PROVIDING STABILITY, EQUALIZING DISPARITIES
MONITORING RESULTS OF THE WFP REGIONAL SYRIA RESPONSE 2015-2017
INTRODUCTION

With the scale and magnitude of the Syria crisis response, which includes the largest WFP cash-based transfer programme in the world, monitoring is a critical component to ensure risk is mitigated and accountability is provided to donors as well as those WFP serves. The Regional Bureau Cairo (RBC) Monitoring Unit has been providing strong support to all country offices affected by the Syria conflict, conducting 25 country support missions and facilitating 10 workshops between 2015 and 2017 alone. Coming a long way since the start of the crisis, these country office M&E teams have more recently become recognized by donors and external evaluators as leaders in M&E in multiple fronts from Food Security Outcome Monitoring (FSOM)\(^1\), data management, monitoring Cash-based Transfers (CBT) and Multi-Purpose Cash (MPCA) to utilizing longitudinal designs and producing high quality reporting products.

RBC Monitoring recently consolidated data from all outcome datasets among the Syria refugee response countries (Egypt, Iraq, Jordan, Lebanon and Turkey) general food assistance activities over 2015-2017, which in total consisted of 56,488 interviewed households across the region. This report provides evidence of results at a sub-regional level in relation to changes in assistance values and analyzes data among specific vulnerable groups, given the depth of information available. This report would not be possible without the hard work and dedication of country office M&E teams in ensuring quality outcome data was collected consistently over the years.

\(^1\)Through FSOM WFP collects outcome data from both beneficiaries and non-beneficiaries (or non-assisted – those excluded from WFP assistance based on vulnerability criteria) over time.
KEY FINDINGS

- By providing regular food assistance to Syrian refugees every month, WFP succeeded in ensuring food consumption was stable and beneficiaries were able to maintain higher food consumption than baseline every quarter over the past three years.
- When receiving higher values of assistance, beneficiaries were more likely to have higher food consumption and were less likely to adopt coping strategies such as withdrawing children from school.
- WFP also likely contributed to equalizing disparities between vulnerability groups in the Syria refugee countries based on the following findings:
  » Assisted male and female headed households were more likely to have equal food consumption and similar use of coping strategies, while non-assisted female households consistently had lower food consumption than males over the past three years.
  » Food consumption equalized over time between households with and without disabled family members likely related to the change in selection criteria over 2016 and 2017.
  » From 2015-2016 the food consumption of beneficiaries considered to be in poverty was equal to those more well off, however, over 2017 there was a decline in food consumption among the more impoverished, which is likely related to the drastic currency devaluations and lifting of food and gas subsidies that took place in Egypt and Turkey as well as challenges in finding consistent income sources in all countries.
- Due to various factors, disparities in food consumption by refugee’s countries of residence increased over the three years. For example, among the poorest refugees, the average food consumption of those residing in Iraq was 43 percent higher than those in Lebanon.

REGIONAL TRENDS

Findings show that levels of acceptable food consumption among beneficiaries, aggregated regionally among the five countries, has improved from baseline (prior to receiving assistance) and has been relatively stable over the past three years. As seen in Figure 1, beneficiaries and non-beneficiaries followed a similar pattern of acceptable food consumption, however there continues to be a gap between them with beneficiaries more often having acceptable food consumption than non-beneficiaries every quarter.

Figure 2 displays the average CBT value transferred amongst the five countries over time together with the proportion of households assisted with acceptable food consumption. While country variations do exist, assistance cuts due to funding shortfalls that took place in 2015 are a likely explanation for the decline in food consumption the following quarters, which persisted even after assistance values increased.

Moreover, beneficiaries did not reach 2014 food consumption levels again following the cuts, which appeared to have lasting effects. The average value provided also never returned back to 2014 levels and was always lower the following years thereafter.

After assistance cuts, beneficiaries’ food consumption never reached 2014 levels again.

FIGURE 1: REGIONAL ACCEPTABLE FOOD CONSUMPTION

<table>
<thead>
<tr>
<th>Region</th>
<th>Beneficiary</th>
<th>Non-beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turkey</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Lebanon</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>Jordan</td>
<td>80%</td>
<td>70%</td>
</tr>
<tr>
<td>Egypt</td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>Iraq</td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td>Total</td>
<td>50%</td>
<td>40%</td>
</tr>
</tbody>
</table>

1%Baseline data was not available for all indicators such as CSI and thus was not included in most graphs. In addition, baselines were collected at different times over 2014 between the five countries and thus it was not included in any graphs that include the Q4 2014 voucher value, since it was not collected solely over Q4 and is thus incomparable.
Aside from the lasting effects of assistance cuts, Figure 2 also shows that there is a delay between the time assistance cuts took place and the effect on beneficiary food consumption by around two quarters (e.g. Q3 2015 to Q1 2016), meaning reductions in value may not affect families immediately, but over time. The consecutive increase in CBT values after WFP received additional funding resulted in relative stability in food consumption over late 2016 and 2017.

At sub-regional aggregate level there is insufficient data to conclude the exact contribution of every dollar to improving food consumption, but a more rigorous longitudinal M&E study conducted in Jordan in 2015 measured the effect of cuts in assistance following funding shortfalls, and findings there showed 82 percent of families decreased their food consumption after WFP assistance was cut completely. In addition, every dollar of assistance cut per person/month led to about a 1.3 point decrease in household food consumption.

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Short-term coping strategies followed a similar trend as food consumption, meaning the use of negative coping strategies reduced and were relatively stable throughout the following three years as shown in Figure 3. There was a clear inverse relationship between CBT value provided and coping strategies in that when higher values were provided families less often had to adopt negative coping strategies to meet food needs.

When higher assistance values were provided, families less often had to adopt negative coping strategies to meet food needs.

There was a gap between beneficiaries and those excluded from WFP assistance through vulnerability targeting. When receiving WFP assistance, refugees, on average regionally, were more likely to have higher food consumption and less often adopt negative coping strategies than those not receiving WFP assistance, meaning WFP likely had a positive impact on food security among targeted populations. However, this discrepancy also points to challenges with targeting as some non-beneficiaries may be in need of assistance, which countries have been working to address through improved selection criteria and review processes.
Another interesting example of how the assistance value provided affected beneficiary outcomes relates to the livelihood coping strategy “withdrawing children from school to meet food needs”. Figure 4 shows a similar pattern to acceptable food consumption in that assistance cuts over 2015 appeared to affect families after a two-quarter delay, which likely led to the massive spike in proportion of families withdrawing children from school in Q1 2016, then improved greatly following continued increase in assistance value provided.

However, there was a high discrepancy among non-beneficiaries in that females continuously had lower food consumption every quarter than male headed households. Regular food assistance, therefore, may have contributed to equalizing food consumption among male and female headed households. Short and longer-term negative coping strategies were also adopted equally amongst male and female headed beneficiary households.

**EQUALIZING DISPARITIES AMONG VULNERABLE GROUPS**

With an immense amount of data available, disparity analysis was conducted to look deeper into specific vulnerable groups and examine how WFP assistance affected them differently. The following section analyzes results by gender, disability, households with children under five and those considered to be impoverished (based on a proxy indicator for financial status).

**Gender**

While the sex head of household is always collected and outcomes often reported on, these figures are rarely statistically significant on a quarterly basis by country due to the small sample size. However, with the consolidated figures from five countries the sample size increased to be able to draw robust conclusions on the food security situation of female headed households in the five countries collectively.

Figure 5 shows the acceptable food consumption over time between male and female headed beneficiary households as well as non-beneficiaries. Interestingly, among beneficiaries, acceptable food consumption was similar between both male and female headed households.

Regular food assistance likely contributed in equalizing food consumption disparities between male and female headed households.
With the shift from food to vouchers and in some cases cash in the region since the start of the emergency, monitoring intra-household dynamics, such as the control of assistance, can provide meaningful insight for decision makers, since any changes to how assistance is controlled and utilized could affect the food security outcomes of beneficiaries. Figure 7 shows that the control of assistance by women or by women and men together was relatively stable over the last three years, never fluctuating by more than 10 percent each year. When reviewing analysis by transfer mechanism, women more often either made the decisions themselves or together with their husbands when receiving value vouchers compared to those receiving MPCA assistance, meaning MPCA assistance was less often controlled by women compared to vouchers. Overall, women were still involved in the decision making in a majority of households surveyed over the three years.

Women more often were involved in making decisions over how WFP assistance was used when receiving vouchers compared to multi-purpose cash.

Families with children under 5 years of age

Two out of three households surveyed had at least one child under five, and families with small children are often seen as more vulnerable, given they are dependents with special nutrition requirements. Over the three years, households with children under five on average were more likely to have acceptable food consumption than those without children.

Beneficiary families with children under five, on average, were more likely to have acceptable food consumption than those without children.

However, there was little disparity by the end of 2017. One possible reason for this is that WFP assists all family members with the same value per person irrespective of age, and because small children eat less (or just breast milk depending on their age), more money can be shared within the family, improving their overall food consumption compared to those who do not have small children. Providing cash-based transfers also enables beneficiaries to purchase food based on individual household members’ needs, and thus this more likely helped to maintain food consumption relatively equal within the family compared to in-kind assistance.

Disability

One in three households assisted by WFP included at least one disabled person, meaning individuals unable to be productive and potentially provide an income source (now or in the future) for the household due to a chronic impediment. In 2015, households with disabled persons had lower food consumption than families without, but over time, and particularly near the end of 2017, both groups had similar food consumption, likely due to improvements to selection criteria that took place over 2016 and 2017.

It is important to note the quality of data for this indicator was lower than the others given challenges with different perceptions of what is considered disabled or chronically ill among enumerators.
However, households with disabled family members continue to be vulnerable in that they more often adopt negative short and longer-term coping strategies every quarter to meet food needs than households without disabled members. Figure 10 shows the differences in adoption of short term coping strategies between households with at least one disabled person and those without.

Food consumption eventually equalized among families with and without disabled persons over the three years following receipt of continuous WFP assistance.

However, households with disabled family members continue to be vulnerable in that they more often adopt negative short and longer-term coping strategies every quarter to meet food needs than households without disabled members. Figure 10 shows the differences in adoption of short term coping strategies between households with at least one disabled person and those without.

Poverty

A proxy indicator for a household’s financial status was utilized using expenditure data collected in all five countries over 2016-2017. Households spending 65 percent or more of their income on food were more impoverished than those who spent less than 65 percent. As expected, those who spent less than 65 percent of their total expenditure on food often had higher total expenditures (nearly twice the total median household expenditure of $494 compared to $277 who spent >65% on food).

Analysis was then conducted to determine if WFP has been improving the situation of those considered the most impoverished over time through consistent food assistance. Findings show that the proportion of those with acceptable food consumption among the better off was similar to the more impoverished in the first year, then stabilized and even improved in the last year. However, the proportion of families with acceptable food consumption decreased among the most impoverished over time particularly in 2017 (see Figure 11). A major reason for this was likely the drastic currency devaluations and lifting of subsidies that took place in Egypt and Turkey over 2016/17 which led to lower purchasing power for food and non-food items. Both country operations increased local assistance values to help ensure the same access to food, but the rate at which inflation increased was higher than the increase in assistance provided and the cost of non-food items also increased, therefore it is likely the currency devaluations negatively affected those in poverty the most. Disaggregating analysis by country also shows a strong difference among the poorest beneficiaries in food consumption. Among the poorest households in Iraq, households had 43 percent higher food consumption than the poorest beneficiaries in Lebanon, which had the lowest food consumption.
Inadequate food consumption

All prior sections have focused on those with acceptable food consumption with other indicators, while this section refers to those with poor or borderline food consumption, termed ‘inadequate’ food consumption. Figure 12 shows the proportion of households with inadequate food consumption by country (size of the circle to scale) with a clear difference between countries regarding percent of households with inadequate food consumption. The highest proportion of inadequate food consumption by 2017 was in Jordan and Lebanon, both with 37 percent, compared to Iraq with just 14 percent.

Over the last three years the difference in the severity of inadequate food consumption between countries has also grown, as there was only an average of three points (33 - 36 FCS) in food consumption score difference between households by country in 2015, which for example is a difference of consuming lentils once more per week. By 2017, the difference doubled to six points (31 - 37 FCS) between households in the highest and lowest countries, which amounts to a household consuming lentils two times more per week.

Figure 12 also shows, among those with inadequate food consumption, the amount of food needed to reach an acceptable FCS (higher than a score of 42) varies from a needed 11 more food consumption points in Jordan to 5 points in Iraq. In 2017, households with inadequate food consumption in Jordan would need to consume meat for example three more days per week to reach acceptable food consumption, compared to those in Iraq who would need to consume meat just once more per week in addition to two more days of fruits or vegetables. These findings point to different levels of vulnerability related to the country of residence and likely are associated with ability to find work. In addition, each country has different targeting criteria and country-specific assistance values based on needs and available funding.

RECOMMENDATIONS FOR FUTURE MONITORING ACTIVITIES

The breadth and quality of monitoring systems among the Syria response countries, documented as a best practice through multiple evaluations and donor meetings over the last few years has enabled WFP to conduct more rigorous studies and analysis (such as the above), thus providing more useful information to decision makers and evaluators, to ensure decisions are more timely and evidence-based.

The following are a few recommendations for the future on how M&E in the sub-region can continue to improve and innovate, with the support of RBC M&E, to improve monitoring systems and thus enhance the information provided to decision makers:

» **Country Strategic Plans (CSP):** Now that all countries are in the CSP environment and longer-term planning has been incorporated into every operation, it is important M&E systems are aligned and are adjusted based on the foreseen information needs such as upcoming reviews and evaluations. This also presents opportunities for M&E to better meet information needs by adjusting PDM strata and/or conducting longitudinal monitoring designs.

» **Individual CO Analysis:** RBC Monitoring recommends CO M&E attempts to think beyond the normal corporate analysis and try and report on other findings from larger aggregated datasets whether bi-annual or annual, such as those in this report, given the breadth of outcome data collected of the past few years. Each individual CO dataset from this compilation will be shared back to COs for them to experiment with additional analysis.

» **Qualitative data:** A gap often cited by COs is the need for additional support to improve qualitative data collection and analysis which can help explain why certain outcome findings occurred and how they could be improved. RBC Monitoring plans to facilitate a training together with an external expert who will train on how to best gather qualitative data and convert into clear and practical findings in early 2019.
Regional dataset background

This report is based on Food Security Outcome Monitoring (FSOM) data collected at household level from beneficiaries and non-beneficiaries living in the five countries responding to the Syria Refugee crisis. All analysis in this report was weighted for beneficiary/non-beneficiary population size by country for comparability purposes, and thus some figures may be different than other external country products such as SPRs.

FSOM data collection started in all countries in Q1 2016, except Turkey which began Q2 2017. Prior to these dates only Post-distribution Monitoring (PDM) was collected from beneficiaries. Real pre-assistance baselines (PABs) were collected in all countries except Turkey camps and Iraq, where PDM data was used as the baseline for 2014.

<table>
<thead>
<tr>
<th>SYRIA REFUGEE COUNTRIES</th>
<th>FEMALE HEADED HHS SURVEYED</th>
<th>TOTAL SURVEYS COLLECTED</th>
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<tr>
<td>Turkey</td>
<td>9,283</td>
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<td>Total</td>
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