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Comparative Study
of the **Effects**
of **Different Cash Modalities**
on **Gender Dynamics**
and **People with Disabilities**

Aleppo, Syria

**EXECUTIVE
SUMMARY**

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Prepared by **Key Aid Consulting**
and **Venture International**
for the **Dutch Relief Alliance (DRA)**



INTRODUCTION

In 2020, the Syria Joint response partners (ZOA, Oxfam, Cordaid, Dorcas and Terre des Hommes) delivered Cash and Voucher Assistance (CVA) with a transfer value of 45,000 SYP per household per month over four months to approximately 14,300 beneficiaries in 3 neighbourhoods in northeast Aleppo city (Haydariyeh, Jabal Badro and Hanano) to cover food security needs. Partners used different modalities which included: vouchers, Cash for Work (CfW) and Multipurpose Cash (MPC). The objective of this study was to showcase the different effects of those different modalities on the most deprived and marginalised groups, in particular women and People With Disabilities (PWD) in order to inform more appropriate CVA programming.

The methodology mostly relied on a desk review and on the analysis of baseline and endline data, targeting female respondents. The study, however, presents important limitations such as:

- ④ While the selected neighbourhoods are close geographically and present similar economic conditions, the population composition in those different areas could have had an impact on the comparability of data across groups and modalities;
- ④ The timing of the cash with distributions and different data collection exercises were impacted by the COVID-19 pandemic (which hit the country right after baseline data was collected) and the time required for partners to obtain government approvals;
- ④ Due to those delays and the inflation rate in the country, the transfer value did not correspond to the needs it was meant to cover.

As such, the following findings arose under exceptional circumstances and the evolving context should be taken into account for future interventions.



FINDING

Food security status

Food Consumption Score (FCS)

Overall, the targeted households' food security improved over time. This was illustrated by an increase in the FCS (+1,82^{***}).¹ When disaggregated by modality, households that received vouchers reported a large improvement in FCS (+4,65^{***}), compared with household that received CfW which reported a large decrease of -4,67^{***} in FCS. Households with PWD experienced a smaller improvement in FCS (+0,01) compared with households without PWD (+1,37).

Reliance on negative coping strategies

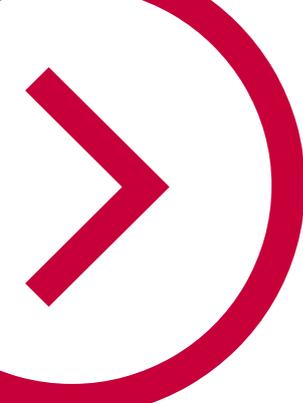
Using the Livelihood Coping Strategies Index (FCS Indicators Handbook), the study found that recipients reduced their engagement in negative coping strategies. Households reported the largest reduction in the use of the following coping mechanisms: borrowing food (-55%^{***}) and borrowing money (-30%^{***}). Households that received vouchers reported the largest decrease in stress-related negative coping strategies (-34%^{***}) and CfW recipients reported the largest decrease in crisis-related negative coping mechanisms (-19%^{***}). MPC recipients reported a decrease in emergency-related negative coping strategies, such as, sending children to work (-14%^{***}).

Expenditure patterns

All CVA recipients spent a greater proportion of their expenditure on health at endline (+5%^{***}) and slightly less expenditure on hygiene (-2%^{**}). Food-related expenditure patterns show a large increase in expenditure on staple foods (+13%^{**}) and a decrease in the consumption of fruits and vegetables (-8%^{***}). Households that received vouchers increased the priority they gave to food (+4%^{***}), which is linked to the restricted nature of the modality, and health (+6%^{***}) in their expenses. Households that received CfW reported an increase in health (+1%^{*}), education (+2%^{***}) and shelter expenditure (+1%^{***}). CfW recipients diversified their food expenditure (staples, fruit and vegetable, and protein) more than voucher recipients.

As such, to improve food security indicators, voucher seems to be the most effective modality as the use of the transfer was limited to a basket of food items. Considering the changes in reliance on negative coping mechanisms and expenditure patterns for CfW and MPC recipients, however, it is expected that the non-restrictive modalities brought other positive outcomes (related to health and education for instance) which could not be measured as part of this study.

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¹ * P ≤ 0,05 (Less than 5% possibility that the results are due to chance)
** P ≤ 0,01 (Less than 1% possibility that the results are due to chance)
*** P ≤ 0,001 (Less than 0,1% possibility that the results are due to chance).



FINDING

Protection outcomes for women

Improved well-being

The majority of female respondents that received vouchers and MPC reported that their well-being improved since they started receiving the CVA (83% and 75% respectively). For CfW recipients, the question was misinterpreted and thus, the data could not be presented.

Level of stress

Female respondents reported a reduction in the level of tension within the household and in their self-assessed level of stress. At baseline, respondents reported an average stress of 2,75 and an average tension of 3,21 on a scale of 0 to 10. The majority of households for each modality reported that their levels of stress have 'decreased'. This was especially the case for recipients of unrestricted modalities (CfW = 98,65% and MPC = 93,21%). Comparatively, 80,24% of voucher recipients reported a decrease.

Decision making power

The percentage of female respondents that make household decisions alone remained the same at baseline (37%) and endline (38%). At baseline, 41% of female respondents reported that most decisions were made by a male household member, which decreased to 11% at endline. At baseline, 22% of female respondents reported that decision making was shared, which increased to 51% at endline. The share of female-only decision making increased at endline for voucher recipients by 25%. Comparatively, the percentage of shared decision making increased at endline for CfW recipients by 29% and for MPC recipients by 58%.

Levels of violence within the household

At household level, the majority of respondents said that there was no violence before the assistance (81%). Of the remaining respondents that experienced violence within the household before the assistance period, 56% reported a decrease in violence and 44% reported no change during the assistance period. CfW recipients reported the largest decrease in violence (18%).

Levels of violence within the community

Overall, 68% of the respondents reported no violence in the community before the assistance period. Of the remaining respondents that reported violence within the community before the assistance period, 46% reported a decrease in violence and 54% reported no change during the assistance period. When disaggregated by modality, 3% of the households that received vouchers, 14% of the households that received CfW and 18% of the households that received MPC reported a decrease in violence in the community since receiving the CVA.

As such, the study noted that all modalities had a positive effect on the reported level of stress and tensions among women by easing some of the financial burden faced by the recipient households. This was particularly the case for unrestricted modalities as recipients had the freedom to spend the grant to cover their priority needs.



FINDING

Preference and satisfaction for women and households with persons living with disabilities

Modality preference

Most female recipients were satisfied with their respective modalities and would not prefer to receive assistance through a different modality in the future. This was especially the case for CfW (95%) and MPC (96%) recipients. Households with PWD that received vouchers showed a stronger preference for a different modality (30%) than households without PWD (22%) as households with PWD particularly appreciate the flexibility to purchase items related to the disability status of the member with special needs. Modality preference is, however, also often linked to programme design-related decisions such as distance to travel to access the distribution point or waiting time to cash out the grant. As such, and considering that the partners made different decisions, this could rather be linked to how the chosen modality was distributed rather than the modality per se.

Satisfaction for households with PWD

Households with PWD report an average satisfaction of 7,66 out of 10. Comparatively, households without PWD reported an average satisfaction of 6,59 out of 10. Households that received CfW were the most satisfied (8,44), then households that received MPC (8,34), and households that received vouchers (6,95).

Accessibility of delivery mechanism for households with PWD

Households with PWD rated the delivery mechanisms as 7,19 out of 10 on accessibility. Comparatively, households without PWD rated the delivery mechanisms as 6,39 out of 10 on accessibility. Households with PWD found the delivery mechanism for CfW to be the most accessible (8,36), then MPC (7,29) and vouchers (6,79).

Satisfaction with the assistance received among women and households with PWD and accessibility was higher for non-restrictive modalities such as CfW and MPC.



RECOMMENDATIONS

Based on the findings of the study and discussion with the SJR partners during a preliminary findings workshop, the research team has drawn conclusions and recommendations to improve CVA programming in the future. The conclusions and recommendations are grouped into three perspectives: Design, implementation, and monitoring and evaluation.

Perspective	Recommendation
Design	1. Unrestricted cash assistance should be the default modality of assistance when the conditions for appropriateness are met. Vouchers should be considered if the key objective of a project is improved food security only.
	2. Conduct a Sex and Disability Disaggregated (SADD) gender and barrier analysis to cover the needs of different groups.
	3. Ensure women's and PWD's voices are heard in need, market and security assessments.
	4. When CfW is considered, additional MPC assistance should be considered for most vulnerable households not able to work.
	5. Combine cash assistance with food security awareness raising if increased food security is the main objective of the programme.
	6. Integrate non-food related expenditure in the transfer value calculation or in the voucher list of restricted items, especially when targeting women and households with PWD. These expenditures should be defined based on a needs assessment but could include: WaSH, shelter/NFI or education expenditures.
	7. In volatile economic contexts like Syria, the transfer value should be set in USD or adjusted according to the inflation rate.
	8. Incorporate gendered outcomes into the programme design.
	9. Map and learn from existing humanitarian projects in the programme intervention areas with intended gender outcomes.
Implementation	10. SADD gender and barrier analyses should be conducted routinely during the design and implementation phase (during each monitoring and evaluation exercise for instance).
	11. Integrate equal access considerations when identifying service providers.
	12. The appropriateness of e-payments should be informed by a feasibility assessment.
M&E	13. Including behavioral changes should be an intended outcome with dedicated resources and time.
	14. Do not limit data collection to between-household levels, but also consider the within-household individual levels.
	15. Use indicators to track both intended and unintended outcomes (such as health, education or shelter outcomes).
	16. Make use of the M&E tools and guidance included in CaLP updated Programme Quality Toolbox.