NORTHWEST SYRIA | BRIEF

EXPANDING THE EVIDENCE BASE ON CASH, PROTECTION, GBV AND HEALTH IN HUMANITARIAN SETTINGS

Findings from Northwest Syria: A Comparison of Individual Protection Assistance and Dignity Kits

INTRODUCTION

Over ten years of war and protracted humanitarian crisis in Syria has taken its toll on local populations. The COVID-19 pandemic, drought, and economic deterioration throughout Syria have all exacerbated needs. In **northwest Syria, where 97% of the population lives below the poverty line and 2.8 million people are displaced**, humanitarian needs continue to outpace the response. The situation continues to pose protection concerns for the civilian population; **lack of resources forces people to resort to negative coping mechanisms and gender-based violence (GBV) affects the lives of millions of women and adolescent girls across the country**.

UNFPA's program, which is implemented through local Syrian NGOs, provides integrated sexual and reproductive health and GBV services to over one million women and girls in northwest Syria on an annual basis. As part of 2021 programming in northwest Syria, UNFPA and its implementing partners provided dignity kits (hygiene and sanitary products) and individual protection assistance (IPA, a one-off unconditional cash transfer valued at US$ 100-120) to those in need. This evaluation was conducted to **compare perceptions and outcomes between dignity kit and IPA recipients in Harim and Idleb** Districts in Idleb Governorate with the aim of informing future UNFPA program decision making in Syria.

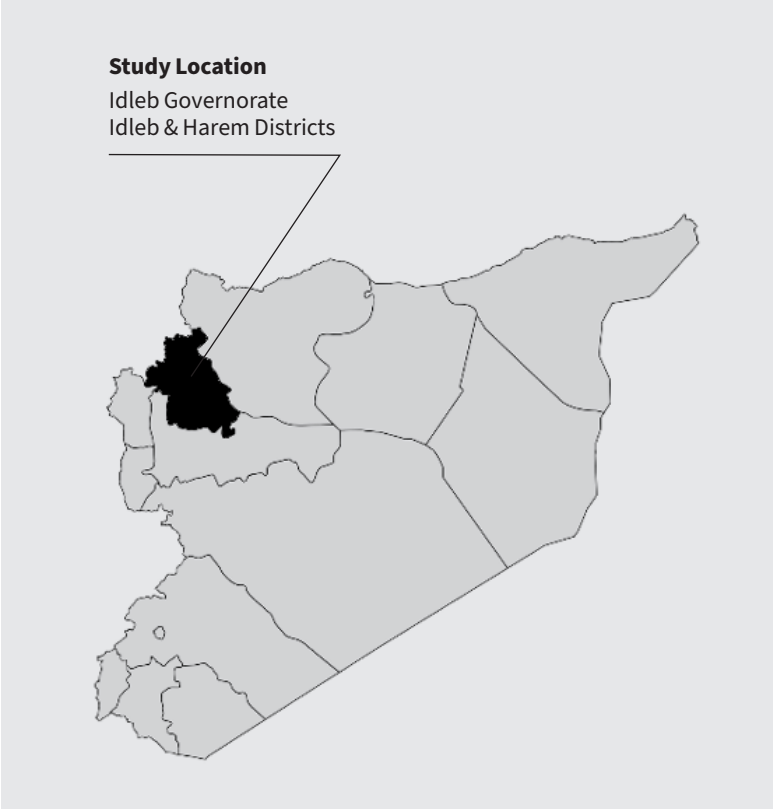
METHODS

As part of routine programming, UNFPA and its partners planned dignity kit distribution between January and March 2021 and IPA distributions between February and April 2021. Both groups also received information on locally available services, where the interventions were viewed as an entry point for UNFPA programming. In this evaluation, interviews were conducted when the intervention was received and again two to three weeks later, and changes in select indicators were compared between the pre/post-intervention periods. A short follow up period was identified because the population is highly mobile, and it was anticipated that most participants would use cash and dignity kit items immediately.

While all UNFPA program areas in Idleb were considered as potential study locations, Harim and Idleb Districts were selected as study locations due to geographic overlap of dignity kit and IPA distributions, and it was beneficial to have comparison groups residing in the same locations with access to similar services.

A **sample size of 440 participants** was identified, including 220 in each comparison group, with an anticipated final sample of 400 (where 10% loss to follow-up is expected based on experiences with post-distribution monitoring). A stratified sample design was used to ensure a geographically representative sample; only women with access to cellular phones were enrolled due to the need to conduct follow-up interviews via phone. Due to set distribution timelines among UNFPA's implementing partners, which were contingent upon security considerations, it was not feasible to optimally match the comparison groups on key characteristics, however, **all participants were considered vulnerable by UNFPA criteria.** One important difference between the two groups was residence location nearly all dignity kit recipients (99.5%) resided in a camp compared to only 39.6% of IPA recipients. Dignity kit recipients also reported a higher level of humanitarian assistance receipt in the preceding month (77% vs 38%, $p<0.001$), which is likely related to their concentration in camps which can be more easily targeted with assistance.

Data collection was conducted by Ihsan Relief and Development (IhsanRD), a UNFPA implementing partner. An in-person interview was conducted when either the IPA or dignity kit was received and the follow up interview was conducted via phone. Oral consent was obtained prior to beginning interviews and data was collected on a secure tablet-based platform with numeric codes [in lieu of names] to ensure confidentiality. Qualitative interviews were conducted by IhsanRD staff trained in qualitative methods and protection with 18 IPA recipients. De-identified quantitative and qualitative data were transferred from IhsanRD to JHSPH for analysis; quantitative analysis was conducted in Stata 13 and qualitative analysis was conducted using MAXQDA 2020.



FINDINGS

UNMET NEEDS. **A major unmet need for participants in both groups was food**, with 41% overall reporting this as their top priority; other priorities included debt repayment (14.4%), shelter (10.4%), health services (8.8%), water and sanitation (7.7%), and livelihood assistance (5.3%). When asked to rank their top three unmet needs at baseline, three quarters of participants reported food as a key need, reflecting widespread food insecurity. Between baseline and the post-intervention survey, the proportion of IPA recipients that reported food needs decreased by 20%, while this proportion increased by 14% in the dignity kit group, suggesting that IPA recipients may have spent funds to address unmet food needs.

DIGNITY KIT PERCEPTIONS. Dignity kit recipients reported washing powder, shampoo, bath soap, dish washing liquid, and reusable pads as the most useful items and the majority (77.8%) indicated there were no unnecessary items in the kit and no more than 5% of recipients reporting a particular item as unneeded. Only 17.9% of women reported gifting some items and 2.9% reporting selling kit items.

IPA PERCEPTIONS AND USE. **The majority (73.2%) of households spent part of their cash transfer on food**, including 41.9% and 31.3%, respectively, that reported food as the largest or second largest expenditure; debt was the second most frequent use of cash transfers, with just over half (52.2%) reporting it among the top two expenditures. All qualitative interview participants emphasized cash was used to meet basic family needs.

The overwhelming majority (98.6%) of cash recipients reported feeling safe receiving cash, and <1% reported tensions with their spouse, neighbors, or requests to share with relatives. Over three-quarters of participants reported that there were no challenges in receiving their cash transfer. Reported challenges included a need for male accompaniment (8.8%), travel time (7.0%), and transportation costs (5.6%). **Among women living with their partner, the majority (62.8%) reported they were the singular decision makers on cash use and 30.2% reported joint decision making.** Although women did not commonly report disagreements on spending decisions, in qualitative interviews disagreements were always related to the multiple and competing needs within the household.

MENTAL HEALTH

Participants were asked to report how frequently they felt depressed or hopeless in the prior two weeks (on a 4-point scale from not at all to nearly every day). Pre-intervention, 70.9% of IPA and 58.9% of dignity kit recipients reported feeling hopeless either more than half the time or nearly every day (Figure 1). Post-intervention, the proportion reporting frequent depression fell in both groups to 29.3% in the IPA group and 42.5% in the dignity kit group. The magnitude of depression reduction was significantly greater among IPA recipients (41.6%) as compared to dignity kit recipients (16.4%) ($p=0.001$). In qualitative interviews, one woman said, ***"When I received it [cash] and paid some of my debts, my psychological situation improved although I could not pay all of the debts, but little is better than nothing."***

SAFETY

The majority of women reported feeling safe in their homes, however, 16.6% of IPA recipients and 13.1% of kit recipients felt 'not very safe' or 'not safe' in their households at baseline ($p=0.12$). At end line, this fell to 4.7% among IPA recipients and 9.7% among kit recipients, which translates to reductions of 11.9% for IPA recipients and 3.4% for dignity kit recipients, respectively ($p<0.001$) (Figure 2). Similar results were observed among only those living with a partner, where the proportion of women feeling unsafe in their home decreased from 15.6% to 1.1% in the IPA group and from 10.3% to 7.1% in the dignity kit group ($p<0.001$). The change in perceived safety between baseline and end line was statistically significant, ***suggesting that cash increased feelings of safety in the household, a finding that was supported by qualitative interviews: "When there is no money, the general atmosphere will be tense, the children will be anxious, and the father will be nervous. Therefore, the cash can reduce these disagreements."***

AID PREFERENCES AND SERVICE REFERRALS

For future assistance, 72.3% of both participants preferred that future assistance be given in cash rather than as vouchers or in-kind assistance, with no significant differences between IPA and dignity kit recipients (p=0.125). In qualitative interviews, women suggested that cash be provided on a monthly basis, given in order to start a small business, or provided to help them buy a sewing machine to make clothes at home and provide income. As a means of disseminating information about other services, IPA and dignity kit groups reported similar results (p=0.827), with approximately one-third (32.2%) of participants reporting that they received information about other services at the time of the intervention. The most common requests for referrals at the time of intervention in both groups included: health services (27.4%), livelihoods (15.7%), additional cash transfers (10.3%), psychosocial support (7.2%), and case management (4.9%). Of those who received information, approximately two-thirds (67.6%) reported seeking the suggested services, and this proportion was similar between groups (p=.219), suggesting that both interventions can be appropriate methods of facilitating linkage to other services.

SUMMARY OF FINDINGS AND RECOMMENDATIONS

This study examined the experiences of 431 women in Idleb Province of northwest Syria that received assistance as either IPA, an unconditional cash transfer of US$100-120, or a dignity kit including US$20 worth of hygiene and sanitary items from UNFPA implementing partners in early 2021. The two interventions were intended to provide immediate assistance while simultaneously serving as an entry point for additional services.

Women who received IPA reported that they had partial to full control of how the cash was used. Among those receiving cash, food accounted for most of the transfer expenditure, and 20% fewer households reported food as among their top three needs at end line compared to baseline. **Nearly all IPA recipients (98.6%) reported feeling safe and the transfers rarely caused problems between participants and their neighbors, relatives, or spouses.**

Cash transfers also had greater benefits in terms of mental health and safety as compared to dignity kits. While both groups reported reductions in feelings of depression and hopelessness during the intervention, the reduction in depression among IPA recipients was significantly greater than among those receiving dignity kits.

Cash was associated with increased feelings of safety in the household and better household relationships. The proportion of women reporting they no longer felt unsafe in their homes decreased significantly more among IPA recipients as compared to dignity kit recipients. **One plausible explanation for the improved relationships and mental health benefit is that cash partially relieve financial stress, notably debt, and conflict caused by the multiple unmet household needs**, while the dignity kits did not allow the same flexibility. Similarly, **cash allowed households to meet a broader range of needs for different household members which recipients appreciated.**

Cash was the preferred modality of assistance by >70% of both IPA and dignity kit recipients, which aligns with previous findings from northwest Syria on humanitarian assistance preferences. In practice, it is often logistical and contextual factors that determine which forms of

assistance are most feasible. Findings from this study indicate that both dignity kits and unconditional cash transfers are appropriate forms of assistance and should be continued in northwest Syria, either as standalone or complimentary interventions. **Cash transfers may be more advantageous for supporting households to meet basic needs whereas dignity kits ensure that women and girls have access to hygiene and sanitary items that may not be prioritized when household resources are limited** (pre/post change in need for hygiene items was -9% for dignity kit recipients compared to +4% for IPA recipients).

Both IPA and dignity kits were intended to be an entry point for services, and approximately one-third of women in each group received information about other services. Of those who reported receiving information, approximately two-thirds of women in both the IPA and dignity kit groups reported seeking the suggested services. Both the receipt of information about services and the number of people seeking services was similar between groups, suggesting that both cash transfers and dignity kits are appropriate methods for facilitating linkage to services and that provision of cash did not translate to increased referral use. This could be the result of a range of factors, including high levels of competing unmet needs, accessibility and perceptions of services (e.g. poor quality, service not available nearby), and other non-cost related barriers (e.g. need for male accompaniment/permission).

While the study findings clearly indicated cash is associated with a number of economic, health and safety benefits for the recipients and their families, the short follow-up period limits the ability to draw conclusions about longer-term and sustained benefits. **Acknowledging the immense unmet needs in northwest Syria, humanitarian organizations should continue cash assistance and endeavor to expand programming, both by increasing the number of recipients and extending the time period that cash transfers are received.**

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