy household items	58.0% (98)	42.0% (71)	65.1% (110)	34.9% (59)	0.1
Giving back money lent to family	45.1% (73)	54.9% (89)	56.8% (92)	43.2% (70)	0.01
Buying expensive household assets	48.4% (30)	51.6% (32)	59.7% (37)	40.3% (25)	0.2
Medical treatment for health problems	61.5% (104)	38.5% (65)	61.5% (104)	38.5% (65)	1.0
Treatment for injuries	57.8% (95)	42.4% (70)	61.2% (101)	38.8% (64)	0.4
Spending on menstrual products	90.3% (131)	9.7% (14)	86.9% (126)	13.1% (19)	0.3

<sup>xxiii</sup> Total percentages in rows add to 100% at each time period. Values may differ from 171 due to missing or non-applicable data for each decision-making dimension.

## Unmarried women

Overall, between baseline and endline, unmarried women reported increased independent decision-making. A full table of results can be found in Annex 3. As can be seen in the annex table, on most measures, the increase in independent (“Mainly me”) decision-making for unmarried women was largely a result of a reduction in decision-makers from the “Other” category.

In the table presented in Figure 22, categories indicating a level of empowerment in decision-making combined answers for decisions that were made either by “mainly me” or “a male relative and me equally”. Categories indicating less empowerment in decision-making combined answers that decisions were made by “mainly brother, father, uncle or in-laws” or “mainly others”. Significant shifts from less empowered to more empowered between baseline and endline were found in the following decision-making areas: children’s education, general household expenditures, food for the family, giving back money lent to the family, seeking treatment for injuries and medical problems. Similar to married women, decisions regarding large household expenditures, marital decisions for children and menstrual hygiene products did not statistically change.

Most divorced and widowed women in the qualitative interviews reported making financial decisions independently, without having to negotiate with male family members and others. They also expressed feeling as though they had more power as decision-makers and spoke positively about making decisions about how to spend the cash.

“I run the household completely, I raised [my children], I spent my life caring for them. ... I make decisions on my own.”

**Widowed woman**

“Now with the payments I get I am in charge again and I am able to buy clothes for my son.”

**Widowed woman**

“I felt like a decision-maker in spending the money.”

**Divorced woman**

Field staff suggest that women or other community members who supported the women financially before the cash programme may have ended their support during the cash transfer period; thus, they were no longer involved in any decision-making. However, for a smaller subset of women, male family members and in-laws play a consistent role in decision-making before and after cash programming. This may be linked to the short-term cash transfer period and these women recognising that, within a patriarchal and unequal society, they would need the permission and support of these family members again once the cash transfers ended.

Figure 22: Decision-making changes between baseline and endline among unmarried women (n=253)

	Baseline		Endline		P-Value
	Mainly me or a male relative and me equally	Mainly brother, family, uncle or in-laws, or others	Mainly me or a male relative and me equally	Mainly brother, family, uncle or in-laws, or others	
Children's education <sup>xxiv</sup>	86.3% (82)	13.7% (13)	97.9% (93)	2.1% (2)	0.002
Marriage decisions for children	74.5% (38)	25.5% (13)	84.3% (43)	15.7% (8)	0.3
General household expenses	67.8% (155)	32.3% (74)	78.6% (180)	21.4% (49)	0.0003
Food for the family	66.8% (155)	33.2% (77)	78.0% (181)	22.0% (51)	0.0001
Go to the market to buy household items	72.3% (167)	27.7% (64)	77.5% (179)	22.5% (52)	0.06
Giving back money lent to family	72.1% (163)	27.9% (63)	81.4% (184)	18.6% (42)	0.003
Buying expensive household assets	71.1% (64)	28.9% (26)	75.6% (68)	24.4% (22)	0.3
Medical treatment for health problems	72.6% (172)	27.4% (65)	78.9% (187)	21.1% (50)	0.04
Treatment for injuries	68.8% (152)	31.2% (69)	76.0% (168)	24.0% (53)	0.03
Spending on female products	89.5% (195)	10.6% (23)	92.7% (202)	7.3% (16)	0.2

Overall, married and unmarried women reported increased influence in joint and independent decision-making before and after the cash programme. These changes were largely demonstrated in smaller expenditure items such as food and general household expenditures. More costly expenditures such as buying expensive household assets or most decisions involving children for married women did not substantially change. Women’s responsibility for spending on menstrual products remained high before and after the cash programme for both groups of women.

Qualitative data also reflect that women are subject to various forms of control by their husbands or relatives, even when they perceive that they are the primary decision-makers. While the quantitative findings suggest that having access to the cash increased women’s relative decision-making power, both unmarried and married women revealed in qualitative interviews that male partners and relatives still maintained some level of control over decision-making within the household, which they could reassert at any time.

While unmarried women reported perceived increased independent decision-making, many were also living with family members and had to negotiate some level of decision-making with their fathers or brothers. Therefore, for most women in the qualitative interviews, decisions around how the cash was spent, who benefited from it, and how basic needs would be met remained with the family’s primary male decision-maker. This demonstrates the way that specific household power dynamics can influence both women’s access and control during the cash transfer, and how these complex sets of gender and inter-generational power relations can influence the effect of the cash on the wellbeing of women and girls.

<sup>xxiv</sup> Total percentages in rows add to 100% at each time period. Values may differ from 253 due to missing or non-applicable data for each decision-making dimension.

## Increased reporting of intimate partner violence by women

### General IPV experiences in Raqqa Governorate

Women's experiences of IPV demonstrate that violence against women and girls is often an accepted norm. This came out strongly in the qualitative interviews when women were asked to describe their most difficult experiences during displacement and after the conflict. Both married and divorced or separated women shared experiences of IPV that resulted from relationships that had been abusive from the outset.

“He insulted me, humiliated me and hit me. I asked him to be my friend and explain to me what’s wrong, but he started creating problems out of nothing: he once told me that there is a strange taste in the glass of water I brought him, this simple. ... He left me with his parents, and my family sent my cousin to bring me back to Syria; they said that I’m not allowed to stay alone with them when my husband is not there. My in-laws didn’t allow me to take my daughter, I left her and told them that it’s their fault.”

**Divorced woman**

Several women reported being forced to marry or receiving pressure from their male family members to get married, due to the stigma associated with being an unmarried woman. They perceived that this initiated a coercive and negative relationship with their partners – one that often devolved into men's use of violence against women.

“My brothers convinced me [to get married]. My family arranged the marriage, and my husband was paying for my expenses. At the beginning, our relationship wasn’t good. ... His family creates problems all the time, and my mother-in-law treats me harshly. He used to beat me, but not since I gave birth to my son.”

**Married woman**

Married women perceived that their partners became more violent in reaction to changes brought upon by the conflict and its aftermath, including increased financial stress or because they were disabled by an injury. This demonstrates the ways in which violence is commonly used as a measure to demonstrate power or to reassert control over women in the household.

“My husband lost his sight. ... Our relationship is not good. He never hits me, but he gets angry sometimes and tells me to leave the house. ... I know that he gets angry because of our bad financial situation.”

**Married woman**

“My husband is suffering from before the war. ... He is jealous all the time and get upset when someone visits or talks to us.”

**Married woman**

### Changes before and after cash programming

As can be seen in Figure 23, over the course of the cash programme, the overall reported frequency of IPV in the past three months increased across all types of violence.<sup>xxv</sup> In particular, reports of sexual IPV and economic abuse increased significantly among married women (from 18% to 25%, and from 22% to 35%, respectively). Reports of physical IPV showed a non-significant increase in the main analysis; however, in the regression models that accounted for individual fixed effects, there is evidence that the change in physical IPV significantly increased from 14% to 19% (p=0.02).

Hypotheses regarding this change include that the increase in sexual coercion or forced sex, and in economic abuse among respondents could be a result of male household members reasserting control. For instance, when examining the change in a married woman's decision-making power (as described above), there are non-statistically significant trends that when a woman gains “power”, economic abuse reported at endline tends to increase. Despite these potential trends, this relationship was only significant when a woman “gained power” regarding repaying family debt. The lack of significance across the other dimensions could be due to limited statistical power examining this subset of married women from the full sample; further research is needed to unpack the relationship between changes in decision-making and IPV. Alternatively, the increase could also be due to increased disclosure during endline because the women felt more comfortable sharing their experiences of abuse after repeated interactions with the study team.

In qualitative interviews, while physical and sexual IPV was not mentioned as resulting from the cash programme, women did share experiences of economic and emotional abuse. Several married women reported that their husbands took the cash from them and made decisions about how to spend it without discussing it with them.

“My husband decided. I didn’t see the money. I put nothing in my pocket. He made all decisions.”

**Married woman**

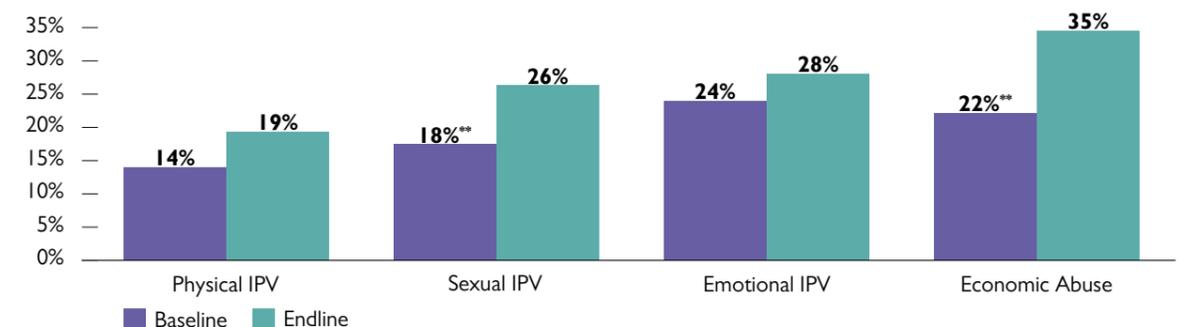
“[My husband] never buys anything for us, even if I need stuff for myself or for my kids.”

**Married woman**

This tension over control of household resources is also reflected in the circumstances reported above where several women who did have control over household spending purchased items for their husbands to protect themselves from angry or violent behaviour that might result from a perceived loss in decision-making power. Women were navigating their safety in situations in which they knew their husbands might react with violence.

**It is important to note, given the lack of comparison group in this exploratory study, that while these changes in levels of violence may be related, we cannot attribute them to the cash programme.** One potential explanation is that the sustained presence of the IRC's WPE programming built community acceptance and trust and may have been a factor which led to increased disclosure of violence against women and girls at endline. Prior to the IRC's arrival, there were no dedicated WPE services (safe spaces, GBV case management and psychosocial services) in these locations.

Figure 23: Percentage of married female respondents who reported experiencing IPV in the past three months at baseline and endline (n=171)



<sup>xxv</sup> Four types of IPV were assessed in the quantitative survey: physical, sexual, emotional and economic abuse. Women were asked whether a specific instance of abuse had occurred in the past three-month period at baseline and endline. Illustrative questions of physical IPV included whether a woman's husband slapped her, threw or hit her with something, pushed, shoved or kicked her, or choked, burned or used a weapon against her; sexual IPV included whether a woman's husband forced her to have sex; emotional IPV included whether her husband had insulted, intimidated, threatened or belittled her; and economic abuse included whether her husband had ever taken her money or refused to give her money for household necessities.

## Unintended consequences of cash programming

Community jealousy was referenced among divorced and unmarried women participating in the qualitative interviews. Women perceived that tension with their neighbours and community members increased when they started receiving the cash, sometimes to the degree of feeling unsafe. This was generally in relation to community stigma around unmarried women.

**“Our neighbours are jealous because they didn’t get the assistance and we did. It’s not their business.”**

**Female head of household**

**“I fear the community, I fear that someone [will] decide to demolish the place.”**

**Widowed woman**

Another unintended negative consequence that arose from the qualitative data was the finding that women and their families stopped receiving financial support from community and family members over the course of the cash programme. Women described that even though the programme was temporary, as their relatives and neighbours became familiar with the fact that they were receiving cash, they stopped providing any form of economic support even after the end of the cash programme.

**“People stopped helping me; for example, my neighbour was helping me because I have nothing, but when I started receiving the cash he stopped supporting me. Even my aunt, she got upset when I received the cash.”**

**Widowed woman**

**“When I started receiving the payment, my brother stopped giving me the money like before.”**

**Divorced woman**

**“People are not giving me charity anymore, because people knew that I have this cash.”**

**Married woman**

It remained unclear at the time of data collection whether other forms of economic support from family or community members would resume.

## After cash ends: reflections for the future

All women participating in the qualitative interviews said that they were happy to have received the cash, and that they wished the cash programme could continue. While increases in IPV and community tension were reported during the period of the study, some women reported that cash relieved them of the pressures of borrowing and enabled most of them to temporarily improve their social standing.

Women shared this sentiment when reflecting on the future:

**“I will work, if there is work in the fields I will work. When I received the money I felt relaxed because I don’t have to leave my son and go out to work.”**

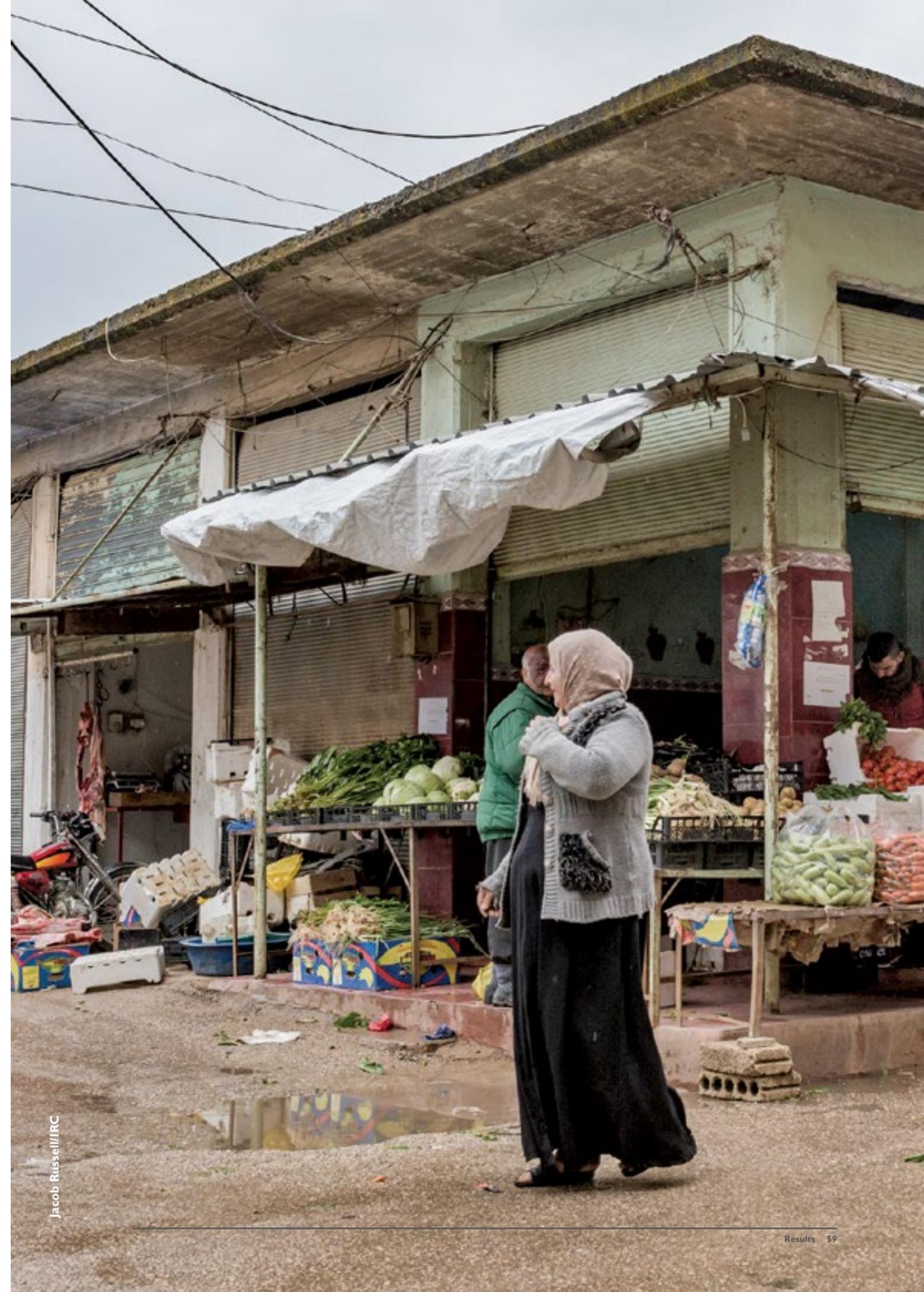
**Married woman**

**“A person feels upset and disappointed when they need money, but they don’t have it. When we received the cash payment we were relaxed and stress-free and if we need something we can buy it. The worst thing is when you have to ask for money from others.”**

**Married woman**

As a result of their concerns for the future, when asked about how to improve the programme, many respondents said that they wished it would continue and that the distributions would occur more often to support their ongoing needs. They also expressed a desire for more stable forms of income, including livelihood programmes where they could train for a job or skill, such as sewing or running a catering business, so they would not have to resort to debt or other negative coping mechanisms to provide for their families’ basic needs. In addition, higher amounts of cash were requested in order to make investments in capital purchases, such as sewing machines, for more sustainable mechanisms to support livelihoods.

The respondents’ acknowledgement that their financial relief from the programme was temporary and their expressed desire for longer-term, more sustainable forms of economic support revealed a need to further examine alternative or complementary programme models.



Jacob Russell/IRC

“  
It is like a mountain  
off my back.  
”

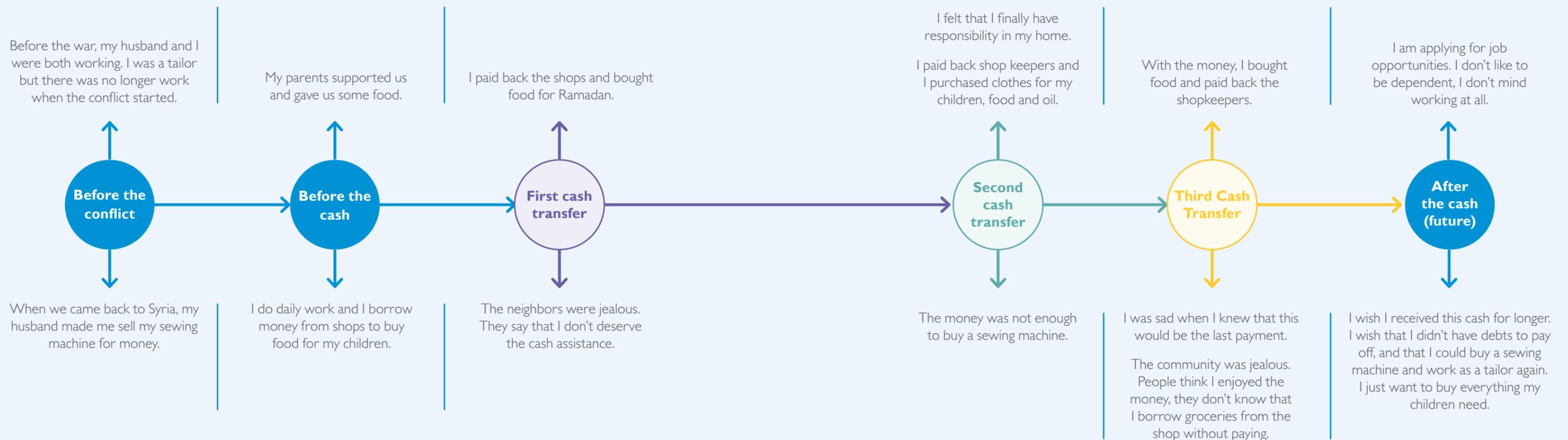
Nasreen<sup>xxvi</sup> divorced her husband when she learned that he had taken another family elsewhere. They had survived the war together, even fleeing to Turkey, but she learned that he was not returning a few months after he left to find work. She continues to live in his house alone with her daughter and son, working as a day labourer to provide for her children. Before the conflict she worked as a tailor, but when the conflict broke out, she lost her job and her husband forced her to sell her sewing machine to pay for basic needs. She said it is this decision that she regrets most.

As a divorced woman living alone in a society where women are expected to be with a male relative at all times, Nasreen faces many challenges. She explained: 'Whenever I need to go to the market or to see a doctor, I am forced to wait for someone of my family to go with me, because I'm a divorced woman and I can't go out alone.' Nasreen described how she sends her children to the grocery to buy sugar, oils and rice and then pays later; she does not go herself because she does not want to receive harassment from the community. She said that she feels as though she is a captive in her own home: 'There is no movement, it is like prison'.

Nasreen cannot find a job in her village and must rely on desperate measures to provide for her family. 'I was living with my children and suffering from the lack of money, and I was forced to sell the refrigerator and washing machine to pay off the debts.' Therefore, she said, the cash programme provided her with immense relief. Despite the community stigma and jealousy that she continues to experience, she feels relieved that she was able to pay back debts and to buy food and clothes for her children and supplies for the Eid holiday.

Upon describing her children's faces when they received the cash and then went to purchase food and sweets, Nasreen sighed with relief. 'It was a mountain off of my back.'

Nasreen said even though the cash programme has ended, the feelings of relaxation and comfort have endured because she is still better off now than she was before. She hopes to find a job soon so that she can continue to feel this way.



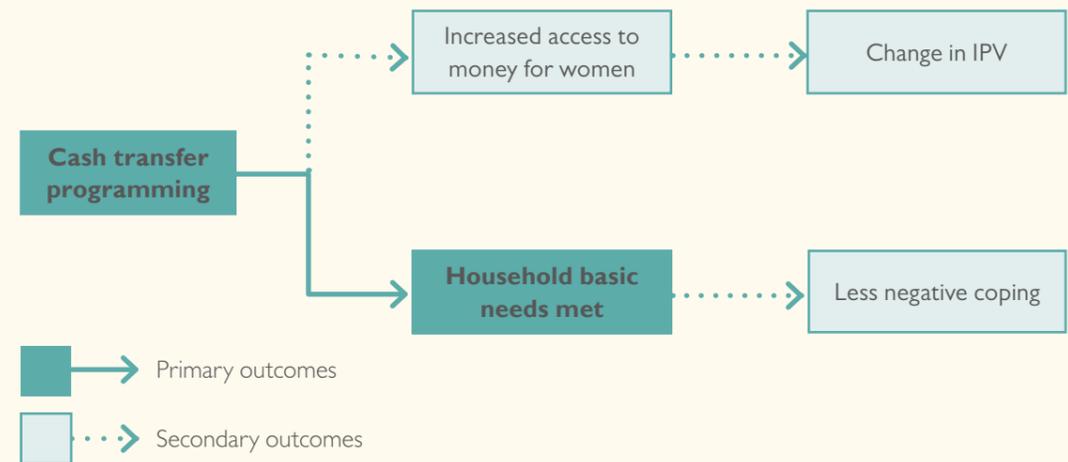
<sup>xxvi</sup> All names have been changed in qualitative stories presented in this report.

# Conclusions and Recommendations



As stated previously, this study represents the first systematic mixed-methods research effort to our knowledge inside Raqqa Governorate, Syria in recent years. It provides important data on the experiences of women in general and on the potential effects of cash programming.

Figure 24. Theory of Change



Findings indicate high levels of economic insecurity and traumatic experiences for women and their families residing in this context and point to the urgent need for effective humanitarian programming efforts to better meet their needs. The changes in women's and household outcomes before and after cash transfers are presented below. It is important to note that we cannot directly attribute these changes to the cash programme as there was no comparison group in the study design; changes may have been due to other factors as well.

### Potential influence of cash on meeting basic needs

Overall, the findings suggest that the cash transfers as part of the humanitarian response in Raqqa Governorate, Syria, met its primary purpose of helping households to meet at least some of their basic needs. Cash was widely accepted and appreciated by the women participating in the study. After cash transfers, food security consistently improved for women across a range of demographics, including even those who experience more stigma and vulnerability within the community, such as divorced women who live alone with their children. Qualitative insights also point to women spending cash to meet the basic needs of their families, rather than their own specific needs.

### Potential influence of cash on negative coping

Beyond basic needs, the above conceptual framework guided interpretation of other potential negative and positive unintended influences of cash programming on the lives of women. For instance, as households were better able to meet their basic needs, there was a reduction over the three months of most non-employment, economic-related negative coping strategies that were measured, including incurring debt, begging, selling assets and skipping rent. This is consistent with evidence that shows that cash has strong positive impacts on reducing food insecurity alongside improving household economic indicators.<sup>1,2,3,6</sup>

There were no significant changes for two of the employment-related coping mechanisms, specifically child labour and exploitative work. The lack of changes may be due to the fact that cash in acute emergencies is short term in nature and was not of a sufficient length or amount to change these factors. It may also be related to contextual factors that were not captured in the survey.

While evidence from other settings shows that cash transfer programmes have the potential to reduce child labour, primarily through the mechanism of increasing school attendance for both girls and boys, these are typically larger-scale and longer-term social protection programmes,<sup>14</sup> and impacts may vary based on conditionalities of cash programming around school attendance.<sup>2</sup> Cash is also likely to have a stronger impact on reducing child labour if schooling is widely available. In Raqqa Governorate, schooling options were limited, and particularly so for girls, as in other emergency contexts.<sup>13</sup> Further, this study occurred over the summer when school was not in session.

With regards to exploitative work for women, cash transfers in other low- and middle-income settings do not necessarily disincentivise employment-seeking behaviour; thus these null findings are consistent with global literature.<sup>2</sup> However, further research is also needed within the Raqqa Governorate context on types of exploitative work and related experiences of women, and on whether longer-term livelihoods components may potentially reduce exploitative work.

A significant increase in family separation for work-related purposes was also noted. While contextual factors may have led to this increase – such as the de-mining efforts in Raqqa City that allowed men to return to work, or relocating due to the harvesting seasons – cash may have also influenced this finding. For instance, cash may serve as a mechanism to provide transportation for family members to seek new job opportunities that may not have otherwise been possible. Additional research is needed to unpack this finding.

As no data could be gathered on commercial sexual exploitation and abuse at baseline, we cannot discern whether any changes may have occurred in its frequency. Further research is needed to understand the linkage between cash transfers and commercial sexual exploitation and abuse.

### Potential influence of cash on perceived serious needs, household stress and women's depressive symptoms

The findings of the study revealed that there was no significant change on perceived serious needs, which was meant to capture the overall stress on the household. This departed from the hypotheses and conceptual framework. Women's depressive symptoms also significantly increased.

This is different from findings from longer-term social development cash programming<sup>41</sup> that has found significant improvements in psychological wellbeing and reductions in stress hormones of recipients. In Raqqa Governorate and other humanitarian settings, prolonged stress and depression are unlikely to be impacted by short-term assistance in small amounts.<sup>23</sup> In addition, women reported experiencing pressure related to the cash assistance ending in the near term and expressed strong feelings of stress over how to meet their families' needs in the future. The need for livelihoods assistance in addition to cash, including vocation skills and other strategies, was suggested by participants in the qualitative interviews.

Indeed, in the IRC's recent *Safer Cash*<sup>42</sup> research in Afghanistan and Cameroon, a similar theme emerged about anxiety and stress that women (and other beneficiaries) feel about the end of cash assistance. It is also important to note, however, that formal diagnoses of mental health issues were not assessed with a clinician; additional research is needed to unpack this finding in other settings where mental health practitioners and referral pathways readily exist.

Further, in this study, qualitative interviews suggest that women reported receiving less support from their social networks once they start receiving cash assistance. While they expressed relief initially at not having to rely on others, their anxiety increased if that support would no longer be available after the cash programme ends. Sustainable approaches such as livelihoods assistance may be particularly important for female-headed households, many of whom stopped receiving charity and other economic support during the cash transfer programme.

The qualitative findings also suggest that family and community tensions can arise from misinformation about the cash transfers, such as the eligibility criteria (why the woman's family was chosen to receive cash but not her family members or neighbours) or the programme duration (why she was no longer contributing cash to the family income when the programme ended). This is consistent with findings from the *Safer Cash* study that reveal a general misunderstanding about the nature of the programme, even among programme beneficiaries who received the cash transfers.<sup>42</sup>

This highlights the need for clearer communication around expectations of the programme. Sensitisation activities and assessments that occur during the planning and implementation phases of cash transfer programmes present ongoing opportunities for engagement with the larger community. In addition to reducing family and community tension, increased communication about the terms of the programme could also serve to prevent instances in which families and neighbours stop providing support to beneficiary households.

### Potential influence of cash on women's decision-making and IPV

Recent evidence demonstrates that targeting cash directly to women has the potential to increase their bargaining power with husbands and other family members.<sup>2,6,7</sup> For unmarried women, trends towards increased independent decision-making were documented. For married women, the findings in this study suggest that there may have been increased joint decision-making by married women for inexpensive items (albeit with lack of clarity about the level of autonomy and agency within joint decision-making). It was also found that there was a concurrent increase in economic and sexual abuse before and after households received cash.

One reason for the statistically significant increase in economic abuse and sexual IPV may be related to men's reassertion of control over women and the cash in an environment where they may have diminished power (through losing their jobs, sustaining injuries that leave them disabled, and so on) compared to pre-conflict. It is also consistent with women's increased reporting of joint decision-making. While we see some trends pointing in this direction in this study, we did not have the statistical power to adequately examine this relationship.

Among many of the field staff from the area, it was alternately hypothesised that the increase in reported economic abuse and sexual IPV was due to increased disclosure of violence by women as opposed to actual increases. This may have been attributable to the presence of sustained women's protection programming for the duration of the study, thereby enabling acceptance and trust of the IRC to be built with the women and wider community. This would be a positive finding in that it demonstrates an increased opportunity for women's help-seeking and increased access to information.

While we are not able to determine the reason for the increased reporting in IPV, this change over time further highlights the need to include protection considerations in design and implementation elements. These elements include targeting practices, frequency of transfers, transfer size in relation to needs, and concurrent behaviour change programming, in order to effect changes in violence and decision-making dynamics in the home. More research is needed to explore how making small changes to the programme design, such as changes to targeting and registration practices, could make cash transfers more beneficial to women and increase their safety.

Complementary components to the cash transfers could also be considered. For instance, approaches focusing on differentials in household decision-making power, dynamics between men and women, and gender norms, could potentially support a reduction in IPV.<sup>24</sup> Brief interventions, such as short discussion groups or financial planning exercises, that are feasible and applicable in emergency settings are such examples. These interventions could draw from field staff expertise and behavioural insights, alongside women's experiences and insights on how to reduce the risk of negative, unintended consequences. Interventions could support increased joint decision-making over household spending between women and their husbands or other male family members before, during and after they receive cash. Longer-term complementary approaches should also be considered for feasibility in acute emergencies.

## Limitations

The findings of this study should be interpreted with limitations in mind. Firstly, the pre-post design limits the ability to make causal inferences. In addition, the study is not able to make inferences regarding changes in commercial sexual exploitation and abuse as questions were removed at endline due to increased scrutiny. Further, the study interviewed one woman per household and does not have the viewpoints from other members of the household. All items were also self-reported, which could lead to under-reporting due to the sensitive nature of many items or possible over-reporting if participants thought it would result in increased aid. Programmatically, it is also important to note that the transfer was developed to meet 80% of the households' needs, not the full Survival Miniature Expense Basket, which is more typical of IRC standard emergency responses. If the full amount was distributed, results may have been different.

## Conclusion

Ultimately, in a setting that mirrored an acute emergency, cash was widely accepted and helped women to meet some of their basic needs. Further research is needed on how to identify and mitigate any potential unintended risks for women if they or their households receive cash transfers. These efforts must be undertaken while simultaneously continuing to recognise cash's potential to quickly and efficiently help people to meet their basic needs in crises. Complementary approaches to cash transfers must be developed and rigorously evaluated. At a minimum, risk monitoring and referral to GBV response services must be ensured so that women and girls are supported in emergency settings.

# Recommendations

As the field's collective knowledge around cash transfers becomes more nuanced and as organisations aim to achieve the goals around cash laid out in commitments such as the Grand Bargain, there are emerging learning and best practices for cash transfers, including for emergency settings. However, we must acknowledge that there are areas for further improvement, particularly in order to consider women's safety, empowerment and overall wellbeing when providing cash assistance. The following recommendations for practitioners, researchers and donors are offered to add to and move forward these areas.

## Practitioners:

### Design cash programming to monitor, minimise and prevent risks to women and girls throughout the cash transfer cycle.

- a. Consider gender-specific needs, impacts and risks, with particular attention to violence against women and girls, throughout cash-based assistance processes, from planning through implementation and analysis. Rapid and market assessments should assess the potential impact of cash programming on women and girls. Guidance for mainstreaming GBV response, such as the Women's Refugee Commission *Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence*, should be utilised to inform cash programme design and monitoring.<sup>43</sup>
- b. Use a gender analysis to inform beneficiary targeting, distribution, post-distribution monitoring systems and other elements of programme design, and include actions to mitigate VAWG and prevent other protection risks, such as sexual exploitation, abuse and harassment.
- c. Strengthen collaboration between cash practitioners and VAWG specialists to increase understanding of cash and gender in all sectors and ensure high quality of cash transfers, with an emphasis on VAWG-preventive measures. Up-to-date evidence on the intersection between gender, cash-based assistance and protection should be integrated into existing resources and training courses.
- d. Provide safe and accessible opportunities for women to report GBV or negative coping as part of cash monitoring and programming.
- e. Ethically share insights from data, such as from post-distribution monitoring data, to support cross-programme learning and joint collaboration on programmatic tweaks needed to ensure women's and girls' safety throughout cash transfer delivery.

## **2 Test different design and delivery elements to understand how they affect positive outcomes for women and girls.**

a. Consider design and implementation elements (e.g., targeting, duration and periodicity of transfer, transfer size) in order to improve positive potential impacts for women and girls.

b. Develop and test additional complementary programmes to increase women's sustained access and control over resources, economic empowerment, and other positive outcomes for women and girls, while maintaining services to respond to GBV.<sup>8</sup>

## **3 Set up referral systems between cash and VAWG prevention and response programmes.**

a. Ensure cash transfer programming has linkages, functional referral pathways and mechanisms to GBV response services, such as GBV case management, mental health services, and safe spaces for women and girls.

b. Ensure referral pathways are in place to refer survivors at risk of economic hardship in GBV response programming to cash programmes.

## **4 Better communicate with recipients and communities.**

a. Communicate clearly to beneficiaries and the community about how the cash assistance recipients are selected, what they can expect to receive (in terms of number, amount and frequency of cash assistance), and when the assistance will end; these points must be considered in all stages of the cash transfer programme.

b. Consider blanket assistance if overall frequencies of vulnerability are high within geographical areas in order to reduce any potential community tensions.

c. Understand local gender dynamics and social norms that disproportionately affect women, and incorporate a gender-sensitive lens to communications strategies so that women's and girls' expectations and interests are adequately understood and communications respond to the gender-sensitive concerns around transfers.

## **5 Develop clear exit strategies after cash assistance ends and ensure that beneficiaries are aware of alternative available economic opportunities.**

a. Determine complementary interventions that can be offered alongside or after the end of cash assistance that enable beneficiaries to sustain the benefits of cash assistance for longer or to transition into more sustainable livelihoods opportunities, going beyond meeting people's basic needs and supporting regular income-earning or linking to social safety net programmes in countries, if available.

b. Complementary interventions such as community dialogues leading up to the cash transfers focusing on specific issues, such as reduction in previously available community financial support for vulnerable women, could be an additional strategy to avoid negative consequences after cash programming ends. Any such intervention would need to be tested to ensure that it is appropriate in any given context.

c. Document and share good practice examples of practitioners applying holistic approaches to transferring beneficiaries onto more sustainable livelihood opportunities.

## **Researchers:**

The evidence base for cash transfers in emergencies, and specifically how they impact women and girls, is still nascent. More rigorous research testing different cash design elements is needed. This research should be informed by safety and contextual concerns and include robust methods such as multi-armed randomised controlled trials or other quasi-experimental designs. Adequate investment into such research, alongside programming, is needed in acute emergencies to fully understand the potential impact of cash transfers on the lives of women and girls. Research is needed on the following topics:

- 1** Feasibility and effectiveness of brief, targeted behavioural cash and complementary approaches in emergencies.
- 2** The impact of changes to programme design, such as gender of recipient, size of cash transfer amount, and duration, to make cash transfers more beneficial to women and to increase their safety.
- 3** Potential impacts of cash transfers on sexual exploitation and abuse.
- 4** How the marital status of women (head of household, divorced, widowed, married) modifies the impact of the cash transfer and how programming can be adjusted to minimise risk and maximise return depending on status.
- 5** Ethical research design for cash transfers that allows for rigorous evaluation of outcomes in humanitarian emergencies.

## **Donors:**

Donor governments have made multiple commitments to cash transfers, including through the Grand Bargain,<sup>8</sup> and have supported the development of shared learning, principles and initiatives, some of which are more gender-sensitive than others. To support the field of cash transfers as it develops, donors must invest in thoughtful, thorough and gender-aware cash transfers and ensure that their own commitments to cash take account of the particular needs and risks to women and girls. Specifically, donors should do the following:

- 1** Invest in building capacity to mainstream gender, and VAWG response and prevention, into cash assistance.
- 2** Fund referral systems and GBV response services, such as GBV case management to mitigate and prevent VAWG in cash assistance programming.
- 3** Invest in research to test cash transfers' impact on women's experiences of IPV or other forms of GBV. There is an urgent need for more evidence and learning around mitigating and preventing VAWG in cash transfer programmes.
- 4** Ensure increased collaboration between cash practitioners and practitioners who work to prevent and respond to VAWG by acknowledging the relevance of cash programming to GBV prevention and the importance of gender sensitivity in cash programming within funding calls.

## Donors (cont):

- 5 Utilise key international moments, such as the reviews of global policy initiatives including the Grand Bargain, the Call to Action on Protection from GBV in Emergencies and the G7 Whistler Declaration on Gender Equality, and the Empowerment of Women and Girls in Humanitarian Action, to define a gender-sensitive approach to cash programming, review progress and make new, evidence-based commitments to tackling GBV, while furthering our collective understanding of cash transfers in emergencies.
- 6 Increase multi-layer and longer-term funding at the early stages of an acute crisis by financing economic programming that includes short-term emergency cash programming as well as longer-term livelihood opportunities for women.
- 7 Deliver on GBV commitments outlined in the IASC standards in an attempt to prevent GBV / VAWG, to address structural inequalities and to promote women's rights in conflict settings.

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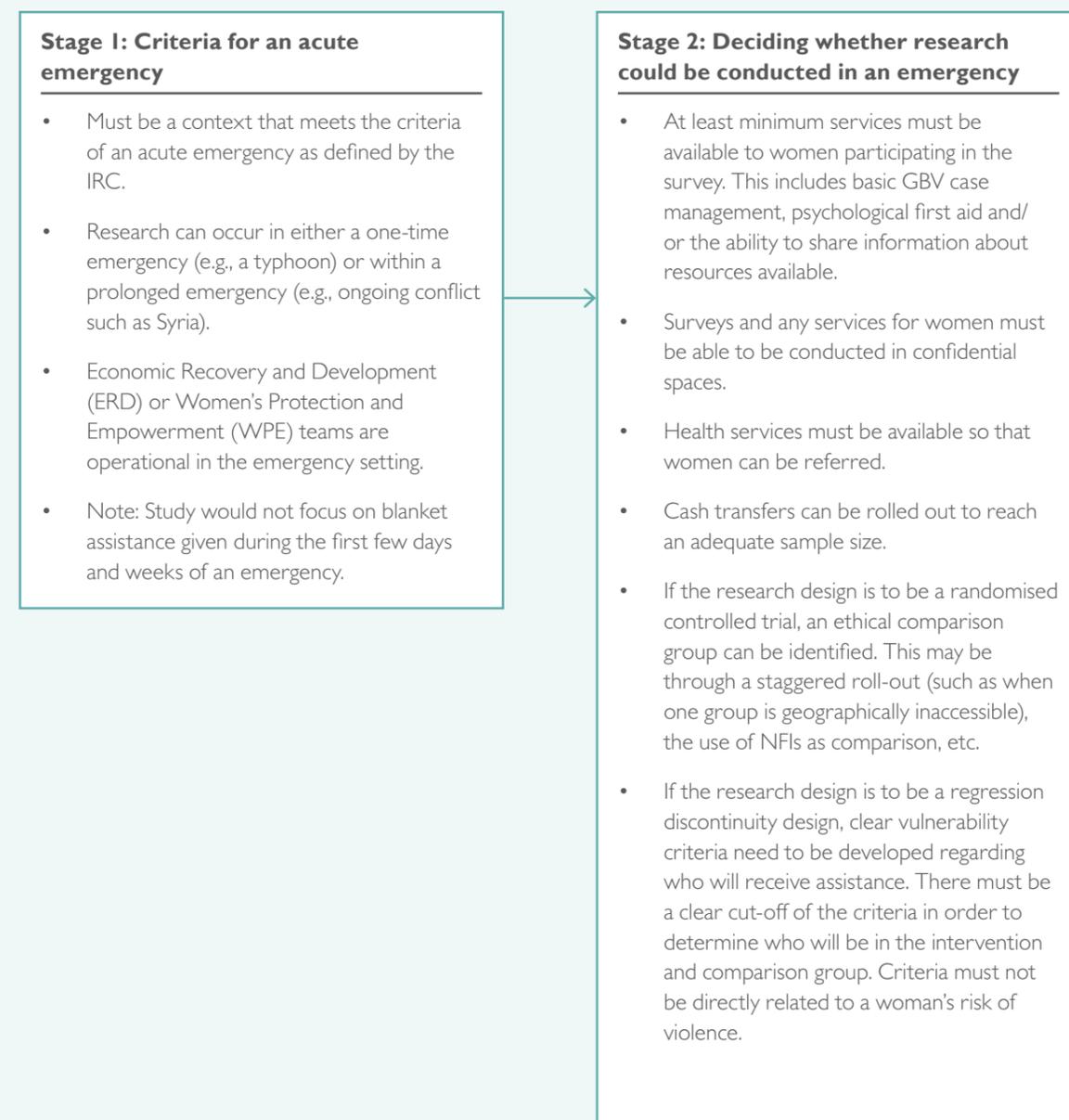
# Annexes

## Annex I. The process of pre-positioning a cash and VAWG evaluation for an acute emergency setting

The process for pre-positioning an evaluation of cash transfers on women's experience of violence and wellbeing occurred between 2014 and 2017. Two simultaneous steps occurred: (1) scoping potential acute emergencies, such as cyclical natural disasters or expected displacements due to increased conflict, and submitting for Institutional Review Board (IRB) ethical pre-approval; and (2) drafting scenarios with various study designs and "study shells" such as randomised controlled trials and regression discontinuity designs that accounted for logistical constraints, security concerns and ethical considerations in different settings.

### A. Scoping exercise and ethical approval

The IRC research and programmatic teams carefully considered the criteria for selecting the location of the research study. Factors related to both the geographic location and feasibility of conducting ethical research were deliberated.



Initially, the IRC research team intended to focus the study on cash transfers that were to be distributed in response to annual flooding in Sindh Province, Pakistan as it met the above stated criteria. In advance of the anticipated flooding, surveys were developed, translated and piloted by the IRC's Pakistan country programme team. A data quality assurance supervisor and enumeration team were identified and training materials were developed. Pre-crisis and post-crisis work plans were also drafted to ensure the logistical preparation needs were accounted for and would not result in unnecessary delays. Given certain information would not be available until the flooding occurred, a protocol shell was submitted to the IRC's IRB for ethical approval.

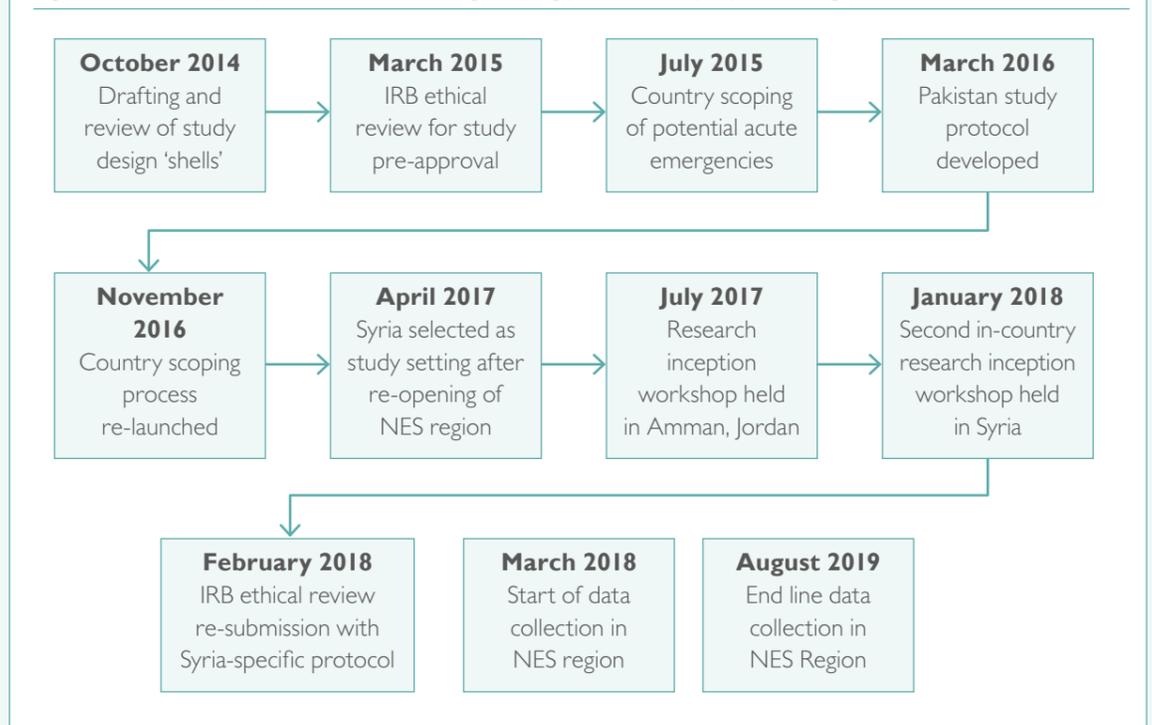
This protocol shell outlined the background, research questions and proposed methodologies and ethical considerations. Once flooding began, additional details such as exact study location would be inserted into the protocol so that the review board, already familiar with the study through the protocol shell, would quickly be able to make determinations and provide recommendations to limit any delays.

However, while the study was slated to begin in 2016 in response to annual flooding, the flooding was less severe that year; thus the pre-positioned study did not move forward as there was no acute crisis that warranted large-scale cash transfers. In addition, due to operational constraints related to the political environment, it was no longer a viable option to conduct the study in the following year.

Therefore, the scoping process for a different acute emergency setting was re-launched in 2017. New sites considered ranged from Nigeria, Somalia and South Sudan. However, these were deemed not suitable due to a combination of factors, including lack of logistical feasibility, security concerns and programmatic constraints related to cash transfer programming.

During this scoping period, although Syria as a whole is a protracted crisis setting, the opening of access to Raqqa Governorate after ISIS occupation mirrored that of an acute emergency setting where IRC cash transfer programming was being quickly launched in new areas. In addition, the sites selected for research also met the criteria necessary to conduct ethical research, in that the IRC's WPE programmes were also operational where cash transfer programming was to be implemented and necessary ethical considerations could be safely addressed for participants.

Figure 27: Overall project timeline, including scoping process and prepositioning



## B. Preparing study design shells

The second simultaneous phase of pre-positioning a study was the selection of the overarching design. Three designs were considered throughout this process: (1) a randomised controlled trial; (2) a regression discontinuity design; and (3) a pre-post test.

Given the anticipated re-opening of sites in Syria, a workshop was held in Amman, Jordan in July 2017 with key members of the country team to develop and assess the feasibility of designs, detailed below. A second in-country research inception workshop was held in January 2018 with additional team members, including VAWG technical specialists and Syrian WPE, ERD and monitoring teams in order to finalise the study design and to co-create an ethical and rigorous data collection plan.

However, following the two workshops, it became clear that these more rigorous designs would not be feasible due to a number of concerns regarding logistical, safety and ethical concerns. These details are explored below.

### Option 1. Randomised controlled trial

Although the randomised controlled trial (RCT) is considered the gold standard for impact evaluations, different options for this design were deemed either unethical or unfeasible. These included:

- **Randomising men vs women recipients of cash transfers:** This was deemed unfeasible as within the northeast Syria context, men are often the ones receiving the cash transfers and there was little possibility of controlling the programme design to ensure women would be recipients.
- **Randomising cash vs non-food items (NFIs):** This was deemed unfeasible as cash transfers are the primary mode in which the IRC ERD team provides support from a standpoint of effectiveness and efficiency to assist populations in meeting basic needs. NFIs are only delivered in rare circumstances and therefore were not used, given that markets were functioning in this context.
- **Randomising unconditional cash transfers vs a labelled or conditional cash transfer:** Given the acute emergency constraints of how abbreviated and light-touch the not-yet-developed programming would be, it was decided that statistically significant differences would unlikely be seen between unconditional cash and the labelled or conditional components.
- **Randomising cash transfers vs waitlist:** Given the acute emergency nature of the setting, it was deemed unethical to withhold or waitlist cash transfers that are meant to help populations to meet basic needs.

### Option 2. Regression discontinuity design

Based on these discussions, different quasi-experimental designs were explored and a regression discontinuity design (RDD) was identified as a possible quasi-experimental design for this study.

As part of the standard cash transfer approach in Raqqa Governorate, participants are assigned to receive or not receive unconditional cash transfers based on whether they fall above or below a predetermined cut-off score of vulnerability criteria. Each household receives a vulnerability score aggregated from several indicators. From this score, a cut-off point of a continuous vulnerability score is established whereby those households with higher vulnerability receive cash and those below would not receive cash. The cut-off is calculated based on the results of the assessments set against the resources available. Thus, the counterfactual of the intervention group is created naturally through the vulnerability assessments by looking at those closely clustered above and below the programmatic cut-off point, rather than having to create a group through randomisation.

However, the complexity of the design raised several challenges when the IRC came to explore implementation in more detail with country staff, particularly in terms of the sample size as an RDD design would increase the number of people needed in the study in order to find statistically significant results for a given change in outcome. Although the IRC ascertained that the number of those receiving cash would likely meet the requirements of the design, further assessment was required to understand whether there would be a sufficient number of people who complete the vulnerability assessment who do not receive cash to create the necessary control group. In the most recent cash distribution more than 95% of the population included in the assessments were eligible to receive cash. This meant that a sizeable comparison group would not exist. After further discussion of this and other issues with the country team as well as analysis of previous cash transfer vulnerability score databases, it was deemed that the RDD was not feasible.

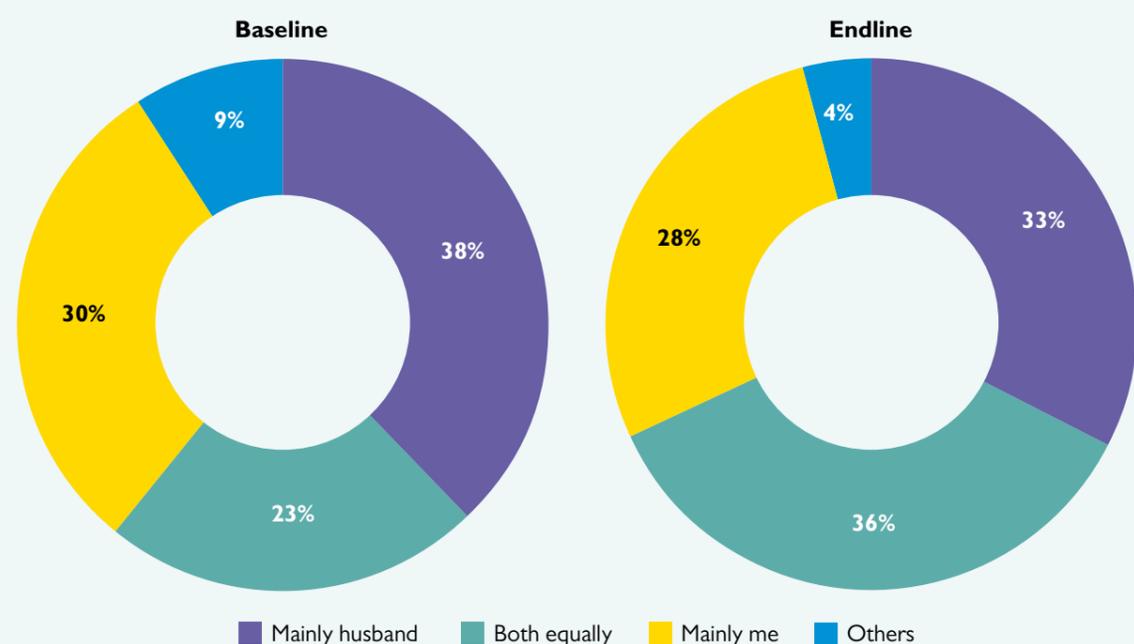
### Option 3. Pre-post test (Final proposed study design)

Given that rigorous experimental or other quasi-experimental designs were deemed not feasible or ethical to answer the research questions, a pre-post test, with qualitative data collection, was determined to be the most ethical and feasible design, as detailed within the main report body.

Annex 2. Supplementary table of decision-making frequencies for married women (n=171)

	Baseline				Endline			
	Mainly husband	Both of us equally	Mainly me	Others	Mainly husband	Both of us equally	Mainly me	Others
Children's education <sup>xxvi</sup>	34.0% (32)	29.8% (28)	28.7% (27)	7.5% (7)	29.8% (28)	46.8% (44)	21.3% (20)	2.1% (2)
Marriage decisions for children	34.4% (11)	43.8% (14)	15.6% (5)	6.3% (2)	18.8% (6)	68.8% (22)	6.3% (2)	6.3% (2)
Having more children	21.3% (27)	61.4% (78)	15.0% (19)	2.4% (3)	19.7% (25)	67.7% (86)	11.8% (15)	0.8% (1)
General household expenses	38.3% (64)	22.8% (38)	29.9% (50)	8.9% (15)	32.9% (55)	35.9% (60)	27.5% (46)	3.6% (6)
Food for the family	41.7% (70)	19.6% (33)	31.0% (52)	7.7% (13)	31.6% (53)	35.2% (59)	29.8% (50)	3.6% (6)
Go to the market to buy household items	36.1% (61)	18.9% (32)	39.1% (66)	5.9% (10)	31.4% (53)	31.4% (53)	33.7% (57)	3.6% (6)
Giving back money lent to family	46.9% (76)	22.2% (36)	21.8% (37)	8.0% (13)	38.9% (63)	26.5% (43)	30.3% (49)	4.3% (7)
Buying expensive household assets	40.3% (25)	25.8% (16)	22.6% (14)	11.3% (7)	29.0% (18)	43.6% (27)	16.1% (10)	11.3% (7)
Medical treatment for health problems	27.2% (46)	32.5% (55)	29.0% (49)	11.2% (19)	34.3% (58)	34.3% (58)	27.2% (46)	4.1% (7)
Treatment for injuries	31.5% (52)	35.2% (58)	22.4% (37)	10.9% (18)	30.3% (50)	39.4% (65)	21.8% (36)	8.5% (14)
Spending on menstrual products	7.6% (11)	4.1% (6)	86.2% (125)	2.1% (3)	11.0% (16)	9.7% (14)	77.2% (112)	2.1% (3)

Annex 2b: Exemplary changes in decision-making regarding general household expenses for married women

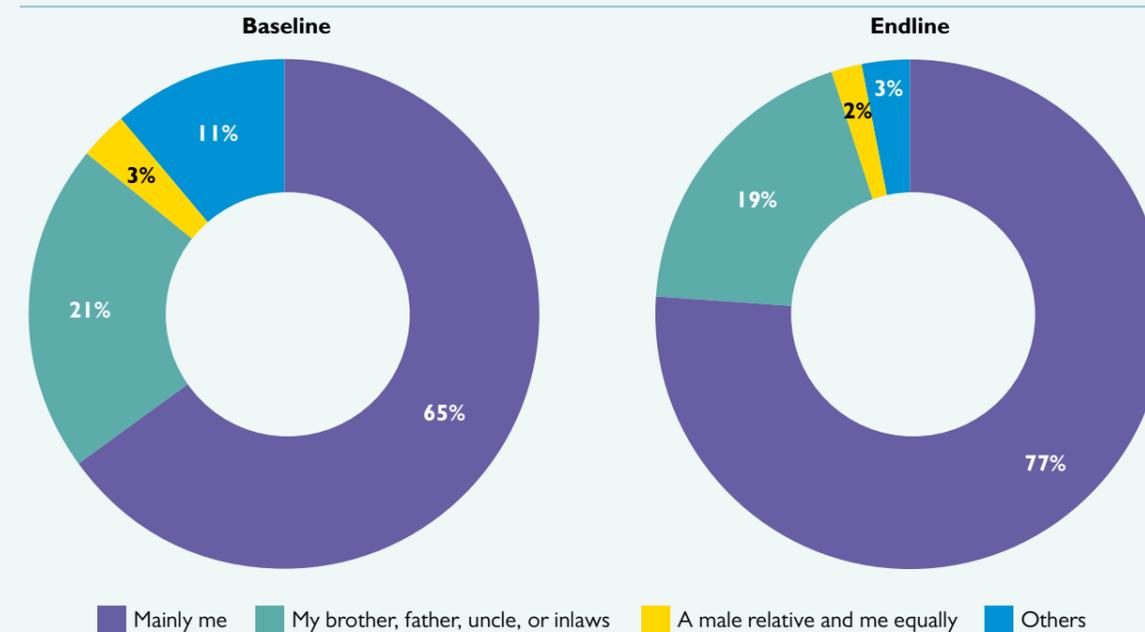


xxvi Total percentages in rows add to 100% at each time period. Values may differ from 171 due to missing or non-applicable data for each decision-making dimension.

Annex 3. Supplementary table of decision-making for unmarried women (n=253)

	Baseline				Endline			
	Mainly me	Brother, family, uncle or in-laws	A male relative and me equally	Others	Mainly me	Brother, family, uncle or in-laws	A male relative and me equally	Others
Children's education <sup>xxvii</sup>	85.3% (81)	8.4% (8)	1.1% (1)	5.3% (5)	96.8% (92)	2.1% (2)	1.1% (1)	0% (0)
Marriage decisions for children	66.7% (34)	13.7% (7)	7.8% (4)	11.8% (6)	74.5% (38)	13.7% (7)	9.8% (5)	2.0% (1)
General household expenses	64.6% (148)	21.4% (49)	3.1% (7)	10.9% (25)	76.9% (176)	18.8% (43)	1.8% (4)	2.6% (6)
Food for the family	63.8% (148)	21.2% (49)	3.0% (7)	12.1% (28)	77.2% (179)	19.4% (45)	0.9% (2)	2.6% (6)
Go to the market to buy household items	68.8% (159)	19.5% (45)	3.5% (8)	8.2% (19)	76.6% (177)	18.2% (42)	0.9% (2)	4.3% (10)
Giving back money lent to family	69.0% (156)	18.6% (42)	3.1% (7)	9.3% (21)	80.1% (181)	15.5% (35)	1.3% (3)	3.1% (7)
Buying expensive household assets	67.8% (61)	22.2% (20)	3.3% (3)	6.7% (6)	72.2% (65)	18.9% (17)	3.3% (3)	5.6% (5)
Medical treatment for health problems	70.5% (167)	17.3% (41)	2.1% (5)	10.1% (24)	76.4% (181)	18.6% (44)	2.5% (6)	2.5% (6)
Treatment for injuries	65.6% (145)	19.9% (44)	3.2% (7)	11.3% (25)	72.4% (160)	21.7% (48)	3.6% (8)	2.3% (5)
Treatment for injuries	31.5% (52)	35.2% (58)	22.4% (37)	10.9% (18)	30.3% (50)	39.4% (65)	21.8% (36)	8.5% (14)
Spending on menstrual products	7.6% (11)	4.1% (6)	86.2% (125)	2.1% (3)	11.0% (16)	9.7% (14)	77.2% (112)	2.1% (3)

Annex 3b: Exemplary changes in decision-making regarding general household expenses for unmarried women



xxvii Total percentages in rows add to 100% at each time period. Values may differ from 253 due to missing or non-applicable data for each decision-making dimension.

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