SAVING LIVES CHANGING LIVES



## THE POWER OF CHOICE

## THE EFFECTS OF UNRESTRICTED CASH TRANSFERS ON SYRIAN REFUGEE HOUSEHOLDS

## **CONTEXT**

- Jordan hosts over 660,000 Syrian refugees who fled their country since the eruption of the Syrian civil war in 2011. Entering the ninth year since the outbreak of the conflict, there are currently over 650,000 Syrian refugees registered with UNHCR in Jordan, of whom 79 percent live in rural and urban host communities and 21 percent in formal refugee camps. WFP through its General Food Assistance (GFA) programme provides cash-based transfers to refugees throughout Jordan.
- In 2017, WFP applying a phased approach started rolling out the "Choice" modality in host communities, i.e. transitioning from restricted (evouchers) to unrestricted cash assistance. This modality allows beneficiaries to redeem the entirety or parts of their entitlement both at ATMs and WFPcontracted shops.
- To better understand the effects of the modality shift WFP conducted a pre-post longitudinal study with beneficiaries in Irbid governorate who switched to unrestricted cash in 2018.

## **STUDY OBJECTIVES**

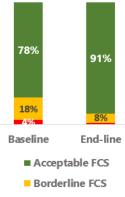
- The primary objective of the study was to assess the effects of the "Choice" transfer modality (unrestricted cash) on
  - i. household food security and nutrition,
  - ii. household expenditure and debt,
  - iii. intra-household decision-making processes,
  - iv. perceptions towards WFP's assistance, and
  - v. household mental well-being.
- 540 household interviews were conducted with the same beneficiaries (longitudinal approach) before and after the roll-out of the "Choice" modality in Irbid governorate.

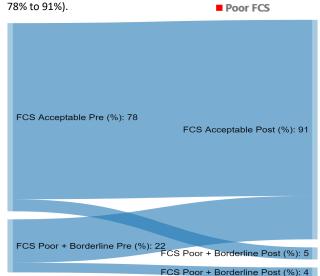




## **FOOD SECURITY**

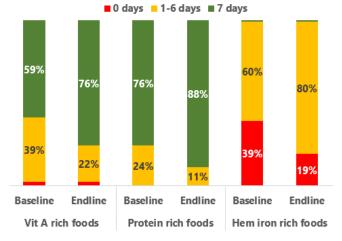
• Findings show that the overall food security situation among beneficiaries in Irbid governorate improved significantly during the transition to unrestricted cash assistance. On average, the Food Consumption Score (FCS), which measures household food security, improved by 20% (11 points). The share of households with an acceptable FCS increased by 13% (from 78% to 91%).





- 18% of the 22% of households with a poor/borderline FCS at baseline measurement achieved an acceptable FCS after the modality shift. However, 5% of the households that showed an acceptable FCS at the start deteriorated to a poor/borderline FCS at the end-line.
- No significant differences were found regarding the FCS for female-headed households and households with disability. Food security gains were particularly pronounced for small households as their share with an acceptable FCS increased by 17%, as compared to 11% for households of all other sizes.

 The Nutritional Quality Analysis reveals considerable improvements in the consumption frequency of nutrient-rich food groups over the course of the modality change. At the endline measurement, almost all households are consuming foods rich in Vitamin A and protein on a regular basis (1-7 days a week) and are thus less prone to micronutrient deficiency and undernutrition.



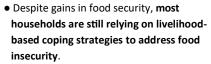
 Despite improvements, a high proportion of households do not eat enough hem iron, which puts them at higher risk of iron anaemia.
Similarly, the percentage of households with high weekly household dietary diversity (score of 7) increased significantly, by 10% (from 33% to 42%).

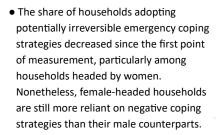
### FOOD CONSUMPTION-BASED COPING STRATEGIES

 Households were able to significantly reduce their reliance on consumption-based coping strategies which are usually adopted to address food shortages. Indicating strong improvements, the reduced coping strategy index (r-CSI) dropped by 10 points.

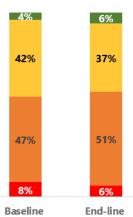
Food -based coping strategies	Baseline	End-line
Reduce the number of meals per day	71%	25%
Limit portion size at mealtime	67%	32%
Restricted food consumption by adults to save for small children to eat	40%	22%
Borrowed food or rely on help from relative(s) or friend(s)	42%	28%
Rely on less preferred and less expensive food	93%	69%

#### LIVELIHOOD BASED COPING STRATEGIES





• Among households with an acceptable FCS a majority relies on crisis or emergency coping strategies indicating latent vulnerability.



■ HH not Adopting CS

Stress CS

Crisis CS

**■** Emergency CS

#### **HOUSEHOLD EXPENDITURE**

- Total per capita monthly household expenditure averaged around 90 JOD at the baseline and increased significantly to 98 JOD at the end-line. However, this result should be interpreted with caution as the increase may partly be explained by the one-off winterization cash payment provided by UNHCR to refugees to cover urgent needs during winter.
- Interestingly, differences in food expenditure observed at baseline (female-headed households initially boasted a lower per capita food expenditure) evaporated over the course of the modality shift.
- Transitioning to unrestricted cash assistance enabled households to cover basic needs other than food, as indicated by considerably higher per capita spending on health and housing.

Expenditure	Baseline	End-line	Difference	p-value
Food	35.74	40.05	4.31	< .01
Non-food	54.01	57.91	3.9	< .01
Health	6.1	9.51	3.41	< .01
Education	0.29	3.15	2.86	-
Housing	40.43	41.69	1.26	< .01

## **HOUSEHOLD DEBT**

- Total household debt increased significantly, by 15%, (from 781.53 JOD to 919.43 JOD) during the roll-out of the "Choice" modality.
- Despite significant reductions in households debt for rent, food and health expenditure, these areas continued to be the main reasons for households to get into debt. Thus, the overall increase was due to households incurring debts related to education and other needs.
- A negative significant relationship was found among households with acceptable FCS and debt as this group reported the highest debt amount (948 JOD) compared to other groups. This finding highlights again the economic vulnerability of food secure households. It also points to the 'price' households have to pay to achieve food security.

Expenditure	Baseline	End-line	Difference	p-value
Rent	76%	66%	-10%	< .01
Food	62%	56%	-6%	< .01
Health	49%	44%	-5%	< .01
Education	4%	6%	2%	< .01
Investment	0.6%	0.9%	0.3%	< .01
Other	4%	11%	7%	< .01

<sup>&</sup>quot;My only income source in Jordan is WFP cash assistance" Female respondent

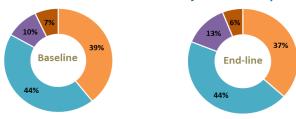
"The best thing that WFP did is giving us the ability to withdraw cash instead of restricted vouchers."

Male respondent

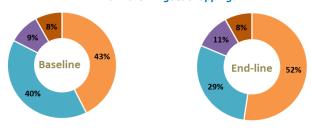


## **HOUSEHOLD DECISION MAKING**

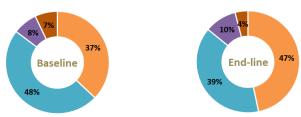
Who in the HH decides on which food items to buy?



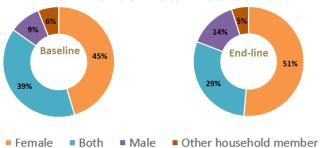
Who in the HH goes shopping?



Who in the HH decides on how to spend money on non-food?



Who in the HH holds WFP e-card?



- In the majority of households food-related decisions are taken by women (44%) or jointly, by women and men together (37%). This reality remained largely stable throughout the modality change.
- Interestingly, shopping behaviour changed as more women or men

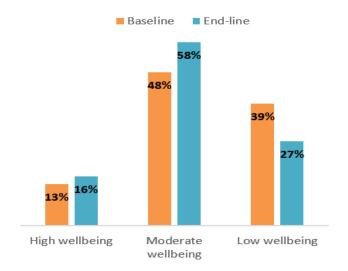
 What is noteworthy, households in which decisions on which food items to buy are made by women and by women and men jointly show a higher average FCS (72 and 70, respectively) as compared to households in which men decide unilaterally (68).

## PERCEPTION ON WFP ASSISTANCE

- The share of households who strongly prefer restricted cash over unrestricted cash (e-vouchers) dropped from 38% at the baseline to 31% at the end-line, particularly among female-headed households. The proportion of households that strongly prefer restricted cash due to familiarity and safety significantly dropped from 27% to 18%.
- After the roll-out of unrestricted cash, fewer households (49%) believe that this modality will help them to better engage them with the Jordanian community.
- Similarly, at the last measurement point less households (49%) agreed that withdrawing cash assistance from ATMs reduces the redemption cost, particularly so among household headed by women (44%). This finding hints at potential challenges related to transportation, infrastructure and access.

## HOUSEHOLD MENTAL WELLBEING

 Most of the household mental wellbeing aspects improved significantly from baseline to end-line.



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