
Executive Summary

Background. Given the protracted displacement resulting from over a decade of conflict in Syria, the Government of Jordan and humanitarian actors are aiming to increase resilience and self-reliance amongst both the high numbers of Syrian refugees in Jordan and the frequently vulnerable communities that host them. Within contexts of displacement, livelihoods and protection concerns are closely interlinked and can act as barriers to attaining resilience for vulnerable groups. While livelihoods activities are still prominent in resilience programming, the humanitarian community has acknowledged this interdependence and related responses. As such, DRC Jordan has been implementing various integrated approaches between livelihoods and protection programming, hypothesizing that the integration of services compounds positive outcomes in resilience and self-reliance amongst vulnerable persons seeking support through DRC. Applied approaches include both a package approach, where services are implemented in unison, i.e. group stress management sessions, legal awareness sessions, and livelihood grants distribution, as well as co-locating protection and livelihood services in the same communities to facilitate referrals and coordination between respective teams. As a result, DRC conducted research to establish 1) if integrated programming resulted in increased resilience outcomes, 2) which mechanisms led to the observed outcomes, and 3) explore the feasibility of implementing integrated programming on a wider scale and what adaptations may be necessary prior to expansion.

Methods. To address these aims, a comparative analysis to assess whether greater improvements in resilience were achieved between beneficiaries who had or had not received integrated services was conducted using baseline and endline data from 434 participants (185 persons receiving integrated services and 249 not receiving integrated services). Data was collected using the Resilience Index and t-tests conducted to assess differences in average changes between groups. The mechanism underlying identified outcomes were then explored via 16 case studies of households who had demonstrated positive changes in resilience either on quantitative measures or as identified by field staff. Mechanisms were assessed using process tracing. Finally, operational implications were explored in a roundtable discussion with 10 technical and program staff to discuss successful and inhibiting strategies for cross-sector coordination and observed cost implications.

Results. Findings from the comparative analysis strongly suggest that integrated programming results in increased resilience outcomes. Amongst those who received integrated services, resilience scores increased by an average of 32% between baseline and endline. Those who had not received integrated services demonstrated an average increase of only 16% in comparison. The difference in average increases between the integrated and single-sector groups was found to be statistically significant, at $p = 0.001$, suggesting that integrated service provision results in amplified positive resilience outcomes compared to single-sector services. In addition to examining integrated services overall, a “package”
consisting of livelihoods grants coupled with group PSS support activities was examined. Amongst persons who had received a grant and integrated services but did not participate in group PSS, the average increase in resilience scores between baseline and endline was 15%, compared to 40% amongst grant participants who had participated in psychosocial support sessions. Differences were again found to be statistically significant ($p = 0.038$), suggesting that providing grant and PSS services in tandem produces greater positive effects than grants integrated with other protection services.

DRC hypothesized that interrelated needs would require a combination of services across both sectors that could first tackle acute needs, to then secondarily allow vulnerable persons to build sustainable livelihoods after stabilization. Almost all of the reviewed case studies (12 out of 13) indeed demonstrated interrelated, complex needs comprising both livelihoods and protection concerns. Cases who first received protection rather than livelihood services were generally found to describe high levels of vulnerability and acute needs which prevented any further pursuit of activities that increase self-reliance or resilience. Amongst these cases, acute needs had to be managed first – usually through tailored protection services to mitigate immediate threats – in order to then allow for a pursuit of sustainable livelihoods and greater resilience. While all participants were selected as case studies due to reported improvements in self-reliance or resilience, almost all cases with acute needs at outset stated that despite their situation having improved to some extent, they did not feel they would be able to manage a significant shock such as repeated COVID-19 related lock-downs from a financial standpoint. This was frequently tied to income which remained low and did not allow for the development of savings that could be used to mitigate future crises. Meanwhile, cases participating in the package approach as a condition of their livelihood grant did not demonstrate the same severity of acute needs as the beneficiaries who were referred between services as above. However, the package approach still appeared to be useful in strengthening participant’s capacity to manage stress, improve well-being, and strengthen social safety nets as components of resilience which complement financial aspects derived from the livelihood grants alone.

Findings from the roundtable further endorsed the integrated approach, with management considering initial feedback positive and identifying limited necessary resources beyond those already available. However, managers noted that systems for integration, including information management systems, require standardization and expansion. Furthermore, it was noted that staff should receive more trainings to ensure the needed technical expertise for integrated service provision and cross-sector referrals.

**Conclusions and Recommendations**

In sum, the integrated approach was found to be effective in producing amplified resilience outcomes as expected. Integrated programming through referrals as well as a package approach where protection and livelihood services are provided in tandem produced statistically significant differences in changes in resilience between integrated and single-sector programming groups.

Based on the findings of this research, recommendations were developed to improve the current implementation of integrated programming and support further expansion.

Background

The Kingdom of Jordan hosts one of the largest number of refugees relative to its own population in the world, with an estimated 1.3 million, primarily Syrian, refugees currently living in Jordan (1). Eleven years after the onset of the war, protracted displacement remains a reality both for Syrian refugees and the surrounding countries who host them. In Jordan, a struggling economy and high unemployment has created additional challenges for the integration of refugees amongst an already vulnerable host population. In this context, the Government of Jordan (GoJ) and humanitarian actors are aiming to increase resilience and self-reliance amongst refugees and host communities alike. Nevertheless, a sizeable number of refugees and Jordanians remains highly vulnerable to shocks and are unable to lead resilient lives. For example, the unemployment rate in Jordan remained at nearly 25% throughout 2021 and a survey of in the aftermath of the COVID-19 pandemic found the majority of households to have insufficient savings available to withstand shocks or sustain their families for more than a week (2,3).

Livelihoods and protection concerns are closely interlinked in settings characterized by displacement and can act as barriers to attaining resilience for vulnerable groups. Protection concerns such as missing documentation may inhibit refugees’ freedom of movement and the ability to find legal, decent work. As a result, displaced persons are often forced into unregulated labor where they are more vulnerable to exploitation and can contribute to shifts in the labor market as a whole (4,5). This is evident in Jordan, where for example bureaucratic hurdles, high costs, and a lack of information about the work permit process remain significant hurdles for Syrian refugees despite efforts by the government to ease procedures. Moreover, work permits are restricted to certain sectors and generally exclude Syrians with tertiary education to work in their skilled sectors (2). The influx of informal labor has also resulted in a downward pressure on wages and lowered labor standards, such as for occupational health and safety, which affects not just Syrians but economically vulnerable Jordanians as well (6). Moreover, a lack of sustainable and sufficient livelihoods and financial insecurity makes households more vulnerable to shocks such as illnesses or short-term loss of work. As a result, households may choose to pursue risky or potentially harmful survival strategies, such as sending children to work or facilitating early marriage, whereby the family traditionally receives a dowry, as a means to manage or mitigate the impact of financial concerns. Such associations are again reflected in Jordan, where a recent assessment conducted by the Danish Refugee Council (DRC) found 38% of respondents to have skipped paying rent and 1% having resorted to child labor as an additional income, though qualitative findings suggested the later rates to be even higher (7).

While livelihoods activities are still prominent in resilience programming, the humanitarian community has acknowledged the interdependence between protection and livelihoods needs and related responses. As a result, actors apply a number of strategies to provide an appropriate and efficient response that can achieve greater resilience for targeted beneficiaries. These include
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**Protection Mainstreaming** and the *Do No Harm* approach consist of embedding protection concepts within livelihoods services or other services to ensure a holistic response that is sensitive to protection threats and does not cause unintended negative consequences. Alternatively, specific response activities may be able to address interrelated protection and livelihood needs simultaneously in a “packaged” approach where either set services are provided together or beneficiaries may have access to a number of services across both sectors to address their specific needs (4,5). DRC Jordan has been applying both of the above outlined approaches, exploring which services are best implemented in unison, i.e. group stress management sessions, legal awareness sessions, and livelihood grants distribution, as well as co-locating protection and livelihood services in the same communities to facilitate referrals and coordination between respective teams.

**Research Objectives**

DRC Jordan hypothesizes that the integration of services compounds positive outcomes in resilience and self-reliance amongst vulnerable persons who are seeking support from DRC. However, given the lack of available evidence on the effectiveness of integrated programs, the mechanisms underlying the hypothesized outcomes, and the operational implications, DRC Jordan aimed to determine if the rationale of integrated programming is underpinned by evidence. As such, the two integration approaches implemented by DRC Jordan, i.e. either through a package approach of having livelihood grant recipients participate in group psychosocial support sessions on stress management and legal awareness sessions related to labor rights and the formulization of home-based businesses or referrals between livelihoods and protection services based on needs, are examined. The research aims to establish 1) if integrated programming resulted in increased resilience outcomes and 2) which mechanisms led to the observed outcomes. Finally, from a project implementation standpoint, the research aims to 3) explore the feasibility of implementing integrated programming on a wider scale and what adaptations may be necessary prior to expansion.

**Methods**

To address the research aims, a mixed methods approach was applied, consisting of a comparative analysis to assess whether greater improvements in resilience were achieved between beneficiaries who had or had not received integrated services. The mechanism underlying identified outcomes were then explored via case studies using process tracing, while operational implications were explored in a roundtable discussion with DRC program staff.

**Comparative Analysis using the Resilience Index**

The comparative analysis was conducted using the Resilience Index (8), a tool developed by DRC to assess changes in resilience anchored in contextually relevant shocks such as the COVID-19 pandemic. It outlines specific scenarios of shock and stress that DRC’s integrated livelihood and protection programming is most likely to build resilience to. Data was collected as a cross-sectional study before and after service provision, with baseline data collection conducted between April and August 2021 and endline data collected from October to November 2021. In total, data from 434 participants was included in the final analysis, with 185 persons receiving integrated services and 249 not receiving integrated services.
Case studies were selected purposively based on either increased self-reliance or resilience scores on quantitative measures or if considered “success stories” by livelihood or protection staff. In total, 16 cases were selected across the locations of Karak, Ma’an, and East Amman and detailed key informant interviews conducted. Process tracing was applied to attempt to establish whether and how integrated programming influenced the positive resilience outcomes identified (9-11).

Finally, a dialogue table with 10 key technical and programmatic staff to discuss successful and inhibiting strategies for cross-sector coordination and observed cost implications (in terms of time and money) for integrated compared to standard programming was conducted in January 2022.

**Limitations**

A number of limitations affect both the potential validity and generalizability of the presented findings: Foremost, this study does not consist of an experimental design as DRC as a humanitarian organization provides services in response to existing needs. Instead, service recipients were divided into those who have received integrated support versus single-sector service provision groups ex post facto, based on services received. In addition to differences in needs at the outset, comparison groups also vary in the types and number of services received, further limiting the comparability between participants. Additionally, the Resilience Index is an internally designed tool that has not been validated prior to application in this research. As a result, the validity and reliability of the tool cannot be guaranteed, potentially introducing error into the measured outcomes of resilience. Finally, a number of biases may further affect findings, most prominently social-desirability bias.

**Results**

Findings from the comparative analysis strongly suggest that integrated programming does result in the hypothesized increased resilience outcomes. Out of the 434 participants, 185 (43%) had received integrated services. The average number of service types received was 3.25, with a minimum of one and a maximum of eight types of services received. Amongst integrated service recipients, the average number of both protection and livelihood services received was 1.6 and 1.65, respectively. The most common protection service received was case management, while the most common livelihood service received was livelihood counselling.

Findings suggested significant differences in resilience outcomes amongst those who received integrated services compared to those who did not. Out of all respondents who received integrated services, 67% (n=124) demonstrated an increase in resilience between baseline and endline compared to 57% (n=141) amongst those who did not receive integrated services. Amongst those who received integrated services, resilience scores increased by an average of 32% between baseline and endline. Those who had not received integrated services demonstrated an average increase of only 16% in comparison. The difference in average increases between the integrated and single-sector groups was
found to be statistically significant, at \( p = 0.001 \), suggesting that integrated service provision results in amplified positive resilience outcomes compared to single-sector services.

In addition to examining integrated services overall, the specific “package” provided under a project funded by the United States Bureau of Population, Refugees and Migration (BPRM) project, which provided livelihoods grants coupled with group PSS support activities was further examined. In a second comparison of means, resilience outcomes of grant recipients who had or had not participated in group PSS activities were compared, with findings again supporting the integrated approach in achieving increased resilience. Amongst 40 persons who had received a grant with other protection services but did not participate in group PSS, the average increase in resilience scores between baseline and endline was 19%, compared to 40% amongst the 81 grant participants who had participated in psychosocial support sessions. Differences were again found to be statistically significant (\( p = 0.038 \)), suggesting that providing grant and PSS services in tandem produces greater positive effects to resilience than grants alone.

In order to better understand how integrated programming achieves these amplified outcomes and what mechanisms underlie improvements, cases identified as success stories were examined in detail and pathways to resilience explored. DRC hypothesized that interrelated needs would require a combination of services across both sectors that first tackle acute needs, to then secondarily allow vulnerable persons to build sustainable livelihoods after stabilization. At outset, almost all of the reviewed case studies indeed demonstrated interrelated, complex needs comprising both livelihoods and protection concerns. Out of the 13 case studies that received integrated services, 12 were identified as having needs spanning both sectors. These were often highly interdependent and successive, with complex situations underlined by poverty resulting in recurrent risks, where cause and effect were often interrelated. All reviewed cases reported having limited household incomes and an inability to meet their basic needs at baseline.

Cases who presented with protection needs (rather than those seeking livelihood services) generally had higher levels of vulnerability and acute needs that hindered pursuit of activities that increase self-reliance or resilience. Amongst these cases, successful pathways to increase resilience appeared to stem from a twofold approach, where first managing the acute needs then allowed for a pursuit of sustainable livelihoods and greater resilience. Acute needs were usually addressed through tailored protection services that were generally able to mitigate or resolve immediate threats. With mitigation of the immediate threat, it was hypothesized that services such as livelihood grants and group PSS would help to strengthen resilience and self-reliance. However, the degree to which this was achieved is difficult to assess. While all participants were selected as case studies due to their strong performance on self-reliance or resilience measures, or as they were considered success stories by staff, almost all with acute needs at outset described significant limitations to their self-perceived resilience. They stated that despite their situation having improved to some extent, they did not feel they would be able to manage a significant shock such as repeated COVID-19 related lock-downs from a financial standpoint. This was frequently tied to income which remained low and did not allow for the development of savings that could be used to mitigate future crises. However, the self-assessment of beneficiaries that their resilience is limited may in itself be qualified by internal bias. Given the
severity of COVID-19 and related trauma, it is possible that this measure was too severe of a comparison point and respondents were not able to identify smaller, yet significant changes in resilience that they had achieved. Considering the inclusion criteria, some improvements in resilience and self-reliance are very likely present, despite these possibly not being sufficient to manage a severe shock like lockdowns and complete loss of livelihoods.

Apart from the vulnerable cases referred through protection programming, four cases reviewed as part of this research participated in the package approach and received group PSS and a legal awareness session as a condition of their livelihood grant. While some still demonstrated interrelated needs (e.g. anxiety or stress as a result of unstable financial situation), they did not demonstrate the same severity of acute needs as the beneficiaries who were referred between services as above. Integrated services, where tailored protection services first address acute needs are not necessary in these cases. However, the package approach appears to be successful in itself, by combining the effects of increased psychological and financial self-reliance. At this stage where a household’s immediate needs are stable, the package approach appears to strengthen participant’s capacity to manage stress, improve well-being, and strengthen social safety nets as components of resilience which complement financial aspects derived from the livelihood grants alone.

Findings from the roundtable further endorsed the integrated approach, with management considering initial feedback positive and identifying limited necessary resources beyond those already available. Staff noted that the enhanced coordination between livelihoods and protection teams took some additional time, but financial costs were limited beyond increased transportation stipends to facilitate attendance of PSS sessions amongst grant beneficiaries. However, systems did require strengthening, for a more efficient and effective integration. Managers noted that systems for integration, including information management systems, require standardization and expansion. Furthermore, it was noted that staff should receive more trainings to ensure the needed technical expertise for integrated service provision and cross-sector referrals. Currently there appear to be some discrepancies between the level of training and focus on referrals between teams, likely due to referrals being deeply embedded in the case management – and therefore wider protection approach. While protection teams are all required to attend a safe identification and referral training to identify and refer protection needs, livelihood teams receive this training on an ad-hoc basis.

Finally, in addition to the operational challenges, two obstacles to integrated programming were noted related to its place within the wider humanitarian system. First, the short duration of project grants makes the implementation of integrated services more challenging, since the services that are most pertinent to integration, e.g. grants, case management, PSS, and legal awareness etc., all require multiple weeks or months for completion with repeated interactions between service recipients and DRC. This echoes similar findings from research conducted by the Durable Solutions Platform on financing protracted displacement, which identified a need for multi-year funding of comprehensive interventions to support especially economic self-reliance (12). These may be difficult to identify, coordinate and implement for one beneficiary within a one-year project cycle. Secondly, result frameworks often outline indicators based on the number of service recipients and/or total reach figures. Integrated approaches prerequisite a higher number of services (and therefore costs) for a
smaller number of persons, lowering the total number of persons reached compared to the standard approach. This may be less attractive to donors who aim to demonstrate support for a larger segment of the population.

**Conclusions and Recommendations**

In sum, the integrated approach was found to be effective in producing amplified resilience outcomes. Integrated programming through referrals as well as a package approach where protection and livelihood services are provided in tandem produced statistically significant differences in improvement in resilience between integrated and single-sector programming groups.

DRC hypothesized that integrated programming achieves amplified resilience outcomes by first addressing acute needs to create a stable enough household situation that allows the subsequently provided livelihoods grants to succeed, thus building resilience. Findings provided initial support for this hypothesis amongst vulnerable beneficiaries. However, the level of resilience achieved requires further examination with the timeliness of and the grant amounts moderating their effectiveness in creating sustainable livelihoods and resulting resilience. Moreover, quantitative findings identified amplified outcomes in resilience between integrated and single-sector programming, but it did not identify or assess a cut-off level of “achieved” resilience for the two households. This was reflected in qualitative findings, where households reported improvements in their situation but may nevertheless consider themselves vulnerable after receiving services.

Qualitative findings also suggest an alternative method for how integration achieves positive outcomes amongst more stable households without acute needs. In these cases, the package approach appears to be able to simultaneously strengthen psychological and financial aspects of self-reliance contributing to resilience. It is possible that vulnerable households, once stabilized, would also be able to benefit from integrated programming at this stage.

From a programmatic perspective, integrated service provision was considered manageable, though dedicated systems need to be in place to facilitate and strengthen the process. This includes both information management systems that allow for a quick and effective referral process with case tracking, as well as standardized cross training systems for livelihoods in protection referrals and vice versa. Finally, certain characteristics of the humanitarian system and funding cycle, i.e. the short funding durations of humanitarian projects as well as a focus on figures of total reach rather than number of services provided, are a challenge when designing a project with an integrated approach.

**Based on the findings of this research, the following recommendations are therefore proposed:**

1. The effect of vulnerability on resilience outcomes should be further examined, given the differences identified in the qualitative data and lack of an available proxy in the available quantitative data. Findings strongly suggest that the level of vulnerability of vulnerable persons will not just affect outcomes, but also pathways to resilience.
2. A package combining group PSS activities focused on stress management and legal counselling for grant recipients was found to be successful. A similar introduction of livelihoods components for
vulnerable protection cases may be effective in achieving better outcomes and are in line with findings on how integration was achieving results between vulnerable and less vulnerable cases. Further discussion of potential pathways and piloting of the approach should be conducted.

3. A more coherent system for tracking referrals at country level should be developed, preferably through the DRC information management system. This should allow for easier follow up at base level and process monitoring, as well as ideally assess initial outcomes. Similarly, cross-training for referral systems for livelihood and protection staff could lead to more relevant and effective referrals.

4. In general, monitoring of the effectiveness of integrated programming should be expanded, given the positive initial findings of this research. Existing tools could be further developed to include referral or integration related questions to assess satisfaction and outcomes of package approaches.

Bibliography


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