

# Benefits of mixed modality assistance for food security in Syria

Evidence from a pilot project in Damascus and Rural Damascus (2020)

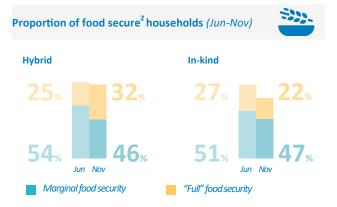
# SAVING LIVES CHANGING LIVES

# Background

7,000 highly vulnerable households (35,000 people) in Damascus and Rural Damascus were selected to receive mixed modality food assistance (combination of in-kind and cash-based transfers)<sup>1</sup> from June to November 2020. Food security baseline and end line data were collected from a representative sample of households receiving mixed modality food assistance (hybrid) as well as from comparable households receiving in-kind food assistance (in-kind).

This factsheet summarizes the key findings and conclusions of the comparative analysis that highlights the benefits of mixed modality assistance.

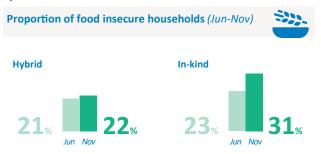
# Food security outcomes



<sup>1</sup>Mixed modality (hybrid) ration: rice, vegetable oil and sugar in addition to a food electronic voucher ranging from 42,000 to 56,1000 Syrian pounds. In-kind ration: rice, vegetable oil, sugar, pasta, salt, bulgur, chickpeas, crushed lentils, lentils and wheat in Rural Damascus only.

<sup>&</sup>lt;sup>2</sup>The graph displays food secure households as per the Consolidated Approach for Reporting Indicators of Food Security (CARI), which includes an analyses of food consumption, livelihoods coping strategies and food expenditure. Food secure households are those that are able to meet food and non-food needs without atypical coping strategies. Marginally food secure households are those who have minimally adequate food consumption without engaging in irreversible coping strategies.

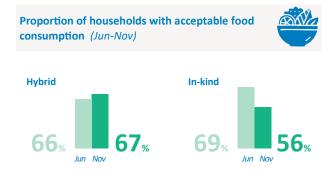
The majority of WFP beneficiaries under the two modalities were food secure or marginally food secure throughout the pilot.



Hybrid assistance strengthened the ability of some households to move from marginally food secure to food secure. At the same time, it shielded some vulnerable households from falling further into food insecurity as the economic situation deteriorated.

#### Food consumption score

Most households receiving hybrid assistance maintained acceptable food consumption levels throughout the pilot, while this indicator decreased among in-kind beneficiaries who were more strongly affected by inflation.



To have an acceptable food consumption, households need to consume staples and vegetables daily, frequently accompanied by oil and pulses and occasionally meat, fish and dairy.

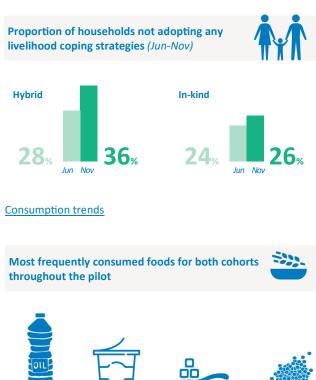
Households receiving hybrid assistance were able to protect their food consumption despite the economic deterioration, while adequate food consumption decreased among those receiving only in-kind assistance.

Most households rely on the market to complement in-kind food assistance; as prices soared from June to November 2020, households receiving hybrid assistance, unlike those receiving in -kind only, were probably able to safeguard their purchasing power through the value voucher.

#### Livelihood-based coping strategies

The adoption of negative livelihood-based coping strategies decreased significantly among beneficiaries receiving hybrid assistance.

Negative coping strategies include selling household goods and assets, borrowing money, selling productive assets and withdrawing children from school.



sugai

Nov

# Protein consumption (Jun-Nov)

dair

Hybrid

Protein consumption remained constant throughout the pilot

#### In-kind

Protein consumption was halved due to eroded purchasing power





### **Beneficiary experience**

#### Modality preference

Almost all beneficiaries from both groups expressed preference for mixed assistance modality.

#### Hybrid



of households confirmed preference for hybrid assistance by the end of the pilot.

In-kind



of households expressed willingness to switch to hybrid assistance.



#### Redemption of e-voucher assistance

On average, the nearest WFP-contracted retailer was situated 2.6 km away from the household's residence, which required 31 minutes to reach by foot. Most beneficiaries (83 percent) confirmed walking to markets. Most households (88.5 percent) were pleased with the quality of the goods they could purchase, which provided them with more choices, better quality food and more types of food that meet their culinary habits.

Most households (84 percent) stated that they had no safety concerns receiving the value voucher. However, 16 percent stated that they did not feel safe, mostly because they felt that the retailer overcharged them (88 percent) or restricted their choice to low-quality products (26 percent). WFP regularly monitors retailers' practices and performance and immediately follows up on any reported allegations of misconduct, including overpricing or choice restrictions.

Many households used the voucher to purchase dairy products, meat (including chicken), rice and bulgur during the past 30 days. Some households also purchased non-food items, namely hygiene items, although these were formally excluded from the voucher. Purchase data reflects the diversity of the items bought by households and highlights different purchasing patterns depending on each household's specific needs.

# Conclusions

The majority of beneficiaries (around 70 percent) remained food secure throughout the pilot despite the deterioration of the economy and soaring inflation from June to November 2020.

Beneficiaries of the hybrid modality fared slightly better than in-kind beneficiaries because they received key, expensive commodities in-kind while the e-voucher allowed them to adjust to price inflation, safeguard their dietary habits and maintain an acceptable food consumption.

The hybrid modality also allowed households to protect their livelihoods, reducing the need to engage in negative livelihood -based coping strategies.

The value voucher was used adequately to purchase fresh food commodities (dairy, meat, chicken and eggs) in addition to other staple foods like rice.

If given the choice, almost all beneficiaries, including those from the control in-kind group, would opt for the hybrid modality.

#### Recommendations

The hybrid modality should be progressively expanded to target the most severely food-insecure people. The scale of expansion should also consider cost-efficiency and market functionality.

Collaboration with partners responding to non-food needs, especially hygiene, should be strengthened to provide complementary assistance to the most vulnerable households.

Further evidence needs to be built to compare the effectiveness of various CBT modalities (including immediate cash and other combinations) on different types of beneficiaries in different locations.



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