

The effects of social assistance interventions on gender, familial and household relations among refugees and displaced populations: a review of the literature on interventions in Syria, Iraq, Jordan and Lebanon

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Summary

This literature review aims to explore the evidence on the effects of social assistance on gender, familial, and household relations and power dynamics among refugees and (internally) displaced populations in Syria, Iraq, Jordan, and Lebanon. It examines the findings from an intersectional gender perspective allowing the authors to build on the knowledge of ‘what works’ in interventions in general and hopefully improve gender equality and social inclusion. Out of 1,564 papers initially identified and screened, 22 were included in the final stage.

A question that emerged as the papers were analysed was whether the arduous work of targeting individuals was efficient or necessary, given that the available evidence suggests that beneficiaries generally tend to share their stipend with other family members for the collective good. Most studies tended to conflate gender with women and girls – making distinctions between widowed, married, unmarried and divorced women – but ignoring other dimensions such as class, health status, religion, ethnicity, education, prior work experience, political affiliation, and civil participation. Many programmes and research fail to disaggregate data.

Social assistance programmes focus on individuals and households, with little attention to the wider context and overall conflict. Most studies paid negligible attention to familial infrastructures and strategies for sustainable interventions. Access to, and use of, cash transfers are part of broader familial strategies to mobilise or increase resources including, for example, (male) migration in pursuit of remittances, or (female) dependency on ‘community charity’. Short-term cash transfers can, in some circumstances, disrupt individuals’ and families’ access to more sustainable income or ‘charity’. Thus, important questions are raised about the purpose of social assistance: does it aim to preserve or transform families through targeting?

About the authors

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1. Introduction

Most social protection and social assistance programmes have taken place in stable development contexts, leaving researchers working in (protracted) conflicts or humanitarian contexts to depend on evidence derived from the former (de Hoop *et al.* 2018). Globally, social protection coverage is unequal. In the pre-Covid-19 era, approximately 55 per cent of the world's population were not covered by any form of social protection (UNICEF 2020). Given this gap, it is not surprising that social assistance is a growing and rapidly evolving intervention area in (protracted) emergencies, being targeted at individuals and households including a growing number of refugees and displaced and stateless persons.

Choices about accessing various social assistance packages are made within political collective contexts, and nowhere is this more apparent for an individual than within collective familial, household and kinship units. Registration procedures such as standing in line in public to receive food, cash, access to fee waivers for schools or free medications can be perceived as shameful for a family, resulting in some members being allowed or being sent away, while others stay at home (Bila and Egrot 2009). The nature of the social assistance provided also shapes who in a family is expected to spend time accessing this support. (Patel and Hochfeld 2011; Zetter and Ruaudel 2018). Some social assistance, such as food or child health, for example, might be seen to be associated with women's roles. When refugees do not have the right to work or to access labour markets in host countries, or when the refugee registration process violates pre-conflict gender norms about mobility, it affects who in a family will be eligible to access the benefits associated with refugee status (Zetter and Ruaudel 2018; Harvey, Garwood and El-Masri 2013). Individuals' choices around accessing various types of social assistance, as well as control over and use of this social assistance, are thus made within broader collective familial settings and power relations. These familial and household politics intersect with the ways systems are organised or with the influence of external actors. Whether and how interactions between familial, household and system politics result in inclusive or equitable usage of benefits is hard to predict.

Although there is overlap between households and families, they are not the same. Familial and kinship ties based on consanguinity (biological) or affinity (i.e. marriage, friendship or other close relations) can reach well beyond the geographically and administratively bound household or nuclear family unit (Daly *et al.* 2015; Otto and Keller 2014). Families and households are already diverse in stable contexts (Cornwall and Jolly 2009; Oosterhoff, Waldman and Olerenshaw 2014), adapting in composition to meet different needs across a life course. Displaced and refugee families are no exception. The world's urban refugee population is not only increasing but also changing in composition. When forced migration occurs because of climate change or a (protracted) conflict, the composition, decision-making dynamics and location of households and families as well as their livelihood options change (McNatt *et al.* 2018; Akesson and Sousa 2020; Farhat *et al.* 2018; Wood *et al.* 2021).

Social assistance packages that target an individual to include the needs and/or recognise the rights of vulnerable groups such as 'person with disability', 'female-headed household' or 'victim of gender-based violence' can intentionally or unintentionally alter power relations and transform the compositions of these units. In stable 'welfare' states, women have historically and typically gained welfare entitlements as a dependent within a family or a household as a wife or a mother (Lewis 1992). While inclusion and exclusion criteria might be technical, the allocation of resources is also political. For instance, social assistance can be provided to preserve family and gender relations or to transform them (Orloff 1996).

When formal governmental and state structures are in disarray in times of crisis, the household and family end up being the foundation that supports, sustains, endorses or hinders, disapproves and discourages individuals to act or wait. Intermediaries and social connections outside the household and family can help to diversify income in a crisis – possibly in addition to cash transfers – but they can also cause tensions or competition between and within households (Stevens 2016). For example, when refugees are not allowed to be formally employed, to reduce tensions with local workers, they may seek employment relationships with intermediaries that can be highly exploitative (Jones and Ksaifi 2016).

For policymakers and practitioners providing social assistance, often under very difficult physical circumstances combined with time pressure, it is hard to assess who needs help or what the (unintended) effects of interventions might be. Guidance to support humanitarian staff to design, implement and evaluate gender, age, disability and other intersectional population characteristics is available in many guidelines, policies and standard handbooks for the sector (Sphere 2018). However, these guidelines tend to be general and therefore should be contextualised to fit local lived realities, in which social norms and power relations change even faster due to the need to adjust to a new context.

A crisis can speed up, delay or (re)enforce the norms and material conditions in which choices about access to available packages continue to be made in conjunction with other livelihood choices of the collective unit. Decisions on, for example, (1) whether (or not) to and who can migrate for work to generate (international) remittances, (2) who should stay to work in a public works programme or (3) who should apply for cash assistance to care for an elderly person depend on what the most powerful figure(s) in the family can accept and live with. These familial decisions depend also on policy design and shape and affect the implementation of these policies in practice. Within the family, as well as in wider geographic, identity-based or professional communities, gender¹ and intersectionality² shape decisions to seek, consume or provide social assistance.

Although the importance of gender and intersectional characteristics for relevant, effective and efficient humanitarian programming is widely recognised, little is known about the intended and unintended effects of social assistance interventions in a crisis. In (protracted) conflicts, the discrepancy between needs and resources is often acute, thus requiring prioritisation of assistance based on need alone. Groups that are often deemed to have special needs include pregnant women, mothers of children younger than five years old, children or people with disabilities. But whether these groups consider themselves as vulnerable or have control over benefits are part of a different discussion.

While social assistance programmes may be global in terms of universal human rights, the implementation of universal human rights and responses are shaped by and received in diverse local contexts – a diversity that is invisible at aggregated programme levels. In local contexts, social support opportunities and structures provided by religious charities, for instance, might be unknown to global, regional or national social assistance programmes. Social assistance is provided to individuals to reduce inequities within households, such as to enable them to care for vulnerable people or to empower or protect them from child marriage (Malhotra and Elnakib 2021), polygamy or intimate partner violence (Heath, Hidrobo and Roy 2020).

To maximise the efficiency of social assistance interventions, social (dis)advantages must be assessed. Nevertheless, assessments do not always accurately reflect realities on the ground and sometimes overlook them. For example, what women consider to be the criteria for self-identification as a female-headed household can be the opposite of 'needy'. They can also see themselves as the head, as the leader (Levine and Mosel 2021). Women who live alone because their husbands migrated may self-identify as being in female-headed households, but that does not mean they are vulnerable as they might have access to remittances, despite their limited mobility. Similarly, some pregnant women who receive a small stipend are reported to share their benefits with the whole family, possibly reducing their share. On the other hand, older adults tend to be forgotten; families reported that their elderly members often felt like a burden as they received no benefits and had to rely on others (Oosterhoff 2016).

This paper aims to examine 'what works' through a gender and inclusion lens. We explored existing evidence of the effects of social assistance on gender, familial and household relations among refugees and displaced populations in Syria, Iraq, Jordan and Lebanon. These four countries were of particular interest due to old and recent internal and international conflicts in the region that have caused massive displacement and forced movements among Palestinians, Kurds, Yezidis, Syrians, Iraqis and other ethnic groups. The world's largest group of refugees today is from the Syrian Arab Republic, estimated at 6.6 million people, with Lebanon, Jordan and Iraq hosting a huge number of them (Concern Worldwide 2020). We attempted to find a middle ground between the need to have a localised and context-specific understanding, and the ability to

¹ Gender: the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men and gender-diverse persons.

² Intersectionality: other aspects of identity, such as age, ethnicity/nationality, ability and education that impact the experience of gender and inequality, and access to and control of resources, power and knowledge.

compare available evidence of the effects of social assistance interventions on gender, familial and household relations among refugees and displaced populations in Syria, Iraq, Jordan and Lebanon.

More specifically, this paper attempts to answer the following questions:

1. What is known about the effects of social assistance on gender, familial and household relations among refugees and displaced populations in Syria, Iraq, Jordan and Lebanon? What is the evidence gap?
2. Have interventions or evaluations taken intersectionality into account?
3. How do these interventions affect familial, household-level and intrahousehold-level power dynamics?

Our study context/scope is protracted conflict and displacement. We are not directly focusing on recurrent climate crisis. However, we recognise that there are arguments for including climate change in a broader and ongoing discussion on the causes of the Syrian civil war (Selby *et al.* 2017; De Châtel 2014). This is part of a wider debate that falls outside the scope of this paper. The limited body of evidence on 'what works' to deliver effective and efficient social assistance is one of the rationales for Better Assistance in Crises (BASIC) Research. Gathering, appraising and examining the latest and most relevant evidence will inform social protection research and programming, and the metrics to judge the effectiveness of interventions.

2. Why is this study needed?

Gender, familial and intrahousehold relations and power dynamics play a crucial role in determining how social assistance or social protection benefits (or deprives) individuals. This is because inequity can exist within a household and living in the same house does not mean all individuals have similar living conditions or access to resources. Studies have shown that risks, vulnerabilities and capacities are highly gendered over the life course, and that gender is a key factor that can lead to disadvantage and oppression. Apart from gender, different forms of discrimination and advantage intersect with other social dimensions and characteristics such as age, class, race, religion, sexual orientation and special needs. Interpretations of these characteristics are historically contingent and context specific.

This indicates that the ability to benefit from social protection programmes is influenced by one's status and bargaining power in a family or household. Women, children, elderly people and people living with disability can be unintentionally neglected or may face additional challenges to have their needs recognised and prioritised. Similarly, an intervention that aims at a specific outcome can cause (negative) unintended effects when not properly designed, or when social relations and power dynamics governing the lives of recipients are poorly understood.

The current evidence base on social protection and social assistance, and their impact on gender-related outcomes and intrahousehold dynamics, has been largely derived from stable development contexts, mainly in African, Latin American and South Asian countries. In conflict settings in the Middle East and North Africa (MENA), research on social assistance is relatively young, though steadily growing. Little is known about how social assistance programmes affect gender, familial and intrahousehold relations and power dynamics among refugees and displaced populations in countries such as Syria, Lebanon, Jordan and Iraq.

While existing evidence from pre-conflict and development settings can provide an insight, it may not necessarily be applicable to (protracted) fragile or conflict settings in the Middle East for reasons such as: (1) geographical and socio-cultural differences; (2) rapidly changing conditions and lack of proper governing structures; and (3) discrepancies in aims, priorities, design, family compositions and implementation of existing social protection programmes.

All these complexities point to the importance of taking intersectionality into account in the design and implementation of social assistance, so that interventions recognise the various social relations of an individual that affect their vulnerability and resilience to different risks (Newton 2016).

3. Methodology

To answer the research questions, a rapid review was conducted according to PRISMA guidelines,³ but without adhering to the strict requirements of a typical systematic review (Moher *et al.* 2009). Rapid review is a type of ‘knowledge synthesis in which components of the systematic review process are simplified or omitted to produce information in a timely manner’ (Khangura *et al.* 2012). This method was used mainly to overcome the need for enormous resources in terms of budget, human resources and time – which may not suit the needs of decision makers or policymakers – that are commonly encountered in systematic reviews. There are various approaches to rapid reviews and prior studies showed comparable findings between systematic reviews and rapid reviews (Cameron *et al.* 2007; Best *et al.* 1997; Corabian and Harstall 2002; Tricco *et al.* 2015).

The first objective of the rapid review was to determine from the existing body of evidence what is known about the impact of social assistance programmes on gender, familial and household relations in the four countries of interest. The second objective was to find out if interventions and evaluations have taken into account intersectionality perspectives. The third objective was to study how these interventions affect familial, household-level and intrahousehold-level power dynamics. This was done through a wide search of online databases and grey literature, followed by multiple steps of screening, selecting relevant papers and extracting data.

We aimed to examine the findings from an intersectional gender perspective. This would allow us to build on the knowledge of ‘what works’ in interventions in general and hopefully improve gender equality and social inclusion. The questions we applied included:

1. Have data been disaggregated by sex and other basic intersectional characteristics such as age, ability, race and sexual orientation?
2. Does analysis show gender awareness and recognise that gender is a rationale, and is it used in the methodology?
3. Is there a rigorous analysis of gender relations and how these intersect with other relevant aspects of identities, and is there an explicit analysis of root causes?
4. Do interventions recognise and aim for structural changes in power relations, norms and policies?

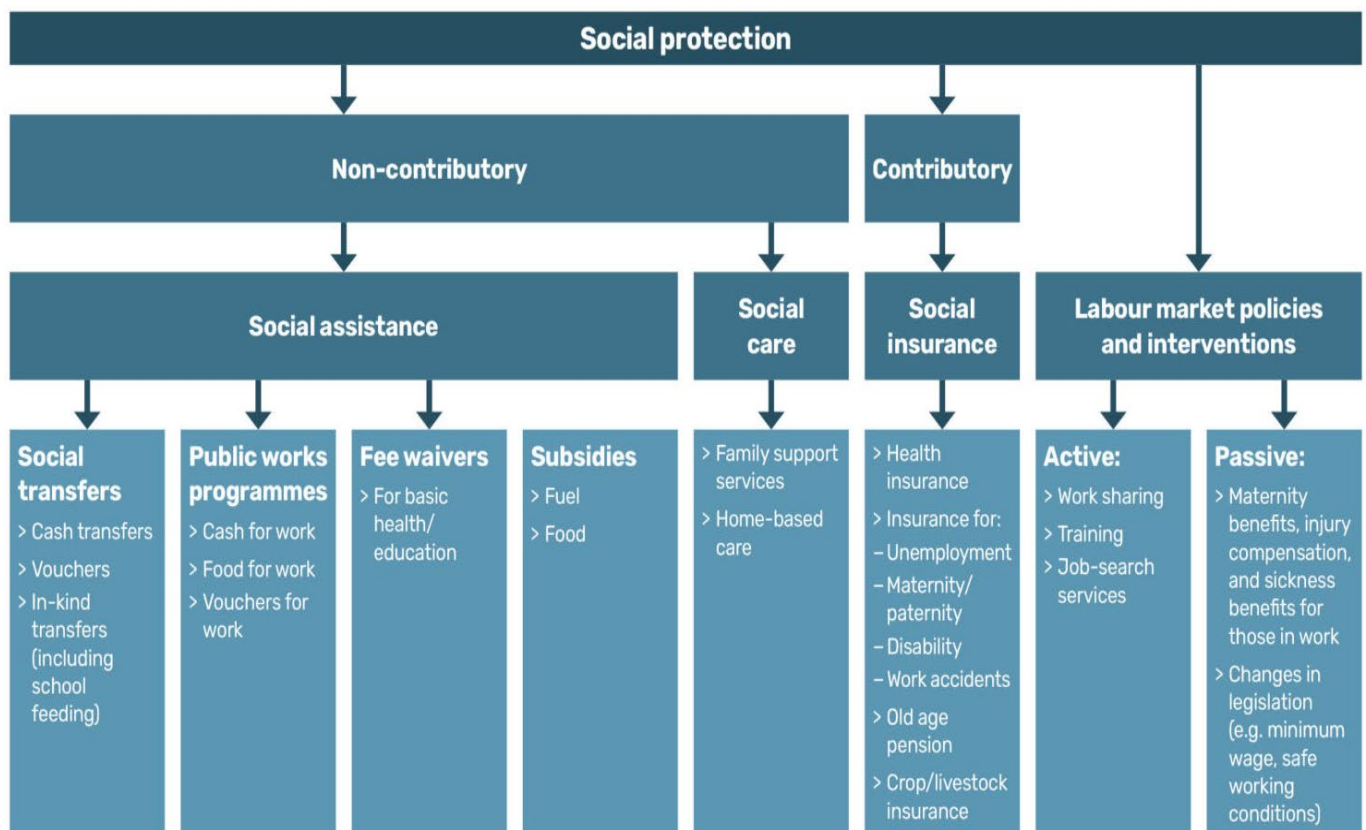
These multiple layers of analysis will help develop research plans that can be taken forward by the BASIC Research Programme.

3.1 Definition and classification

The definition and taxonomy of social protection in this paper are based on the framework used by the BASIC Research Programme and proposed by O’Brien *et al.* (2018) and Carter *et al.* (2019). While social protection is a broad term that generally covers three elements (social assistance, social insurance and labour market programmes), this paper’s main focus is on social assistance. Social assistance is defined as ‘non-contributory interventions (the full amount is paid by the provider) designed to help individuals and households cope with poverty, destitution, and vulnerability’ (*ibid.*). In this paper, social assistance is treated as distinct from social protection in the sense that it is more specific and has a narrower scope. Figure 3.1 illustrates the classification of social protection and types of social assistance.

³ PRISMA is an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses: <http://www.prisma-statement.org/>.

Figure 3.1: Taxonomy of social protection instruments



Source: Carter et al. (2019). [OGLv3.0](#).

Based on the figure above, there are four types of social assistance, generally defined as follows:

1. **Social transfers** refer to cash transfers (CTs), vouchers or supplementary food, though sometimes they may include productive assets (such as seeds, fertiliser, tools) or health and education assets (bednets, food for severe acute malnutrition, schoolbooks). In emergency situations, social transfers may also include basic domestic goods (cooking implements and utensils, stoves) and shelter (tents, blankets). CTs are direct, regular and predictable transfers, increasingly paid through secure electronic systems; for example, directly into bank accounts and mobile phone accounts or on smart cards. CT types include, but are not limited to:
 - a. **Unconditional cash transfers (UCTs)**: money transfers that do not impose specific requirements on how they are spent or any conditions on when they are received.
 - b. **Conditional cash transfers (CCTs)**: transfers given with the requirement that beneficiaries meet certain conditions, such as visiting a health clinic or ensuring children go to school.
 - c. **Multipurpose cash transfers (MPCs) or multipurpose cash assistance (MCA)**: regular or one-off cash transfers to cover a family's needs for food, shelter, education, health, water and sanitation facilities, and to earn a livelihood (NRC n.d.).
 - d. **Cash plus programmes**: schemes that combine CTs with one or more types of complementary support, based on the understanding that 'cash alone cannot alleviate non-financial and structural barriers to improving living standards and well-being' (Roelen *et al.* 2017).
 - e. **In-kind assistance**: includes school feeding and sometimes take-home rations for children most in need. School feeding programmes aim to both reduce hunger and improve food security, as well as increase school attendance and learner performance (HLPE 2012).

It is important to note here that different terminologies are sometimes used for similar interventions across contexts. For instance, CTs are generally used in social protection settings, while 'cash-based interventions' (CBIs) or 'cash-based transfers' (CBTs) are more prevalent in humanitarian settings. Similarly, transfers with multiple objectives that are linked to additional services or programmes are referred to as 'cash plus' in social protection contexts and 'multi-purpose cash grants' (MPGs) in

humanitarian settings (Roelen *et al.* 2018). In this paper, CT and CBI are used interchangeably. Similarly, use of MPC, MCA and MPG denotes similar interventions.⁴

2. **Public works programmes (PWP)**s are activities that entail payment of a wage (in cash or food), often but not always by the state, in return for labour. The aim is to enhance employment and produce a physical or social asset, with the overall objective of promoting social protection. They are sometimes referred to as public employment programmes (PEPs), defined as ‘programmes creating state sponsored employment which is not market based (known as public works programmes, workfare, welfare to work, cash for work, employment of last resort, employment guarantee programmes, etc.)’ (McCord 2018).
3. **Fee waivers** are programmes or interventions that subsidise services for the poor. Examples include health insurance exemptions, reduced medical fees and education fee waivers.
4. **Subsidies** are instruments to keep prices low for certain goods and services. Examples include food subsidies, fuel subsidies, housing subsidies and allowances, utility and electricity subsidies and allowances, agricultural input subsidies, and transportation benefits.

In this review, we included interventions and programmes that fall under the category of social assistance. Other types of social protection such as social care, social insurance and labour market interventions were not included. Likewise, microfinance (microcredit) programmes were excluded from the review, as they are a type of loan not generally considered as cash-based interventions per se (Berg and Seferis 2015).

3.2 Inclusion and exclusion criteria

As a rule of thumb, for the rapid review phase we included papers, studies, reports and evaluations that examined the impact or effectiveness of all interventions that fall under the categories of social assistance among refugees, internally displaced persons (IDPs) and asylum-seekers across the four countries of interest. More specifically, we applied the selection criteria below.

3.2.1 Inclusion criteria

1. **Language and timeframe:** publications in English within the past 11 years (from 1 January 2010 to 31 January 2021).
2. **Study design/type of study:** (a) intervention studies that include randomised control trials (RCTs), quasi-experimental, pre-post study and non-randomised controlled trials; (b) observational studies that include an intervention, which could be quantitative or qualitative – examples are cohort, case-control, cross-sectional or case studies (featuring interviews or focus group discussions); and (c) evaluations of programmes that can be mid-term or ongoing, and conducted by internal or external parties.
3. **Participants/populations:** refugees, IDPs, asylum-seekers and vulnerable and poor households in host communities.
4. **Country/setting:** Syria Iraq, Jordan and Lebanon.
5. **Types of intervention/programme:** any forms of social assistance classified in Figure 3.1 and described in the previous section. These include social transfers, PWPs (e.g. cash for work, food for work), fee waivers (e.g. exemption from health insurance or school/school-related fees) and subsidies (e.g. food/fuel subsidies), or any combination of two or more. Social transfers mainly comprise UCTs, CCTs, cash plus programmes and in-kind assistance. Transfers of basic domestic goods (e.g. cooking implements and utensils, stoves) and shelter-related interventions (e.g. providing tents, blankets or house repair/rehabilitation) are also considered part of social transfers.
6. **Types of outcomes:** the focus was on gender, familial and intrahousehold relations and dynamics. However, we did not exclude papers that examined other outcomes, as we wanted to examine if an intersectional lens was applied, and if data were disaggregated (e.g. by gender) in papers that studied the impact or effectiveness of social assistance in general. Our review included the following outcomes, other than those related to gender, familial and household relations: (a) poverty and vulnerability; (b) negative coping behaviours; (c) human capital (e.g. health and education); (d) livelihoods; (e) empowerment of beneficiaries, especially women and girls; and (e) social cohesion.

⁴ Studies in this review that used the terms MPC or MPA did not describe additional programmes or services linked to cash transfers.

7. **Reviews or systematic reviews:** those describing social assistance interventions or assessing their effectiveness or other relevant systematic reviews were included for citation-tracking purposes.

3.2.2 Exclusion criteria

1. Theoretical or conceptual papers, comments, letters and correspondence.
2. Observational studies that did not include or describe a specific intervention.
3. Studies/papers that described social assistance in any of the four countries of interest without specifically mentioning refugees or IDPs as beneficiaries.
4. Studies/papers that described broad poverty-reduction programmes without being specific about social assistance or its impact.
5. Studies/papers that described systems approaches or multi-level initiatives in which social assistance, while included, was a minor component.
6. Studies/papers that addressed other types of social protection such as social care, social insurance and labour market interventions.
7. Studies/papers that included interventions that were supportive of, but not specifically categorised as social assistance, such as vaccination programmes and provision of safe water, hygiene and toilet facilities.
8. Studies/papers that reported outcomes beyond the scope of this review (see inclusion criteria and Table A2); where a study assessed multiple outcomes, we only reported relevant ones.
9. Formative or process evaluations that did not explicitly report intervention impacts or effectiveness.

Details on the types of social assistance interventions and outcomes included in this review are presented in Annex 1; the search strategy is in Annex 2; critical appraisal results are in Annex 3 (and Appendix 1); the coding tool for data extraction is in Annex 4; and tabulated findings from all analysed studies are in Annex 5. In this review, we used the Joanna Briggs Institute's critical appraisal tools to assess the quality of papers included (Joanna Briggs Institute 2017).

3.3 Study limitations

This paper has several limitations. We did not conduct a full double-blind review in the title/abstract screening and quality appraisal steps. We also included only English publications, therefore a wealth of information and evidence captured in other languages – especially Arabic – could have been missed. Systematic reviews are known to be positivist, favouring certain study designs – RCTs or experimental studies – over other designs. Our strict inclusion/exclusion criteria may therefore have excluded relevant studies/papers that could have enriched the body of evidence or given a more comprehensive understanding of how social assistance influences gender, familial and intrahousehold dynamics.

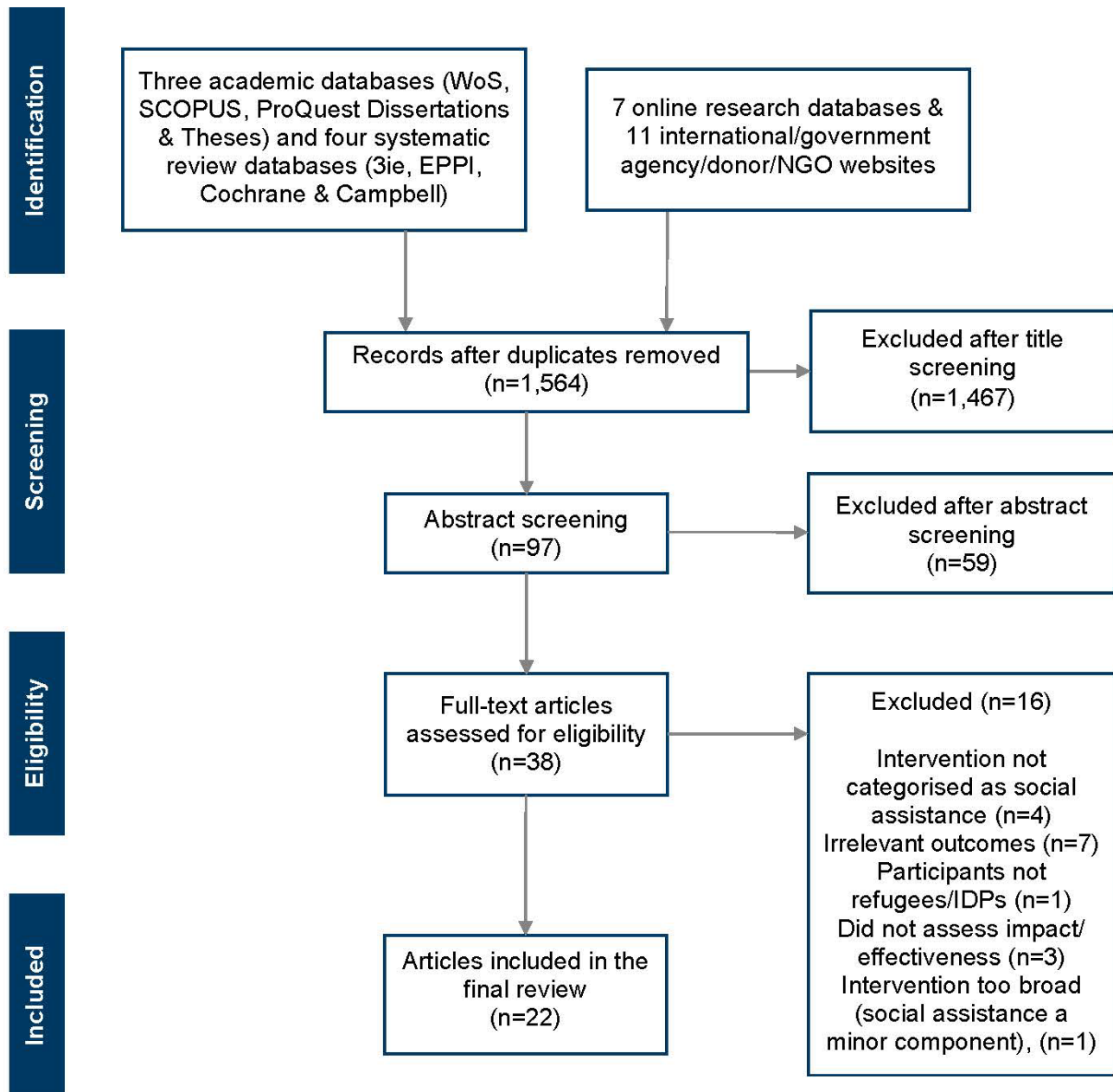
This review was limited to social assistance interventions as defined and classified by the proposed framework (Figure 3.1). Other programmes that may be impactful but did not fall under the category of social assistance – such as provision of non-formal education, or psychosocial support for children, or water, sanitation and health facilities – were not taken into account, although these could exert similar impacts to social assistance and could be broadly considered as social protection.

Despite climate change being a cross-cutting theme in the BASIC Research Programme, we did not include any climate-related perspectives in this paper or attempt to link our findings to climate change adaptation. This was partly because the selected studies/papers did not provide much (if any) discussion on climate change. However, we acknowledge the importance of identifying opportunities for social protection to enhance adaptation and to make social protection interventions more climate resilient (Davies *et al.* 2008).

4. Results

Out of 1,564 papers initially identified and screened, 22 were included in the final stage. Figure 4.1 illustrates the study selection process.

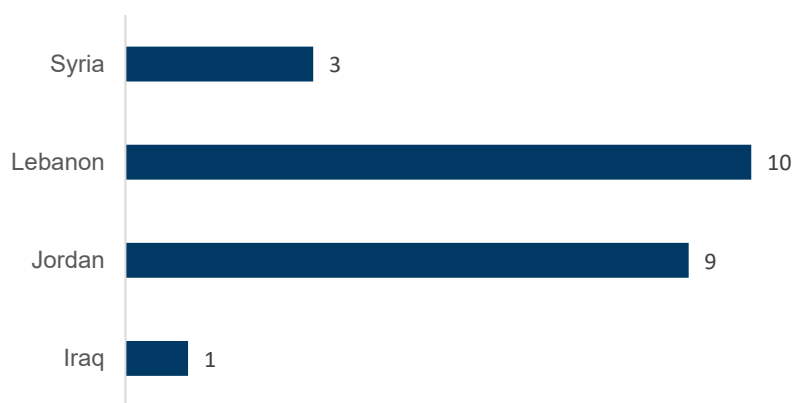
Figure 4.1: Flowchart of study selection



Source: Authors' own. Based on PRISMA flow diagram (Moher et al., 2009)

Of those 22 studies, ten were conducted in Lebanon, nine in Jordan, three in Syria and one in Iraq. Two papers from Syria came from the same programme and most likely used similar participants. One study was conducted in both Jordan and Lebanon. Figure 4.2 shows the distribution of studies/papers included by country.

Figure 4.2: Number of studies by country

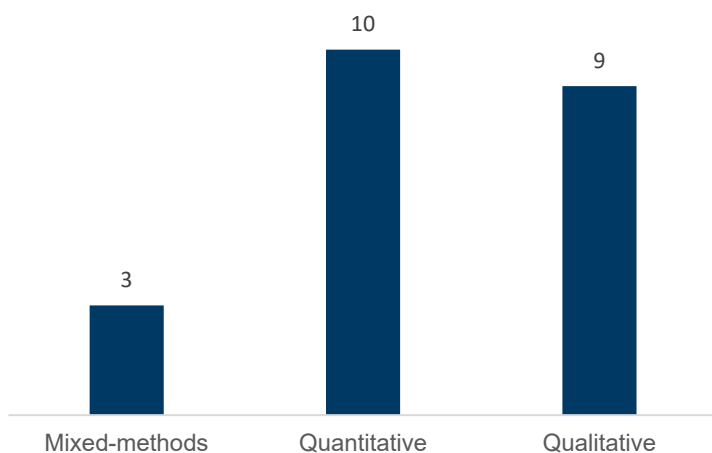


Source: Authors' own.

Note: The total is more than 22 because one study was conducted across two countries (Jordan and Lebanon).

With regard to study design, ten were quantitative, nine were qualitative and three used mixed methods. Among the quantitative studies (that include the quantitative components of mixed-methods papers), one was an RCT, 11 were quasi-experimental and one was cross-sectional. Of the 11 quasi-experimental studies, one was an adaptive targeted field experiment, a newly developed method. Others used regression discontinuity design (RDD), propensity score matching (PSM) and pre-test/post-test. Figure 4.3 shows the study designs of the included papers (n=22).

Figure 4.3: Distribution of study design



Source: Authors' own.

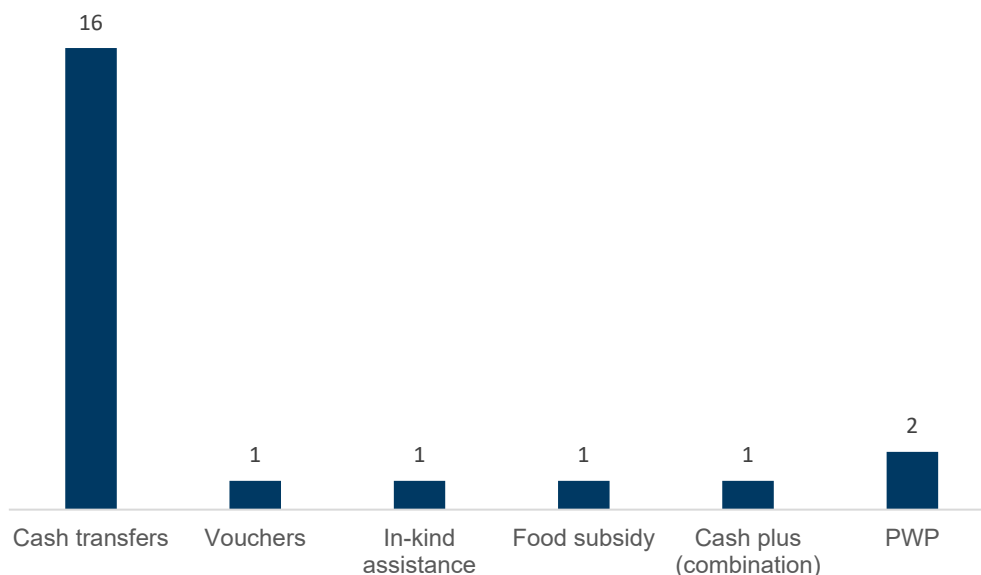
This choice of study design reflected the types of interventions studied, especially e-cards, or e-vouchers, the context of lower-middle income host countries and the refugees' backgrounds. The World Food Programme introduced e-cards in 2013 in Lebanon, allowing hundreds of thousands of Syrian refugees to meet their food needs and boost the local economy (WFP 2013). Humanitarian staff, governments and donors in the region, found this a new and promising way of delivering social assistance with potential gender benefits (Oosterhoff 2016). E-cards or smart cards, for example, solved issues of gender-based violence (GBV) faced by (mostly female) refugees when accessing food, fuel or water in other contexts (Asgary, Emery and Wong 2013). Cards have been scaled up across the region, encouraging and enabling digital data-driven approaches to social assistance research.

In terms of the types of social assistance, the vast majority were cash transfers, including UCT, CCT and MPC programmes. Fewer studies assessed the impact of vouchers (n=1), in-kind assistance (n=1), food

subsidies (n=1), PWP (n=2) and cash plus programmes (n=1). The outcomes most studied were those related to poverty and vulnerability (n=13), followed by human capital (n=8), negative coping strategies (n=8), social cohesion (n=6), empowerment (n=6) and livelihoods (n=6). All the outcomes on empowerment focused on women, and some included gender and intrahousehold relations and power dynamics.

Figures 4.4 and 4.5 illustrate the types of interventions and outcomes in this review.

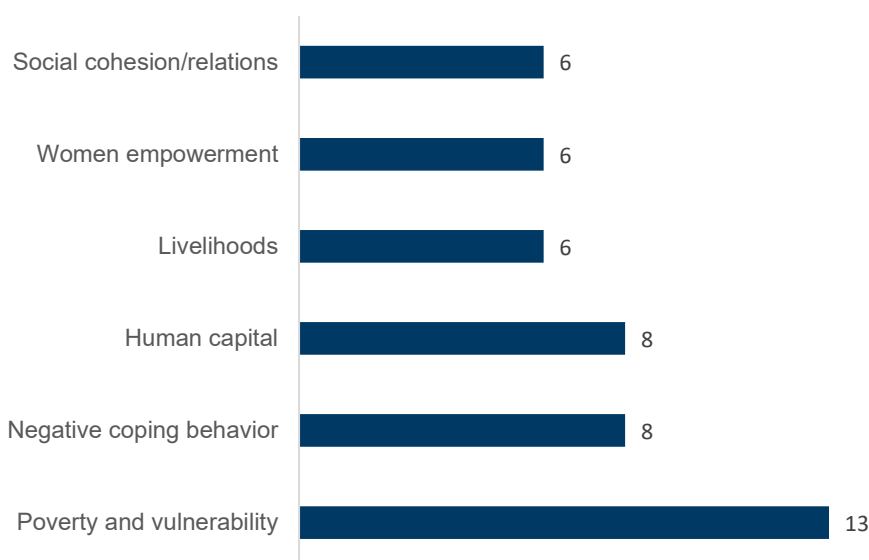
Figure 4.4: Types of interventions



Source: Authors' own.

Note: n>22 because some interventions are studied in more than one paper.

Figure 4.5: Types of outcomes



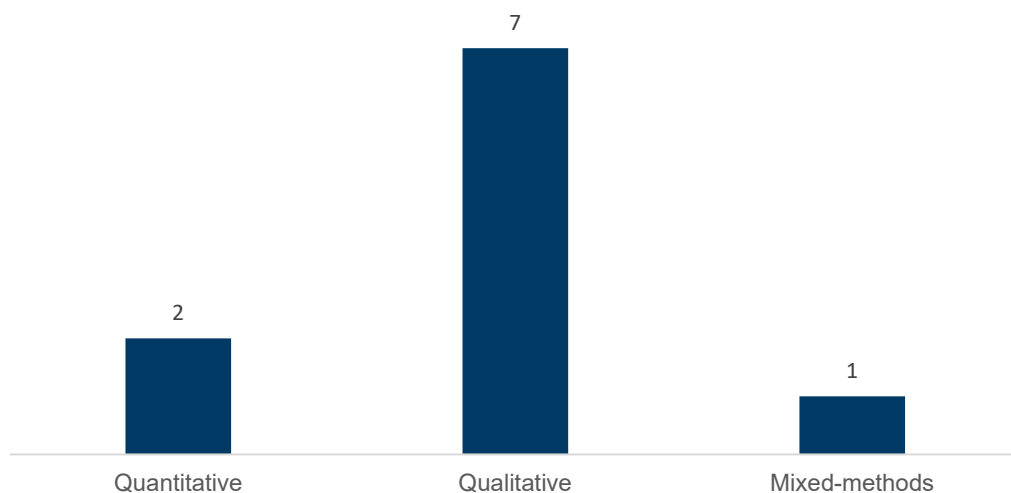
Source: Authors' own.

Note: n>22 because each study can have multiple outcomes.

Among the 13 quantitative and mixed-methods studies, ten examined the impact of cash-based interventions while the remaining three examined the impact of PWP (cash for work), in-kind food assistance (in comparison with vouchers) and food subsidy programmes. The outcomes of these 13 studies were poverty and vulnerability (n=9), negative coping behaviours (n=6), human capital (n=7), livelihoods (n=4), empowerment (n=4) and social cohesion (n=3).

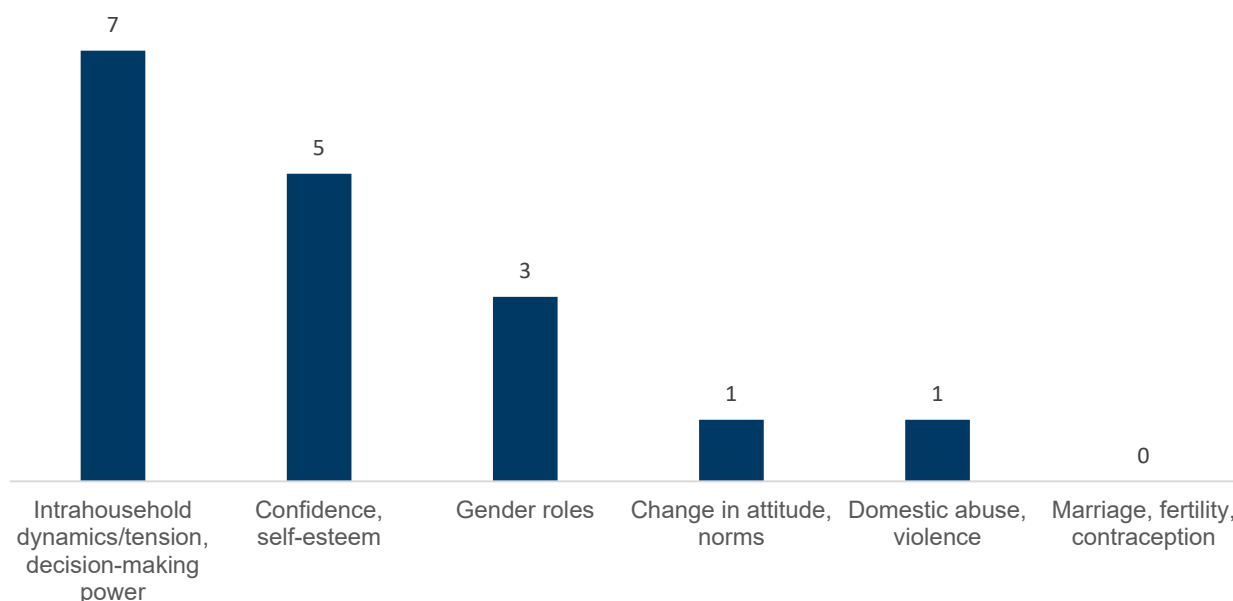
Out of the 22 studies, ten examined the effects or influence of social assistance on empowerment, including familial and intrahousehold dynamics. Figures 4.6 and 4.7 illustrate the distribution of these studies by design and components of findings.

Figure 4.6: Number of studies looking into empowerment by design



Source: Authors' own.

Figure 4.7: Number of studies that examined the different components of empowerment, including gender, familial and intrahousehold dynamics



Source: Authors' own.

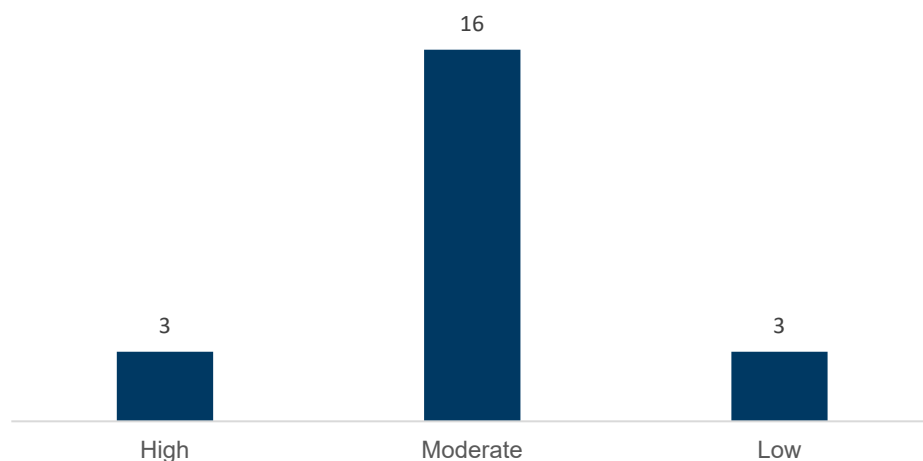
Note: one study can have multiple outcomes, and there can be overlap between one or more indicators.

4.1 Overall study quality

Following quality appraisal, three studies were categorised as being of high quality while three were scored as low quality. The remaining 16 were of moderate quality. Figure 4.8 illustrates the distribution of quality of all the studies included in this review.

Among the ten studies that examined empowerment – including gender, familial and intrahousehold relations – in terms of outcomes, three were low quality, two were high quality and five were categorised as moderate quality.

Figure 4.8: Level of confidence/quality of studies included



Source: Authors' own.

During quality appraisal, we observed that the two most common aspects lacking across the majority of moderately ranked studies were: (1) ability to ensure reliability in outcome measurement; and (2) ability to show that participants received similar treatment other than the intervention/programme being tested. For the former, most authors did not provide any information to show that outcomes were measured in a consistent manner; this required descriptions of either the number of raters, training of raters, the *intra*-raters' reliability or the *inter*-raters' reliability. For the latter, proving that participants only received the specific aid (intervention) under study was difficult due to the crisis settings and the presence of multiple aid and humanitarian agencies that could have been administering other forms of assistance simultaneously.

Another (less) common 'deficit' seen across studies was the failure to clearly describe attrition rates at follow-up and analyse the differences between those followed up and those who dropped out. Similarly, several studies did not mention any ethical clearance or attempt to address potential ethical issues during the study, although this was not part of the components assessed in the checklist. Unfortunately, the only RCT included lacked various key aspects of robust evaluation. These included inadequate descriptions of statistical approach, how randomisation was performed and whether outcome measurements were reliable.

4.2 Limitations of evidence base

Despite the geographic scope of this rapid review covering four countries in the Middle East, the number of studies included in the final analysis was low (n=22). Most of the studies were concentrated in Lebanon and Jordan; Syria and Iraq were under-represented. This could be due to the time frame of our search, which corresponded closely with the Syrian refugee crisis. After Turkey, Jordan and Lebanon host the highest number of refugees and asylum-seekers from Syria, which may have led to a greater number of studies in these countries.

Similarly, the range of interventions was limited given that most studies examined the impact of cash transfers (mainly UCTs). Fewer studies assessed the effects of food subsidies, in-kind food assistance (in comparison with vouchers) and PWP (cash for work) – the small number did not allow a strong conclusion to be drawn. Likewise, none of the studies examined the effectiveness of other types of social assistance such as asset transfers, fee waivers and PWP other than cash for work.

With regard to outcomes, most studies emphasised poverty, food security, and household expenses and consumption. Some papers included negative coping behaviours, health and education as outcomes. Fewer examined the impact of social assistance on empowerment, livelihoods or between different sources of social assistance, including locally available and internationally funded forms of assistance.

While the overall evidence base of this review was of moderate quality, studies that focused on empowerment (gender and intrahousehold dynamics) could be considered weak to moderate and lacked robust findings (only one study was categorised as high quality). In addition to their mixed results, many

papers did not disaggregate data according to gender or any other characteristics such as age, ability, race, religion and so on.

Given that study respondents mostly comprised adult men and women, the underlying assumption seemed to be that adults are the centre of or key players in a family or household, and that familial or intrahousehold dynamics revolved around them. Younger age groups – particularly adolescent girls and boys – have been underrepresented, with their roles and influences on these relationships overlooked. Available research on familial coping strategies suggests that young people are at risk of being exploited when families are in distress (Jones and Ksaifi 2016). Similarly, there was little mention of older adults. Where study subjects were adults (men and women), there was little or no attempt to recognise individuals with special needs such as disability or chronic health conditions.

4.3 Availability of disaggregated data

Collecting disaggregated data is a condition for an analysis of the impact or effects of an intervention. Many donors demand sex-, age- and (dis)ability-disaggregated data in their reporting. Humanitarian handbooks and guidelines have prescribed it for decades, preferably giving both a factual and a narrative analysis. Yet researchers on social assistance seem not to pay much attention to this.

Only one study had both a narrative description and quantitative sex-disaggregated data. Nine out of 22 had no sex-disaggregated data. No studies mentioned that there are different ways to fill in or embody gender. Four studies had a narrative analysis of data collected from men and women, while five studies reported sex-disaggregated data only for one or few selected study outcomes. Similarly, intersectionality or an intersectional analysis would require disaggregated data. Twelve studies did not disaggregate by other characteristics such as age. Most studies that looked at empowerment as an outcome of social assistance focused exclusively on women, without taking into account men, or young girls and boys. This makes it difficult to analyse gender, intersectionality and power.

While most studies did not provide age group or gender-disaggregated data, two studies focused on children as their subjects and two included only women. The rest either targeted households or described the number and/or percentage of males and females in their sample, but not in the outcomes. Two studies provided gender-disaggregated data with regard to the findings, but only partially. An example was Chaaban *et al.* (2020) who examined the impact of MPC on food security, household expenditure, living conditions, education, employment and health. But the distinction between male and female subjects was reported only for employment-related outcomes.

Most studies (n=13/22) collected data at household or individual levels, which is not surprising as those are the levels at which social assistance is provided. But households and individuals are part of wider networks and broader socio-political, cultural and economic infrastructures. Individuals and households receive, borrow from and lend money to relatives, neighbours and religious institutes, for example. These linkages, and resources such as remittances, religious charity or politically motivated social assistance are important in helping people to make decisions, complement social assistance packages and diminish their dependency on international or national assistance.

In summary, the evidence base largely comprised moderately ranked studies in terms of the quality that could be attributed to the findings. In addition, there were significant gaps in relation to the countries covered (Iraq and Syria were under-represented), types of intervention studied (the focus was predominantly on UCTs), and effects by gender and age group.

Findings of all the studies included in this review are presented in three tables in Annex 5; Table A5 presents the findings of all quantitative and mixed-methods studies; Table A6 presents findings of all qualitative studies; and Table A7 focuses on outcomes related to empowerment, and gender and intrahousehold dynamics. Tables A5 and A6 show the availability (or lack thereof) of disaggregated data according to gender and other characteristics such as age, ability, race and religion.

The section below elaborates and synthesises our findings on how social assistance affects gender, familial and intrahousehold relations and power dynamics according to the research questions.

5. Discussion

Question 1: What is known about the effects of social assistance on gender, familial and household relations among refugees and displaced populations in Syria, Iraq, Jordan and Lebanon?

At the individual level, most recipients – especially women – perceived CTs as having increased their sense of dignity, self-worth, confidence and decision-making power. CTs were said to cause temporary relief from stress, restored sense of dignity, and increased self-confidence and self-efficacy (Blackwell *et al.* 2019). Female recipients said they had earned greater respect and a sense of independence as a result of bringing resources into the household and being able to meet their families' basic needs (Yoshikawa 2015). Although these effects may not necessarily be linked to gender or intrahousehold relations, changes at the individual level can be seen as a starting point that would lead to cascading effects at higher levels of social interactions.

However, CT recipients reported psychological distress despite receiving CTs. For instance, Falb *et al.* (2020) found that a three-month CT had caused symptoms of depression among its beneficiaries; they were anxious about how they would survive once aid stopped (*ibid.*). Prior studies have highlighted the role of duration in affecting CT outcomes and emphasised the need to ensure that interventions were long enough to achieve more sustainable effects and avoid unintended outcomes (Manley, Gitter and Slavchevska 2012; UNHCR 2019). In another study that examined the impact of a one-year CT on Syrian refugees in Jordan, respondents reported a decline in stress and anxiety, which could be attributed to the longer duration and regularity of aid (Hagen Zanker *et al.* (2017).

Berg, Mattinen and Pattugalan (2013) found mixed reactions and opinions among recipients (men and women) on how CTs could empower individuals. While some affirmed they felt a sense of dignity because of receiving aid, others felt that it made no difference given the small amount, and that such assistance could not solve other key issues and future uncertainty. Similarly, CFW programmes showed mixed effects on individuals' opinions and beliefs about gender roles and equality. While Loewe (2020) reported that CFW contributed to increasing acceptability of female labour participation, Oxfam (2019) found no impact of CFW on participants' opinions about gender equality. Subjects were asked if they agreed that men should support women in household chores, if women could engage in paid work, and whether it was acceptable for men and women to mix in the workplace. No difference was found in responses to these questions between treatment and control groups.

At the familial or household levels, there was consistent evidence that CTs led to improved relationships and a decline in tension and disputes (Lehmann and Masterson 2014). This was mainly attributed to the immediate economic relief CTs brought, thereby reducing poverty-related stress (Abu Hamad *et al.* 2017). However, intrafamilial dynamics with regard to who controlled the cash were complex. Married women largely perceived an improvement in decision-making power and felt that they made decisions jointly with their husbands (Blackwell *et al.* 2019; Pertek 2016; Yoshikawa 2015). But it was not clear what a 'joint decision' meant in terms of the weight of each role or opinion. This could mean a light discussion or consultation led by the husband, or a more detailed joint analysis of facts and action planning.

Women's experiences in terms of bargaining power and decision-making over CTs and household resources were diverse. Many recipients interviewed maintained that they were completely independent, while others had to negotiate with their husbands, although they had access to the money (Yoshikawa 2015). Some admitted not having any role in financial decisions as they accepted their husband's position as decision maker, whether they agreed on how the money was spent. Interestingly, some women reported purchasing non-essential items – such as cigarettes – for their husbands, as a way of negotiating and mitigating household tensions, so that they could obtain financial decision-making power (Blackwell *et al.* 2019).

Likewise, mixed responses were seen among beneficiaries of a cash plus programme (UCT linked to psychosocial support targeting GBV). While women reported their spouses' increased openness to dialogue, thereby allowing the women greater control of household finances, some men expressed negative views. Where women received CTs, it was associated with husbands' 'loss-of face', fights over how the money should be spent, projecting a bad image of men in front of their mothers, and an inability to spend the money

fairly among families. Thus, women's role or status did not change because of receiving CTs, and they were expected to give all or part of the cash to men to manage. Women mostly agreed that the economic relief of CTs had resulted in a decline in domestic violence (including violence against children), which was supported by counsellors and cash assistance officers interviewed. Few male recipients, however, concurred with the link between domestic violence and financial stress (Yoshikawa 2015).

For women living in extended households, power dynamics and relations could be further compounded. In some instances, CTs were reported to have triggered tensions with mothers-in-law who held more power in household affairs and assumed role as financial decision makers (Blackwell *et al.* 2019). This made it more difficult for women to access money or have a say on how it should be spent, as they now had to negotiate with both their husbands and their mothers-in-law. It is worth mentioning that even when married couples did not co-reside with in-laws, that did not mean the in-laws had no influence over their household affairs.

This could also be seen in the case of divorced and widowed women who received CTs. While most of them expressed satisfaction at having the power and autonomy to make independent financial decisions without having to negotiate with male family members, a smaller number claimed that male family members and in-laws still played a role, especially when it came to going out to spend the cash (*ibid.*). However, this did not necessarily imply an attempt to control women's movement, as some female recipients reported needing help with purchasing groceries and other items, which could be due to safety reasons or avoiding suspicion (*ibid.*).

Some participants interviewed reported hearing of divorce cases caused by CT programmes targeting single, divorced and widowed women, but most were anecdotal. Both men and women were said to initiate divorces; men did so to marry another woman, while women did so to facilitate their access to aid. Respondents pointed out that the preference to target single women sometimes helped men justify divorces or separations on the grounds that the women could access cash assistance more easily. However, the link between the targeting of aid and divorce could not be further determined and needs further research (Yoshikawa 2015). Rumours about the gendered impacts of CT on divorces or separations may reflect an attempt to make sense of decisions about CT. Several studies showed that refugees do not always understand how recipients are selected and how targeting works, which causes tensions.

Question 2: Have these evaluations and/or interventions taken intersectionality into account?

Most studies did not provide disaggregated data according to characteristics other than sex. There was little or almost no mention of how the outcomes studied affected people with special needs and older adults. Few studies disaggregated data by age group when the programme focus was on children. Interestingly, less attention was given to adolescent boys and girls, despite adolescence being a critical period of development that can be a 'window of opportunity' for interventions to offset disadvantage experienced in childhood.

It is worth highlighting that for women marital status was an important additional characteristic that could influence the impact of social assistance. Beyond marital status and the presence (or absence) of children, there was no attempt to identify other dimensions or characteristics of women that could affect their experiences with social assistance and family or household relations.

Syrian refugees or displaced persons were largely portrayed as a homogenous entity; study sample data rarely acknowledged the differences in their religious identity. While Sunni Muslims make up the majority of Syrian refugees, there are also Christian, Druze, Ismaili and other non-Muslim minority religious people (Eghdamian 2015). Little is known about the status and condition of these minorities, and how this aspect (religious identity) intersects with gender or age to produce extra layers of discrimination or oppression that may affect their ability to benefit from social assistance.

Staff, especially field staff who play essential roles in the whole system of inclusive social assistance, receive little if any attention in the research on 'what works' in social assistance in (protracted) emergencies. Field staff are directly affected by intersectional gender norms and practices in refugee and IDP communities, as well as in their own families, which may or may not be similar. They have, for example, experience getting access and winning the trust of targeted individuals, families and households. Field staff, whether employed by the state or an (international) NGO often work long hours on precarious, short-term contracts in harsh conditions. At the bottom of organisational pecking orders and hierarchies of national and internationally

supported social assistance systems, field staff are important gatekeepers for individuals, households and families, a job which can be both rewarding and stressful. This invisibility, and general lack of recognition of field staff in much of the research, suggest a lack of empathy for the human beings delivering social assistance in humanitarian crises and hinders realism about power relations in social assistance programmes.

In sum, most studies did not take intersectionality into account, other than some mention of gender relations and power dynamics, or specific needs of children. This could be due to several reasons. First, in humanitarian contexts, social assistance programmes tend to aim at immediate outcomes such as relieving food insecurity, improving household expenditure and facilitating access to school or health services. Outcomes which are long-term and transformative in nature may not be prioritised, unlike in stable development contexts. Second, individuals' and households' diverse needs (e.g. having older persons or persons living with disabilities) may have been considered at the planning and design phase of interventions but not necessarily at the evaluation stage.

Question 3: How do these interventions affect familial, household level and intrahousehold level power dynamics?

Overall, the effects of social assistance – with CTs being studied most frequently in this review – tend to be mixed, complex and dependent on various factors. These factors included a woman's marital status, the presence and influence of other family members (in-laws, brothers, etc.), the amount and duration of aid, and the existence of complementary interventions (e.g. cash plus). Prior evidence showed that delivery modality, benefit level and duration are key in addressing gendered risks and vulnerabilities (Camilletti 2021), while additional programmes or services that serve to strengthen CTs led to better and long-lasting gender outcomes (Roy *et al.* 2019).

While there was consistent evidence that women who received CTs felt more confident, independent and dignified, and assumed greater decision-making power, this was mainly related to household affairs such as food purchases and health or educational expenses. Whether or not this decision-making power translated into more equal gender and intrahousehold relations in the long run, or a greater say in other matters, was unclear. This was in line with previous findings in both development and humanitarian contexts that any improvement in women's decision-making capacity because of CTs was largely restricted to the domestic sphere. In addition, in many fragile contexts, the common belief was that men remained the primary decision makers (Simon 2019).

Many recipients did not see CTs had any meaningful impact beyond fulfilling basic, immediate needs due to their small amount (Berg *et al.* 2013; Abu Hamad *et al.* 2017). This could explain why, despite multiple claims that intrahousehold tensions reduced, there was little overall improvement in subjective wellbeing and relationships with husbands. Prior studies highlighted that men perceived small CT amounts to help women perform their regular household tasks and were therefore welcomed (Wasilkowska 2012). However, substantial transfers could pose a threat to traditional male roles, potentially triggering resistance and dissatisfaction (Brady 2011; Simon 2019; Wasilkowska 2012).

Most interventions in this review were cash based, with fewer studies on other types of social assistance. For instance, there were only two CFW programmes and both studies examined opinions and attitudes about gender roles as an outcome, with no inquiry or analysis into how participation in CFW programmes affects relations and power dynamics at the family or household levels (Loewe 2020; Oxfam 2019). Furthermore, evidence from these two studies was mixed. Therefore, it is difficult to draw any conclusion on the possible effects of CFW on gender and intrahousehold dynamics in this context.

In sum, it can be said that social assistance (mainly CTs) exerts positive effects on individual recipients by giving them a sense of autonomy, confidence and respect. It also often results in reduced tensions in households due to immediate economic relief and fulfilment of basic needs. This decline in poverty-related stress may have a positive impact on spousal relationships, but evidence on whether social assistance that targets women can cause more transformative and sustainable changes in terms of gender equality and women's empowerment (beyond the domestic sphere) is limited and mixed. Several factors related to interventions have been identified as crucial to increasing their effectiveness, such as the amount and

duration of aid. It is also important to emphasise that social assistance or CTs alone cannot be relied on to bring about and sustain meaningful changes. The wider structural contexts, social norms and supplemental programmes need to be considered along with the core interventions.

6. Conclusion

This literature review aimed to explore the evidence on the effects of social assistance on gender, familial and household relations and power dynamics among refugees and (internally) displaced populations in Syria, Iraq, Jordan and Lebanon. While there is no scarcity of research on the effects of crises on the composition, emotional wellbeing and livelihoods of families and households in the region, we found little evidence on the specific effects of social assistance on long-term relations and power relations within families and households, or how social assistance changes livelihood strategies.

A question that emerged as we analysed the selected papers was whether the arduous work of targeting individuals was efficient or necessary, given that beneficiaries generally tend to share their stipend with other family members for the collective good. This was indicated in studies such as Lehmann and Masterson (2014), which reported how CTs improved relationships within households by reducing the number of disputes between family members, even though beneficiaries did not experience greater subjective wellbeing compared to non-beneficiaries. Action research on gender mainstreaming in cash transfers showed that pregnant Syrian women shared their stipend with elderly or otherwise needy family members who lacked social and financial assistance (Oosterhoff 2016). Families and individuals have their own sense of and systems for social justice. Questions remain over whether, when and on what grounds international or state support should aim to change local systems, norms and practices through the distribution of various types of social assistance. A crisis may be a good opportunity for social change, but who benefits and who loses from social assistance in the immediate and longer terms?

With regard to whether intersectionality was taken into account, most studies tended to conflate gender with women and girls – making distinctions between widowed, married, unmarried and divorced women – but ignoring other dimensions such as class, health status, religion, ethnicity, education, prior work experience, political affiliation and civil participation. Given the large body of research on the importance of these social characteristics in understanding an individual's socioeconomic and political status, this is a clear research gap. Whether this research gap should be addressed to improve programme effectiveness depends on how and whether it aims to transform social relations and promote equity.

Humanitarian principles and standards should apply to both practitioners and researchers working in humanitarian contexts. This means that power hierarchies within organisations and social assistance systems should be acknowledged with an eye to promoting the socio-political and economic sustainability of programmes. Gender-, age- and disability-disaggregated data are supposed to be part of development and humanitarian interventions, and are a condition for intersectional gender analysis. Recognition of power, gender and intersectionality can be seen as being at odds with neutrality. Yet not recognising power dynamics based on gender and other intersecting characteristics can expose organisations and programmes to accusations of (re)enforcing inequalities either in their own organisations or in the communities they serve. This is an almost intractable dilemma. We found that data in the selected papers were frequently not adequately disaggregated, which seriously restricted our ability to analyse in depth the effects of these interventions on gender and other social relations. It also shows a lack of awareness of how gender and social inclusion or exclusion work. Failure to disaggregate data – which can be due to time, financial or other resource constraints – exposes organisations to risks and questions around the accountability, effectiveness and sustainability of social assistance.

Gender is different to sex. Studies in this area look at the relationships between men and boys and women and girls as well as people with fluid gender identities. All papers included for analysis in this review that studied empowerment as an outcome looked only at women, suggesting an underlying assumption that only this group needs to be empowered, without taking men or characteristics such as ability, religion and age into

account. This demonstrates a limited understanding of the multiple dimensions of power and their interaction with gender.

Beyond social assistance programmes' focus on individuals and households, there was little discussion about the wider context, despite the glaring situation and issues related to displacement in the region. Whether this is a technical or political choice, it risks making families implicitly responsible for problems that are well outside of their authority. Although these studies took place in protracted emergencies, and three out of the four sovereign states lack control over their territory, the studies paid remarkably little attention to the overall conflict. It is unclear what the reasons for this were. It could reflect a humanitarian principle or the desire to be 'neutral', but allocation of scarce resources in a poor context affects power relations, which are not neutral, but rather intersectional and gendered at multiple levels.

Although there is evidence that social assistance alone rarely, if ever, covers all the expenses of a family, and is time bound, most studies paid negligible attention to familial infrastructures and strategies for sustainable interventions. Access to, and use of, cash transfers are part of broader familial strategies to mobilise or increase resources including, for example, (male) migration in pursuit of remittances, or (female) dependency on 'community charity'. Short-term cash transfers can, in some circumstances, disrupt individuals' and families' access to more sustainable income or 'charity'. Thus, important questions are raised about the purpose of social assistance: does it aim to preserve or transform families through targeting; and how do families perceive this and why?

Lastly, it is important to highlight that the geographical scope of this review means that while some gender norms may be unique to the MENA region, these norms and relations can change over time. Refugee status affects pre-conflict gender relations in multiple ways (Harvey *et al.* 2013). While modesty about the predictability of human relations is wise, social assistance programming should acknowledge that gender and intersectionality shape access to and control over the use of social assistance at the individual, household, familial and wider community system.

7. Recommendations and Implications for future research:

Based on the findings – and research gap – in this review, we offer several recommendations for humanitarian actors, service providers, researchers and policymakers:

1. Support a context-specific and historical contingent understanding of gender and intersectionality in social assistance systems. Use the experiences of field staff and refugees to inform rights-based strategic management in action-oriented participatory research focused on inclusive social assistance systems. Clarify, at all levels, whether the social assistance programme aims to achieve equity or equality of individuals, households, families or social groups, or a combination of these, and what that means in practice as part of expectation management and programme sustainability.
2. Recognise and research what formal and informal social assistance programmes and mechanisms are in place in recipient communities and how these interact with social assistance programmes by the state or international actors. Support reliable, forward-looking, strength-based approaches to social assistance – formal or informal – that recognise and encourage people's contributions, solidarity and aspirations, including those of field staff.
3. Apply humanitarian principles and guidance on gender and intersectionality to research and evaluations on lived individual and collective experiences in local contexts along the humanitarian-development nexus. Acknowledge power differences within families, households and organisations delivering social assistance.
4. Support mixed-methods research, including use of (disaggregated) monitoring, evaluation, accountability and learning (MEAL) data on social assistance combined with qualitative, participatory and creative methods to capture diverse and changing perspectives between places and across life courses.

5. Promote the inclusion and participation of men and boys – along with women and girls – in programmes that aim to empower individuals or families and improve gender equity. Similarly, include the perspectives of those with special needs such as the elderly and people living with disability when exploring the effects of social assistance on relations and power dynamics.
6. Research familial short- and long-term strategies for sustainable income for families to meet their expenses in contexts with limited access to (formal) employment and (safe) credit.

We also propose the following research questions for the BASIC Research Programme:

1. What are the effects of state-led and (international) NGO social assistance interventions on familial and household relations among refugees and (internally) displaced populations in conflict and climate-related crises?
2. Can an intersectional, adaptive and action-oriented approach to social assistance systems in conflicts in the MENA region and beyond strengthen inclusion and accountability? What can be useful indicators at familial, household and organisational levels?
3. How do government and (international) NGO staff who deliver social assistance and operate in the field deal with diversity, intersectionality, gender and familial obligations within their own organisations?
4. Do ideas about inclusion and exclusion among field staff align with those of management and recipient populations (i.e. the target individuals, households and families)? How are contradictions or conflicts about targeting and tailoring resolved at different levels? Is this satisfactory and for whom?
5. What are the opportunities and costs for organisations to reach the most marginalised and vice versa? What are some of the main trade-offs in extending coverage?
6. What are the existing familial or community infrastructures, strategies and informal support used by refugees and IDPs to secure and sustain livelihoods? How can social assistance leverage these resources, while taking into account equity, gender and intersectionality?

To answer these questions, we propose mixed-methods research that combines desk research on human resource policies and MEAL systems with field observations and action research. Researchers should spend time with families and communities who receive targeted social assistance to improve understanding of how various households and families decide to access and use social assistance. Use of (stratified) random samples from lists of beneficiaries will reduce bias. A comparative study looking at government, international NGO and local (e.g. religious) social assistance systems will help improve understanding of the costs and benefits of providing assistance to marginalised groups. The action research should be broadly framed by academic evidence and integrate existing operational evidence generated by MEAL systems, for example.

A mixed-methods approach with participatory and other research techniques and methods (e.g. analysis of secondary data sets, literature reviews of policies, archival materials, literature, media, in-depth interviews, focus group discussions) could have different components that build on each other and leave flexibility, which would make most sense. Participatory techniques could involve participant observation, mapping, ranking, performative methods, diary drawing, photography or journaling.

For the action research, stakeholders should formulate questions that resonate with their lived experiences to produce new evidence and insights that are locally relevant. Researchers could facilitate development of a research design to answer practitioner- and beneficiary-led questions. The research techniques and methods could be narrative, visual, quantitative or qualitative, depending on the research questions. The action research could be an analysis of data generated by mapping, ranking, participatory observations, immersion, statistical analysis or literature review. Participants should be involved in the development of the research design, data collection and analysis and uptake, not just in the data collection or attending a feedback session, for example. For the uptake of research evidence, commitment from the leadership of organisations, and possibly funders, is necessary as this involves the allocation of time and scarce (human) resources.

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Annex 1: Interventions and outcomes

Table A1: Types and examples of interventions

Types of interventions	Components/examples
Social transfers	<ol style="list-style-type: none">1. Cash transfers (UCT, CCT, MPC, cash plus)2. In-kind assistance/asset transfers3. Vouchers
Public works programmes	<ol style="list-style-type: none">1. Cash for work2. Food for work3. Voucher for work
Fee waivers	<ol style="list-style-type: none">1. Exemption from health insurance/health service fees2. Exemption from/reduction of school/school-related fees
Subsidies	<ol style="list-style-type: none">1. Food subsidies2. Fuel subsidies

Table A2: Types and indicators of outcomes

Types of outcomes	Indicators
Poverty and vulnerability	<ol style="list-style-type: none"> 1. Household income or expenditure on essential items (rent, food, utilities, transportation, etc.) 2. Food consumption/food security
Negative coping behaviour	<ol style="list-style-type: none"> 1. Debts/borrowing 2. Child labour 3. Early/forced marriage (of children, especially daughters) 4. Diet restriction 5. Eating elsewhere 6. Selling of productive asset
Human capital	<ol style="list-style-type: none"> 1. Education (enrolment, attendance, school performance) 2. Health (health status, health expenditure, health service use, access to health services, physical & mental wellbeing, dietary diversity)
Livelihoods	<ol style="list-style-type: none"> 1. Employment/job search 2. Job retention 3. Job-related skills 4. Savings/investment
Empowerment	<ol style="list-style-type: none"> 1. Decision-making power and autonomy 2. Confidence, self-esteem, dignity 3. Gender roles 4. Change in attitude/norms 5. Intrahousehold dynamics 6. Domestic abuse/violence 7. Marriage/fertility/contraception
Social cohesion	<ol style="list-style-type: none"> 1. Sense of belonging 2. Trust 3. Community engagement 4. Social relations/tension 5. Violence/harassment

There can be overlap between different indicators, depending on how they are defined. This table is meant as a guide for this review, not as a definitive way of classifying the outcomes of social assistance in general. Social cohesion generally refers to refugee-host relationships, but it can also mean relations within or between refugee communities.

Annex 2: Search strategy

Online searches were conducted of both academic and grey literatures, supplemented by citation tracking of all relevant systematic reviews. The searches involved three academic databases, seven online research databases/libraries, 11 government agency/donor/NGO/UN websites, and four systematic review databases.

Table A3: List of databases

Academic database	WOS, Scopus, ProQuest Dissertations and Theses Global
Online research databases	<ol style="list-style-type: none"> 1. 3ie Impact Evaluation Repository 2. BRIDGE Global Resources 3. J-PAL Evaluations 4. OECD Working Paper Series 5. University of California Center for Effective Global Action 6. IDS Publications 7. Migration Research Hub
Government agency/donor/NGO/UN websites	<ol style="list-style-type: none"> 1. IOM publications/evaluations 2. Development (DFID) Research for Development Outputs 3. UNHCR research/publications/evaluations 4. UNICEF Data and Evaluation Database 5. UNFPA Evaluation Database 6. UNDP Evaluation Resource Centre 7. UN Women Gender Equality Evaluation Portal 8. USAID publications/evaluations 9. Overseas Development Institute (ODI) 10. World Bank Open Knowledge Repository (OKR) 11. OXFAM Policy and Practice
Systematic review databases	<ol style="list-style-type: none"> 1. 3ie Systematic Review Database 2. EPPI Systematic Reviews 3. Cochrane Database of Systematic Reviews (CDRS) Cochrane 4. Campbell Collaboration

A set of keywords was selected and finalised after conducting a quick scoping to identify the different terms used to describe the target populations (refugees and IDPs) and types of interventions in social assistance. In academic databases, searches were run on title/abstract/keywords using Boolean operators and filters on language and timeframe (year of publication). For non-academic databases and websites, similar keywords were used but they were modified according to what the function permitted. For instance, some websites did not allow combination of two or more terms but provided an option to search for studies/papers by region or country. In that case, country names were inserted – one by one – and all studies/papers relevant to the four countries of interest were screened. Citation tracking was performed on all relevant systematic reviews to identify potential studies.

List of keywords:

1. (Refugees) OR (Internally Displaced Persons) OR (IDP*) OR (asylum) OR (migrants)
2. (Social protection) OR (social assistance) OR (social safety) OR (social transfer*) OR (public work*) OR (fee waiver*) OR (fee-waiver*) OR (subsid*) OR (cash transfer*) OR (cash assistance) OR (voucher*) OR (in-kind) OR (scholarship*) OR (stipend) OR (school feeding) OR (benefit*) OR (cash plus) OR (graduation) OR (productive inclusion)
3. (Famil*) OR (household*) OR (kinship) OR (household dynamics) OR (gender)
4. (protracted) OR (emergency) OR (conflict*) OR (fragile) OR (crisis) OR (humanitarian)
5. (Lebanon) OR (Syria) OR (Jordan) OR (Iraq) OR (Arab) OR (middle east*)
6. Search results were exported to Endnote software and copied to Microsoft Excel. After removing duplicates, title and abstract screening was performed. Where abstracts did not give a clear indication of whether to include or exclude studies/papers, full texts were retrieved. This was followed by full-text screening. For a small number of papers that could not be accessed, the authors were contacted.

Annex 3: Critical appraisal

The Joanna Briggs Institute (JBI) critical appraisal checklists were used to assess the included studies. These tools were developed by the Faculty of Health and Medical Sciences at the University of Adelaide. The JBI critical appraisal checklists cover a wide range of study designs, and comprise a series of questions, each with four response options: 'yes', 'no', 'unclear' and 'not applicable.' For each question, one point was allocated for 'yes' and no points were allocated for 'no' and 'unclear'.

For RCTs, there are 13 items on the JBI checklist. We categorised quality as 'high' (11–13 points), 'moderate' (7–10) and 'low' (less than 7). For non-randomised trials (e.g. quasi-experimental studies), there are nine items, therefore we categorised a paper's quality as 'high' (8–9 points), 'moderate' (5–7) or 'low' (less than 5). For cross-sectional design (analytical studies), there are eight items, so quality was categorised as 'high' (7–8 points), 'moderate', (5–6) or 'low' (less than 5).

For appraisal of qualitative studies, three items from the original JBI checklist were slightly modified, but retained the total number of items (n=10). We categorised quality as 'high' (8–10 points), 'moderate' (5–7) or 'low' (less than 5). For mixed-methods studies/evaluations, appraisal was conducted separately; JBI tools for quantitative (based on the specific design) and qualitative research were used to assess the quantitative and qualitative components of the same study, respectively.

It is important to note here that the quality ascribed to a study was based on the best design it could offer and may not be appropriate for comparison across study designs. For example, a well-designed case-control study could be categorised as 'high quality', while a poorly designed RCT could be categorised as 'low quality.' However, that does not imply that the evidence derived from the case-control study is more robust than that derived from the RCT, given that the former is inferior to the latter in the hierarchy of evidence and it cannot infer causality.

The scoring system applied was not based on JBI guidelines, rather it was employed to simplify the overall judgment process. The complete checklists (and results) of quality appraisal are available in Appendix 1.

Annex 4: Data extraction and coding tool

Data were extracted using a piloted form that captured the following information: author, year of publication, study design, population, setting (country), study objectives, type of intervention (including amount/value, duration and mode of delivery), types of outcomes and main findings. The coding tool used for data extraction included items illustrated in Table A4.

Table A4: Coding tool for data extraction

Item	Findings
Date of extraction:	
Author (year):	
Study design	<ul style="list-style-type: none"> • Quantitative/qualitative/mixed methods • Quantitative: which type?
Population	<ul style="list-style-type: none"> • Refugees/IDPs • Vulnerable households among host communities • Any specific groups (women, children, etc.)?
Setting/country	<ul style="list-style-type: none"> • Iraq/Jordan/Lebanon/Syria • Can be multiple countries
Types of intervention(s)	<ul style="list-style-type: none"> • Social transfers – which type? • PWP • Fee waivers • Subsidies
Description of intervention	<ul style="list-style-type: none"> • Value/amount • Duration • Mode of delivery
Types of outcome(s)	<ul style="list-style-type: none"> • One or more outcomes as listed in the table under inclusion/exclusion criteria
Main findings (relevant to outcomes of interest)	<ul style="list-style-type: none"> • Quantitative – impact/effectiveness • Qualitative – provide description
Effect sizes	<ul style="list-style-type: none"> • For quantitative studies
Notes/other findings	<ul style="list-style-type: none"> • Other important points to highlight (e.g. major limitation, etc.)?
Quality appraisal	<ul style="list-style-type: none"> • High/moderate/low
Sex-disaggregated data	<ul style="list-style-type: none"> • Yes/no
Impact on gender, familial and intrahousehold relations and dynamics	<ul style="list-style-type: none"> • Describe

Annex 5: Overall results/findings

Tables A5, A6 and A7 show the findings of all studies analysed in this review.

Table A5: Findings of quantitative and mixed-methods studies (n=13)

Author (year)	Study design	Sample/ population	Types of social assistance	Sex-disaggregated data	Intersectional data (disability, age, religious background, sexual orientation)	Level of analysis (individual, household, family, community, province, state)	Findings (impact/effectiveness)
Falb <i>et al.</i> (2020)	Mixed methods: pre-test/post-test and interviews	456 women (displaced Syrians from Raqqa City, Syria)	UCTs of USD76/month for 3 months	None (subjects were all women).	Disability mentioned at demographic level	Individual and household levels	Significant reductions in food insecurity No change in serious household needs and daily stressors Increases in symptoms of depression
Chaaban <i>et al.</i> (2020)	Regression discontinuity design (RDD)	11,457 households (Syrian refugees in Lebanon)	MPC of USD173.5/month for 3 varying periods: <12 months 12 months >12 months	Described for one of the outcomes (impact of social assistance on employment among males vs females)	Partially described for age and disability	Individual and household levels	Lower food insecurity with longer-duration MPC No impact on household rent expenditure, but improved access to drinking water Increased school enrolment Positive impact on job searches for men Improved mental health and access to primary health care
Lehmann and Masterson (2020)	RDD	1,300 households (Syrian refugees in Lebanon)	Cash transfer (CT) of USD100/month for 6 months using ATM cards (during winter)	None	None	Individual, household and community levels	Cash transfers did not increase hostility towards refugees

Author (year)	Study design	Sample/ population	Types of social assistance	Sex-disaggregated data	Intersectional data (disability, age, religious background, sexual orientation)	Level of analysis (individual, household, family, community, province, state)	Findings (impact/effectiveness)
Lehmann and Masterson (2014)	RDD	1,360 Syrian refugee households in Lebanon	CT of USD107/month for 4 months, preceded by USD147 in the first month – using ATM cards (Nov.–Mar., during winter)	None	Described at demographic level for age and disability	Household level	Increased household expenditure on basic items (not enough to meet winter needs) No impact on debt reduction, but decreased intrahousehold disputes Reduced child labour Increased access to school Improved relations with community members
Caria <i>et al.</i> (2020)	Adaptive targeted field experiment	3,770 subjects (Syrian refugees and Jordanians) in 3 cities: Amman, Irbid, Mafraq	One-off labelled CT of USD92 using ATM cards	None	Described based on nationality (Syrians vs Jordanians)	Individual level	Significant impacts on refugee employment and earnings, 2 and 4 months after treatment Increase in job retention and hourly wages
De Hoop <i>et al.</i> (2018)	Mixed methods Quantitative: geographic RDD Qualitative: key informant (KII) interview and FGD	1,440 households, targeting Syrian refugee children in Lebanon	CT that lasted for the duration of school year, using ATM cards Value: USD20/month (younger children), USD45/month (older children) Subsequently, value decreased to USD13.50–USD20/month	Described for several outcomes including health, time use, psychosocial wellbeing and education (sex-disaggregated data in Appendix E)	Described according to age groups	Individual and household levels	Positive impact on children's food consumption Improved physical health for younger children (5–9 years) Reduction in child work for older children (10–14 years) Increased education-related expenses Little/no impact on economic wellbeing and food consumption at household level

Author (year)	Study design	Sample/ population	Types of social assistance	Sex-disaggregated data	Intersectional data (disability, age, religious background, sexual orientation)	Level of analysis (individual, household, family, community, province, state)	Findings (impact/effectiveness)
Phadera, Sharma and Wai-Poi (2020)	Propensity score matching	8,615 households in Iraq (including IDPs)	Universal food subsidy programme	None	None	Household level	Improved food security Decreased odds of poverty Increased total food and non-food consumption No/little impact on subjective wellbeing Increased daily calorie intake
Abu Hamad <i>et al.</i> (2017)	Mixed methods Quantitative: cross-sectional (survey) Qualitative: KII and FGD	2,114 households (survey), 432 persons in qualitative phase (most were Syrian refugees in Jordan)	CTs and food vouchers CT 1) UNHCR: USD86–USD455/month 2) UNICEF CCG: USD28/child or max. USD106/family WFP voucher – value was USD10–20/month	Described for various outcomes including educational expenditures, control over spending, school enrolment, social participation and psychosocial wellbeing	Described based on age and disability for some outcomes	Individual and household levels	Little/no impact on employment Decreased harmful coping strategies Improved access to housing Enhanced food consumption Improved spending on schooling and academic performance, but no impact on enrolment Increased spending on child health, but not on adult health Improved intrahousehold relationships, but limited/no impact on social participation

Author (year)	Study design	Sample/ population	Types of social assistance	Sex-disaggregated data	Intersectional data (disability, age, religious background, sexual orientation)	Level of analysis (individual, household, family, community, province, state)	Findings (impact/effectiveness)
Battistin (2016)	RDD	508 subjects (261 treatment vs 247 control) Syrian refugees in Lebanon	MCA of USD174 using ATM cards	Partially described (distinctions made between households headed by males vs females)	None	Household level	Increased household expenditures (mainly for food and gas) No impact on dietary diversity Decreased borrowing (of food) and rental debt Increased psychosocial wellbeing, sense of security and trust Increased happiness but also more financially stressed No impact on child labour or school enrolment More likely to rely on work, as opposed to negative coping strategies such as debt, remittances, gifts and sale of assets or food
World Vision Lebanon (2018)	Quasi-experimental study	360 Syrian children in Lebanon	MPC of USD175/month for at least 3 months	None	Children divided into 3 age groups	Individual and household levels	No impact on child labour, school enrolment and participation in house chores Reduced workplace risk/increased sense of safety
Boston Consulting Group (2017)	RCT	1,848 households in Jordan and 1,275 households in Lebanon (all were Syrian refugees)	CT vs food-restricted value vouchers and choice for 4–8 months Cash value was USD28/person/month	Partially described (for food spending decisions and household responsibilities)	None	Household and community levels (effects of programmes on local economy)	Cash leads to food security that is superior or equal to food vouchers Cash is more effective in challenging contexts (when food security is lower) Cash enables greater purchasing power and choices of food No difference in expenditure on other needs

Author (year)	Study design	Sample/ population	Types of social assistance	Sex-disaggregated data	Intersectional data (disability, age, religious background, sexual orientation)	Level of analysis (individual, household, family, community, province, state)	Findings (impact/effectiveness)
Doocy <i>et al.</i> (2017)	Pre-test/post-test study	981 vulnerable households in Idleb, Syria (including IDPs)	In-kind food commodities, food vouchers, and unrestricted vouchers Value of unrestricted vouchers was USD70.20/month for 11 months Food voucher was USD42.50–159/month for 24 months	None	None	Household and community levels (effects on local market prices)	In-kind food was more effective in improving household food security and access to food compared to food vouchers or unrestricted vouchers Both in-kind food and food vouchers were more effective in improving food consumption score than unrestricted vouchers. Largest reduction in negative coping strategies was among in-kind food recipients
Oxfam (2018)	Quasi-experimental study (PSM)	1,136 Syrian refugees living in Za'atari camp, Jordan	Cash for work programme Semi-skilled workers: USD1.50/hour Skilled to technical workers: USD1.50–2.50/hour	None (but opinions on gender equality and equal access to work were measured)	None	Individual and household levels	Increased household income/ expenditure Improved self-esteem (more for semi-skilled workers) No impact on perceptions/attitudes towards gender roles No impact on new skills acquisition

Table A6: Qualitative studies that explored the effects of social assistance (n=9)

Author (year)	Tool and sample	Types of social assistance	Sex-disaggregated data	Intersectional data (disability, age, religious background, sexual orientation)	Level of analysis: individual, household, family, community, province, state	Findings
Blackwell <i>et al.</i> (2019)	In-depth interviews (IDIs) with 40 women (displaced Syrians from Raqqa city in Syria)	UCTs of USD76/month for 3 months	None (all subjects were women)	Described according to marital status	Individual, household and community levels	Mixed impacts – both positive and negative Individual level: temporary relief from stress; increased confidence and self-efficacy Household level: increase in joint decision-making; no change in relationship with husband; improved relationship with extended family; worsened relationship with mother-in-law; stopped getting financial support from family Community level: worsened tension with community; community jealousy; stopped getting financial support from community; increased social capital from reducing debts; women able to stop working thus reducing community stigma
Hagen-Zanker <i>et al.</i> (2018)	IDIs and FGDs involving 140 Syrian refugees in Jordan	UCTs of USD110–220/month for at least 1 year using ATM card	None	None	Individual and household levels	Respondents reported: <ul style="list-style-type: none"> ● Improved access to shelter/rent and utility ● Reduction in stress and anxiety ● No significant influence on health care and education ● Little/no influence on access to employment ● Greater tendency to keep children in school (instead of work)
Samuels <i>et al.</i> (2020)	IDIs and FGDs involving 254 Syrian refugees and Lebanese (host community members)	MPC of USD332/household/month for 12 months using e-card/ATM	Described in a narrative manner	Age (disability status mentioned as a consideration while capturing response)	Individual, household and community levels	Mixed results on impact on interactions and social cohesion: <ul style="list-style-type: none"> ● Effects are least/minimal on Syrian refugees living in informal tented settlement and Syrian women ● Respondents reported improved trust and relationships with Lebanese landlords and increased access to health care

Author (year)	Tool and sample	Types of social assistance	Sex-disaggregated data	Intersectional data (disability, age, religious background, sexual orientation)	Level of analysis: individual, household, family, community, province, state	Findings
Bastagli <i>et al.</i> ODI (2021)	IDIs and FGDs involving 254 Syrian refugees and Lebanese (host community members)	MPC of USD332/household/month for 12 months using e-card/ATM	Described in a narrative manner	Age	Individual, household and community levels	<p>MPC shapes the outcomes of interest in the following ways:</p> <ul style="list-style-type: none"> • Decreased pressure to borrow money and enabled debt repayment • Facilitated school attendance • Mixed findings on child work/labour • Decreased early marriages • Reduced intrahousehold tension and violence • Empowered women/female recipients • Enabled recipients to avoid exploitative work or work less in poor working conditions
Pertek (2016)	FGDs and IDIs involving 26 Syrians (refugees) and Jordanians	CCTs (amount and duration not specified)	Described in a narrative manner	None	Individuals and household levels	<ul style="list-style-type: none"> • Shift in traditional gender roles – women became more self-reliant and independent • Women reported feeling burdened by work overload • Women became more vocal and their opinions were sought, thus increasing joint decisions • Improved family cohesion and relationships
Yoshikawa (2015)	In-depth interviews, KIIs and FGDs involving 72 Syrian refugees in Jordan	Cash plus (UCTs and psychosocial support) UCT value: USD170–254/household/month for 6 months	Described in a narrative manner	None	Individual and household levels	<ul style="list-style-type: none"> • Reduced household tension and domestic violence • Women felt more empowered, respected and valued • Change in intrahousehold dynamics and power relations • Improved psychosocial wellbeing for recipients and family • Improved relations with host community • Impact on resilience and domestic violence more significant when cash combined with other services, rather than cash alone

Author (year)	Tool and sample	Types of social assistance	Sex-disaggregated data	Intersectional data (disability, age, religious background, sexual orientation)	Level of analysis: individual, household, family, community, province, state	Findings
Sloane (2014)	IDIs with 8 Syrian refugee families in Jordan	UCTs for 3 months, using ATM card In Balqa: JOD80 + JOD15/family member/month (max. JOD185) In informal settlements in Amman: JOD20/member/month (max. JOD140)	Described in a narrative manner	None (but selection of subjects was based on levels of vulnerability including health status and disability)	Household level and community levels	<ul style="list-style-type: none"> • Moderate positive effects on expenditure and standard of living • Increased food consumption and diversity • Increased health care expenditure for children • Limited impact on debt repayment • Unclear impact on child labour • Decline in intrahousehold tension • Potential increase in tension with host community
Loewe (2020)	IDIs and FGDs Population: Syrian refugees in Jordan and vulnerable Jordanians	Cash for work (CFW) programme	Described in a narrative manner and quantitatively	None	Individual, community and municipality (local government) levels	CFW affects social cohesion and economic opportunities by: <ul style="list-style-type: none"> • Increasing sense of belonging and horizontal trust among programme participants (especially among Syrians toward Jordanians) • Influencing acceptability towards female labour participation • Improving skills, attitude and networking
Berg <i>et al.</i> (2013)	KIIs and FGDs involving 124 participants in Jordan	UCTs and vouchers For Iraqis: USD105–420/family using ATM For Syrians: USD70–168/family using ATM	None	None	Individual and community levels	<ul style="list-style-type: none"> • Increased sense of dignity, but no other impacts on empowerment • Did not cause jealousy/increase in tension with host community • Increase in house rent (by some landlords)

Table A7: Findings on the effects of social assistance on empowerment or those related to gender, familial and intrahousehold dynamics.

Author (year)	Study design, country	Findings
Lehmann and Masterson (2014)	RDD, Lebanon	CTs improved relationships within households. The number of disputes between household members in the treatment group was significantly lower than that of control group. However, cash beneficiaries did not report better subjective wellbeing compared to non-beneficiaries.
Abu Hamad <i>et al.</i> (2017)	Mixed methods, Jordan	Cash assistance improved intrahousehold relationships by reducing poverty-related stress but was too low in value to allow participation in social or recreational events and activities. Adolescents reported greater improvement in peer interactions than adults because of cash – largely because of improved access to pocket money.
Oxfam (2018)	PSM, Jordan	CFW programme was found to have no impact on participants' opinion of/belief about gender equality.
Blackwell <i>et al.</i> (2019)	Qualitative, Syria	Impact at individual level: temporary relief from stress; restored sense of dignity; increase in self-confidence and self-efficacy; sustained stress over future. Impact at household level: increase in joint and individual decision-making; unchanged or improved relationship with husband; improved relationship with extended family; worsened relationship with mother-in-law; cessation of financial support from family. Impact at community level: worsened tension with community and jealousy among neighbours; cessation of financial support from community; increased social capital from reducing debts; women able to stop working thus reducing community stigma.
Yoshikawa (2015)	Qualitative, Jordan	Impact of cash plus (CT + GBV programme): most women receiving CT spoke of feeling strong, confident, respected, and independent as a result of bringing resources into the household. Additional GBV initiatives made women felt more knowledgeable and skilful. Men participated less in psychosocial activities due to perceived stigma or embarrassment. Some women reported that the programme increased openness to dialogue among their spouses on how to spend household finances, allowing the women greater control of the household finances. However, this change in dynamics did not last beyond the period of assistance. Women perceived CT to reduce household tensions, as well as domestic violence against women and between parents and children. Counsellors and cash assistance officers corroborated this link. In contrast, only a few men drew the link between domestic violence and financial problems. Some male participants expressed negative views about women receiving CT, while other interviewees said CT reduced immediate risks of abuse and exploitation, by allowing them to move away from a landlord or avoid going to an aid agency, where a staff member made 'unreasonable' demands.
Loewe (2020)	Qualitative, Jordan	CFW facilitates employment for women and contributes to increasing acceptability of female labour participation. Most participants showed a positive opinion/attitude towards female participation, but reaction among non-participants was mixed.
Berg <i>et al.</i> (2013)	Qualitative, Jordan	Mixed effects: some recipients felt more dignified, while others reported no difference due to the small amount and that CT could not solve other key issues and their future uncertainty.
Bastagli (2020)	Qualitative, Lebanon	Reduced intrahousehold tension; female recipients reported feeling more empowered.
Pertek (2016)	Qualitative, Jordan	Women became more vocal, self-reliant and independent. They also found that their opinions were more sought after, thus increasing joint decisions in the household. Family cohesion and relationships improved, but some women felt burdened by work overload.
Sloane (2014)	Qualitative, Jordan	Receiving social assistance reduced intrahousehold tension.

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