Years of conflict in Iraq have uprooted millions of people, eroded social cohesion, disrupted access to basic services, and destroyed livelihoods. This has led to increased protection risks, including gender-based violence (GBV). Millions of people remain in need of humanitarian assistance, and the COVID-19 pandemic and climate change have intensified humanitarian needs.

GBV is widespread in Iraq; according to the Iraq Humanitarian Needs Overview 2022, nearly 900,000 people are at risk of GBV, and 341,000 are in acute need of GBV services. Prevalent forms of GBV include domestic and sexual violence, exploitation and abuse (including by security and humanitarian actors), and forced marriage, including of children.

Women and girls in Iraq are at risk of GBV and protection risks due to gender inequality, restrictive social norms, harmful traditional practices, and unequal education opportunities. Social stigma around GBV, fear of reprisal, insufficient coverage of GBV specialized services, and lack of awareness on available services continue to hinder many survivors from accessing specialized services, including health care, livelihoods, safe shelter, and legal services.

This snapshot summarizes a case study that sheds light on the experiences of Oxfam and Women Empowerment Organization (WEO) during their partnership to implement the integration of cash transfers within GBV case management in Ninewa governorate. Ninewa has a large population of returnees, formerly internally displaced people (IDPs) who have returned home after the government closed IDP camps. Camp closures caused critical livelihood insecurity that disproportionately affected women and girls as families often came to rely on coping strategies such as early marriage to pay for rent, food, and basic needs. The project took place between July 2020 and June 2021.

The project, which took place during the COVID-19 pandemic, integrated cash assistance into GBV case management with the aim of mitigating and responding to GBV.

Oxfam and its partners provided cash for protection to 342 GBV survivors across four governorates, including 80 survivors in Ninewa, the site of this case study snapshot, in collaboration with WEO. Survivors disclosed one or more of the following types of GBV: sexual assault, sexual harassment, physical assault: forced marriage; denial of resources, opportunities, or services; or psychological/emotional abuse.

Cash was delivered via cash in hand to survivors for whom cash referrals were deemed appropriate by both the WEO case manager and the survivor. It was used by survivors to cover urgent medical costs associated with

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1 The project was supported by the Iraq Humanitarian Fund, and was carried out in partnership with several Iraqi organizations: Kurdistan Relief Association in Kirkuk; VERA in Diyala; Baghdad Women Association in Anbar; and WEO in Ninewa. The case study was prepared by WRC, Oxfam, and WEO.
recovery from violence that were not fully covered by the health services; access to legal assistance and legal procedure costs not already provided by WEO; rent or any cost associated with moving to safety, including to shelters; and transportation to access such services.

Cash transfers, provided as one-off payments, ranged from US$50 to US$200, based on recommendations by the survivor’s case worker. Based on each survivor’s case action plan, participants were referred to other service providers as relevant; these included referrals for health, livelihoods and food distribution.

KEY FINDINGS

The following findings were reported by project staff and case managers who were responsible for monitoring the use of cash transfers:

- Referrals assisted GBV survivors to cover the cost of transportation to access referrals included in their case action plans, which was necessary due to great distances between their homes and service provision.
- Some survivors’ needs exceeded the transfer amount.
- Almost all survivors reported improvements in their emotional well-being and confidence levels.
- Approximately half of survivors reported that they felt safe, happy, and were more emotionally stable, especially those who were able to continue paying the rent for their accommodation.
- Many survivors expressed their concerns about the sustainability of these gains without access to opportunities; although in many locations survivors were referred to livelihood services were available.
TOP RECOMMENDATIONS

- Continue to deliver cash assistance to survivors within the framework of GBV case management and via cash in hand in this context and ensure ongoing analysis of delivery to ensure safety, access, and inclusion.
- Increase the cash transfer amount and the length of the project for more flexibility and to better meet the variable and individual needs of GBV survivors.
- Building on the experience and the project standard operating procedures (SOPs), develop inter-agency SOPs for the program model in close collaboration with CVA and GBV specialists based on analysis of the local situation.
- Prepare for future waves of COVID-19 to be able to adapt and pivot quickly to continue programming.
- Engage local partners in the proposal and assessment phases, not only as implementers, and provide regular support.

CONCLUSION

The integration of cash referrals into GBV case management and the coordinated delivery of cash transfers to GBV survivors, when appropriate, is lifesaving and enhances the safety and resilience of survivors. It can support their access to legal services, psychosocial support, and medical treatment to help in their recovery from violence.

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Read the full case study here.

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