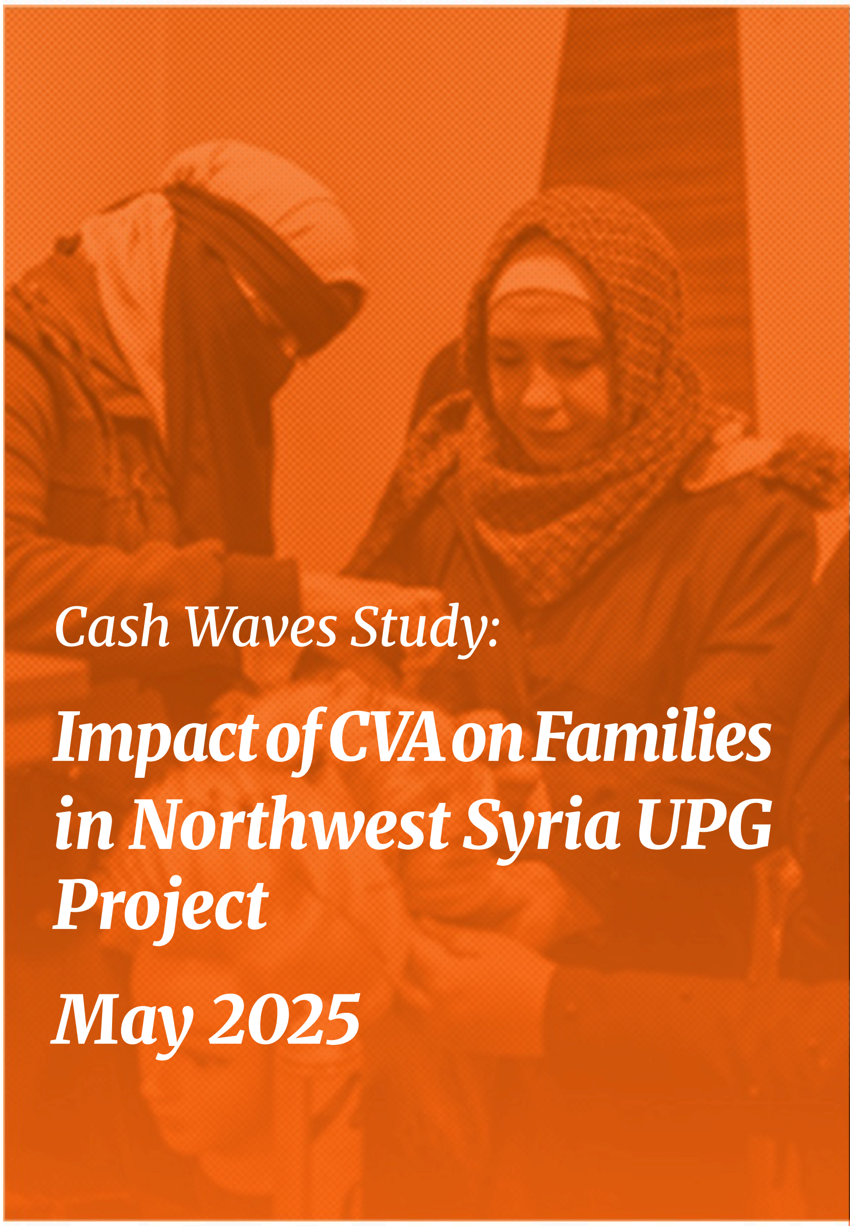
World Vision®



Cash Waves Study:

Impact of CVA on Families in Northwest Syria UPG Project

May 2025

Female participants during hairdressing sessions

Prepared by: Hamza Alhamad, MEAL Coordinator, WVSR office in Azaz.
Reviewed by: Maher Alsayed, MEAL Manager, WVSR office in Türkiye.
Technical Review by: Mohammed Al Ismail, Field Technical Coordinator– Early Recovery & Livelihood, WVSR office in Idleb.
Data collection leader in the field: Abdullah Aleido, Senior MEAL Officer, WVSR office in Azaz
Data collection officers in the field: Shadi Abdullah, Malak Al Badr, MEAL Officers, WVSR office in Azaz.

We thank participating families for sharing their experiences, and colleagues from MEER for their contributions to data collection, analysis, and reviews.

Table of Contents

List of Acronyms

CVA	Cash and Voucher Assistance
CWB	Child Wellbeing
FGD	Focus Group Discussion
FHH	Female-Headed Household
GBV	Gender Based Violence
GESI	Gender Equality and Social Inclusion
HC	Host Community
HHs	Households
IDI	In-depth interview
LLH-R	Livelihood Resilience
MHH	Male-Headed Household
NGO	Non-Governmental Organization
NWS	Northwest Syria
PWD	People With Disabilities
UPG	Ultra-Poor Graduation
WVSR	World Vision Syria Response

Table of Figures

Table of Tables

Context

Photos from the 2023 Syria- Türkiye earthquake

Northwest Syria (NWS) is facing an increasingly complex humanitarian crisis, recently compounded by the devastating earthquakes of February 6, 2023. These earthquakes struck communities already deeply affected by over 12 years of armed conflict, political instability, and economic decline. Once a vital agricultural region, Northern Syria—particularly Aleppo and Idlib governorates—has seen widespread destruction of infrastructure, disruption of markets, and a collapse in crop and livestock production. Farmers face acute shortages of essential inputs such as seeds, fertilisers, irrigation, and veterinary services, while hyperinflation and import barriers drove up the cost of living and shrunk income opportunities across sectors .

As economic conditions deteriorate, even salaried workers find their earnings insufficient due to the devaluation of currency and soaring inflation. Households are increasingly resorting to harmful coping mechanisms, including the sale of productive assets, child labor, early marriage, and recruitment by armed groups. These strategies reflect the exhaustion of traditional safety nets and the deepening vulnerability among displaced and impoverished communities. While some resilience persists within local populations, the ability to rebuild livelihoods or adapt to emerging opportunities remains severely constrained, particularly for those most affected by ongoing shocks

Program Overview

To respond to this situation, WVSR, **with support from WV Taiwan,** is implementing the Ultra Poor Graduation (UPG) program to support 460 households in the Azaz district of Aleppo governorate, Northwest Syria, particularly those impacted by the February 2023 earthquake.

The program targets the most vulnerable and impoverished households, helping them rebuild their lives and achieve long-term stability. Households are selected based on specific criteria, with a focus on earthquake-affected areas.

Key program components include:

- Establishing self-selected savings groups that are community-managed, providing members with coaching, mentoring, and financial training.
- Offering consumption support and activating savings groups to promote financial inclusion.
- Delivering livelihoods training, including core capacity-building, market-driven skills training, and entrepreneurship/business development workshops.
- Providing conditional cash grants for livelihoods as part of the Business Support Scheme.
- Training savings groups in risk management, enabling them to develop their own risk matrices and management plans.
- Equipping savings group participants with essential life skills training.

The criteria used for selecting the project participants are in the **Annexes**.

This comprehensive approach empowers participants to build sustainable livelihoods and strengthen their resilience.

In NWS, CVA improved household communication and inclusive financial decision-making, particularly empowering women and female-headed households, though persistent gender norms still limit shared responsibilities. It enhanced children's well-being by supporting education, healthcare, and emotional stability, with stronger impacts in host communities than among IDPs, though high debt constrained benefits for some households. CVA also strengthened economic stability for all respondents, with notable gains for women and host communities, while high debt, rent, food, and healthcare costs remained key challenges. Importantly, it expanded women's income-earning opportunities and nurtured children's aspirations, reinforcing both household resilience and intergenerational hope for the future.

Study Objectives and Research Questions

The Cash Waves research aims to assess the broader impact of CVA programmes on mental health and psychosocial well-being, livelihood-resilience, community cohesion, gender equality and social inclusion (GESI), and child well-being amongst marginalised groups and youth.

The following three key research themes questions were selected to guide this study in Azaz district in NWS:

1. How does CVA affect GESI, and what adjustments can be made to strengthen its positive outcomes?

2. How does CVA influence child well-being, and what are the recommended practices for maximizing its impact?

3. How does CVA influence livelihood resilience, and what practices are recommended for enhancing its impact?

Methodology

The Cash Waves study, employed a sequential, exploratory, mixed-method design to assess the broader impact of CVA programmes on mental health and psychosocial well-being, livelihood-resilience, community cohesion, gender equality and social inclusion (GESI), and child well-being, with particular focus on marginalised groups and youth.

In the subdistricts of Azaz, Marea, and Souran within Azaz district in Aleppo governorate, NWS, qualitative and quantitative data were collected from July through September 2024.

The WVSR MEAL team conducted four FGDs with 32 fathers, mothers, boys, and girls from households that benefited from the UPG project, in addition to one in-depth interview (IDI) with a mother of a child exhibiting significant change.

Parents FGDs (with 9 fathers and 8 mothers, with an average age of 38 years for both groups).

Children FGDs (with 8 girls and 7 boys, with an average age of 15 years for both groups).

Quantitative data was collected by the WV MEAL team through a structured household survey with 160 Syrian host and internally displaced households that benefited from the UPG project in NWS.

Participants were selected based on the following inclusion criteria:

- Mothers or fathers with at least one child (0-17 years old)
- Heads of households
- Recipients of WVSR CVA programs
- Residing in locations covered by qualitative data collection for triangulation
- Gender ratio of approximately 70:30 (women to men)

This mixed-method approach enabled robust triangulation between qualitative and quantitative insights, providing a comprehensive understanding of the CVA's impact.

Demographics

The total targeted respondents were 160 (31% (n=49) of men, and 69% (n=111) were women, and over 67% (n=108) of them were male-headed households, and 33% (n=52) were female-headed households.

Table 1-Demographic profile for the participants in the study

Demographic Profile	% of Respondents
Displacement-Affected Communities Type	37% IDPs, 63% HCs
Households with Disability/Chronic Disease	68% HHs with PWDs/chronic diseases, 32% HHs without
Education (Primary or Less)	63%
Education (Secondary or Higher)	37%
Female-Headed Households	33%
Age <30	21%
Age 30-40	35%
Age 41-50	34%
Age 50+	11%
Employed (Formal/Informal)	70%
Unemployed	30%
Main Income Source: Cash Assistance	86%
Main Income Source: Wages	66%
Main Income Source: Remittances	4%

As per Table 1 above, about 63% of the households were from the host community, and 37% were from IDPs.

Regarding marital status, about 65% of the respondents were **married or living with a partner**,26% were **widowed**, 6% were **single**, and 3% were **separated or divorced**.

The average household size is 7, with 17 members in maximum and 2 members in minimum, and on average, there were **4 children** under 18 in each household.

The average age of the head of household is 38.6 years (39 females and 37 males).

For the educational level of the respondents, over 62% of the respondents got **primary education**, 33% had a **secondary education**, 4% had a **university degree**, and 1% had **Vocational/technical education**.

Regarding employment, among the

respondents, 44% were informally employed (including incentive-based volunteers), 30% identified as homemakers, 12% were self-employed, 10% were engaged in seasonal work, 3% were unemployed, and 1% held formal employment.

The Table 2, explains the main income sources of the households are as follows: 86% from support provided by NGOs **this reflects high dependency which aligns with the targeting priorities of the UPG project,** 56% from informal employment (daily wages, small businesses), 4% from formal employment (salaried jobs), 3% from remittances from family members abroad, 3% from income generated by children under 18, 1% from pensions or social security, 1% from support from friends, and 3% from other sources.

Over 43% of respondents reported that they are the only ones working in their households; 34% mentioned that other adult family members are also working; 22% said that there is no one in the household currently working; and 1% confirmed that children under 18 are working in their families.

Table 2-Main Income Sources of Targeted Households

What are the sources of income in your household?	#	%
Support from NGOs (Agencies giving cash support)	137	86%
Informal employment (daily wages, small business)	90	56%
Formal employment (salaried job)	6	4%
Remittances from family members abroad	4	3%
Income from children under 18	4	3%
Other sources.	4	3%
Pension or social security	2	1%
Support from friends (friends' loans)	2	1%

Note: Percentages exceed 100% as respondents could select more than one option.

Over 96% of households currently have **debt**, while only 4% reported having **none**.

Regarding shelter situation, 48% of respondents are renting their homes, 45% own their homes, 4% live in temporary shelters, and another 3% are staying with family or friends.

For disability status, 68% of households have at least one member with a disability or chronic illness, while 32% do not. This high percentage is attributed to the criteria used in the project, which gave higher scores during the selection process to households with persons with disabilities (PWDs).

Key Findings

- CVA improved communication in 99% of households. Nearly 80% reported better collaboration on financial decisions, though only 21% saw a more balanced sharing of responsibilities.
- Despite gains in financial decision-making, women continue to face gender-related barriers in sharing household responsibilities, especially in fragile contexts like Syria, where persistent gender norms remain a challenge.
- CVA was generally used freely and safely within 99% of households that reported no pressure or violence related to the use of CVA.
- CVA positively impacted children's wellbeing in 79% of households as reported by mothers and fathers, mainly through better access to education (62%), improved nutrition/healthcare (61%), and greater emotional stability at home (17%).
- Persistent economic challenges remain including high debt (46%), rent (18%), food insecurity (14%), and healthcare costs (11%). Two-thirds (69%) faced these vulnerabilities even before CVA.
- CVA was significantly effective in overcoming economic challenges for host community (40%) compared with IDPs (15%) underscoring the importance of community stability in maximizing CVA impact

How does CVA affect GESI, and what adjustments can be made to strengthen its positive outcomes?

A mother who benefited from the awareness sessions with her children

99% of respondents reported improved communication and fewer disagreements, suggesting that CVA may have reduced financial stress or empowered better financial decision-making within households for both women and men. Meanwhile, 0.5% noted **improved communication, but disagreements remain the same,** and another 0.5% reported **increased disagreements or tension** within their HHs.

Also, this was reflected in the qualitative data that highlighted the importance of CVA in strengthening internal relationships within households and reducing internal tension.

> *"I became able to control the safety of the family and not deteriorate, I am able to solve problems and relieve tension within individuals and restore the bonds of love and intimacy due to previous financial disputes in the family." (A Syrian mother, head of household, Souran, Aleppo).*

Of those who **reported improved communication and fewer disagreements,** 79% reported **better collaboration on financial decisions**, suggesting that CVA has empowered household members to engage in more inclusive and cooperative financial planning, and 21% noted **more shared responsibilities**, indicating that financial support may have led to a more balanced distribution of household duties, reducing stress on individuals.

According to the figure (1), regarding the role of CVA in **facilitating better collaboration among targeted households,** the data show that 90% of female-headed households, 85% of mothers' respondents, and 80% of the host community **reported better collaboration on financial decisions**. This contrasts with 73% of male-headed households, 65% of fathers, and 76% of IDPs. These figures **suggest that CVA may have particularly empowered women, especially those in female-headed households, to engage more actively in financial discussions, fostering more inclusive and equitable decision-making**. Additionally, the high percentage observed among the host community may be attributed to their **relative stability, as they are not burdened by displacement-related challenges such as home rental costs or loss of assets**.

Furthermore, the FGDs confirmed the role of CVA in empowering women within the targeted households through the provided assistance:

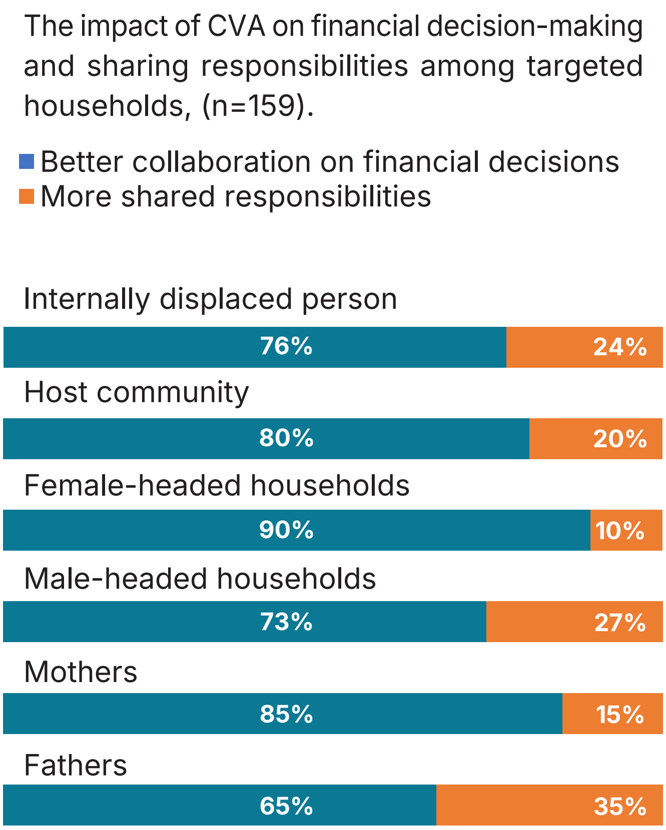
"Previously, I was frustrated and unable to provide most of the needs, and I was tied up, but now I have become more effective in my family, and my role has improved, and I am able to provide their needs because I play the role of mother and father in my family". **(A Syrian IDP widowed mother, Azaz, Aleppo).**

Also, as per the figure 1, the exact opposite happened regarding **sharing responsibilities**, 27% of male-headed households, 35% of fathers and 24% of IDPs showed more sharing of responsibilities compared with 10% of female headed households, 15% of mothers, and 20% of the host community, suggests that while **CVA may have empowered females in financial decision-making, it did not necessarily lead to a more equitable distribution of household responsibilities**. And the females may have taken on more roles and responsibilities, engaging in financial decisions without seeing a corresponding increase in support from others in the household. **This is understandable in a fragile context like Syria, where gender barriers still exist, especially after more than 14 years of conflict**.

Although the quantitative data did not show greater female sharing of responsibilities compared to males, the qualitative data reflected in the testimony of one participating man highlighted a shift of certain responsibilities to women within the targeted households, indicating a form of empowerment following the cash assistance.

"Women in communities receiving cash assistance or vouchers often gain more control over financial decisions. For instance, women may now decide how to allocate funds for household needs, such as food, education, and healthcare. This shift empowers women and increases their participation in financial planning". (**A Syrian father, Marea, Aleppo).**

Figure 1-The impact of CVA on financial decision-making and sharing responsibilities among targeted households

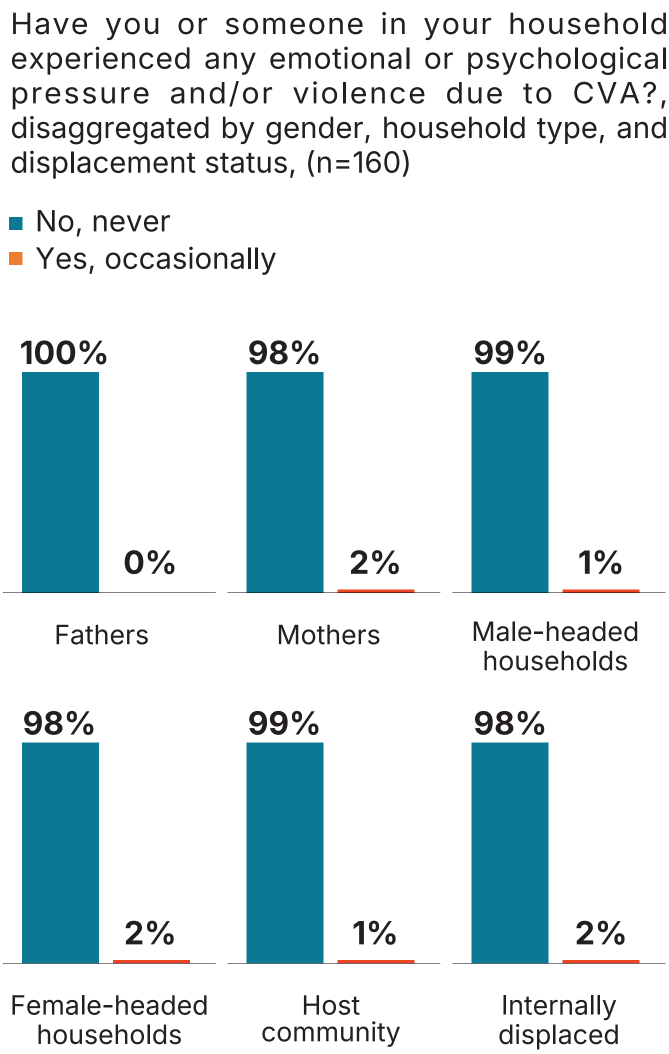


How does CVA Assistance Influence Gender-Related Protection Risks, Including Financial and Psychological GBV?

A participant who benefited from career empowerment sessions

The vast majority (99% or n=158) of the respondents reported **never** experiencing pressure or violence related to CVA, indicating that financial support is generally accessed and used without coercion. Only 1% reported **occasional** pressure or violence. While the findings (Figure (2)) show no major differences by gender, household type, or displacement status, the **small number of cases** reported among women, female-headed households, and internally displaced persons (IDP) **suggests that intersecting vulnerabilities may increase exposure to GBV-related risks and should be closely monitored**.

Figure 2-Impact of CVA on Emotional or Psychological Pressure and/or Violence Among Targeted Households



The qualitative data confirmed that cash assistance did not cause any psychological stress within families. On the contrary, it played a positive role in enhancing the psychological well-being of women and strengthened their sense of value by enabling them to contribute to the household's economic decisions.

"I was helpless and unable to carry out responsibilities, but now my psychology has improved a lot, and I feel well-being, and I feel I am an active member of society". **(A woman head of household, Souran, Aleppo).**

Focus box: Women's Empowerment and Evolving Gender Roles CVA has contributed significantly to shifting gender dynamics and empowering women in northern Syria. By increasing access to financial resources, women, especially female heads of households, have taken on greater roles in decision-making and family support. ***"I was very valuable and more appreciated, and I made the decision, and my self-confidence increased a lot, and the harmony in my family increased." –*** A Syrian mother, Souran, Aleppo.

In addition to increased self-confidence, women report feeling more valued within their households and actively participating in community life. The impact of CVA is also recognized by men, as one participant noted its broader societal effect, ***"CVA enhances women's empowerment and independence. Women are more likely to engage in community activities, take on leadership roles, and advocate for their rights. This shift not only benefits individual families but also contributes to broader societal changes towards gender equality".*** A Syrian father, Marea).
these experiences point to CVA as a powerful tool for enabling women's agency, dignity, and leadership in both the household and community.

The children noted the positive role of CVA on their families and how it mitigated the internal conflict and empowered the women›s roles ,***"The anger in the family decreased a lot due to paying off debts and meeting needs, and I was comfortable"***-A Syrian girl, Azaz, Aleppo) , ***"My family has begun to give women a greater role in decision-making in purchasing food items"***-A Syrian boy, Souran, Aleppo).

How does CVA assistance influence changes in overall CWB?

One of the female participants in the awareness sessions with her child

One of the female participants in the awareness sessions with her child

A large majority (99%) found CVA to be **at least** somewhat helpful in alleviating financial stress related to education costs of their children; 39% found it **very useful**, a positive impact for a significant portion, 60% found it **somewhat useful and** only 1% noted "**not applicable**." indicating that nearly all respondents had relevant financial concerns or benefited from the CVA in Syrian context.

Over 79% (n=127) of respondents reported that CVA **had a positive impact on the well-being of their children, 20% (n=32) stated there was no significant impact, and 1% (n=1) indicated** it was **not applicable** in their cases, **with no noted differences between the IDPs and the host community**.

The qualitative data further illustrated how cash assistance enabled the caregivers to meet their children's needs and improved their overall sense of well-being and dignity."

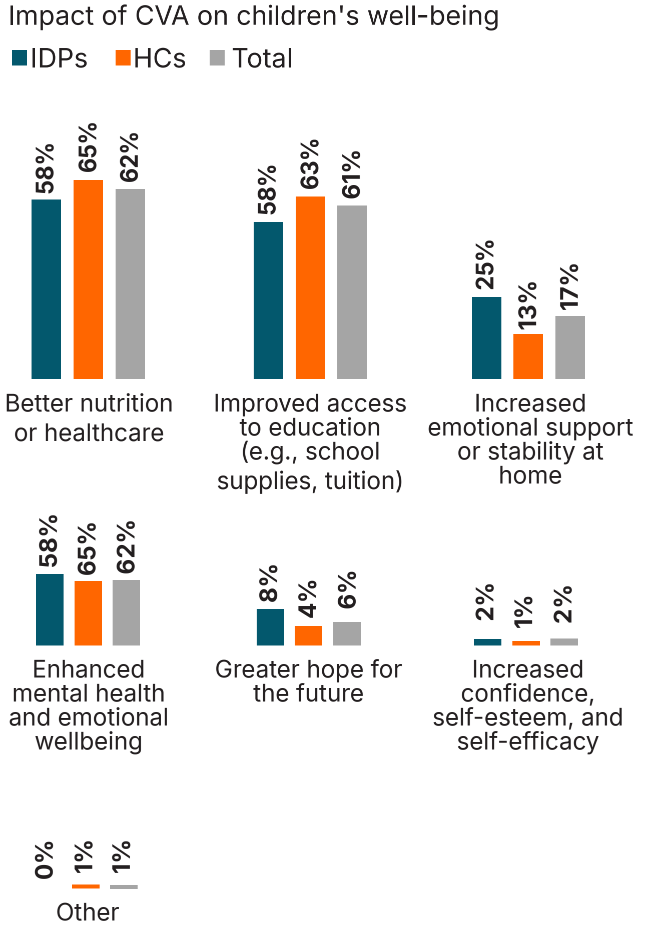
"I bought Eid clothes and supplies for my children, and when I receive the next payment, I will buy school supplies. I feel that I have achieved the well-being of my family". **(IDI, A Syrian IDP widowed mother, Azaz, Aleppo).**

"The cash assistance provided stability for my family and gave me the opportunity to save, which I used to enhance my children's needs in terms of play and education". **(FGD, A Syrian man, Marea).**

It was worth noting, the majority (86%, n=27) of households that reported no significant impact of CVA on the well-being of their children were facing high debts as primary economic challenges.

Those who reported a positive impact of CVA on the well-being of their children, 62% reported Improved access to education (e.g., school supplies, tuition), 61% reported better nutrition or healthcare, 17% said Increased emotional support or stability at home, 16% mentioned Enhanced mental health and emotional well-being, 6% mentioned Greater hope for the future 2% said Increased confidence, self-esteem, and self-efficacy and 1% mentioned to other impacts as mentioned in the figure (3) below.

Figure 3-Impact of CVA on children's well-being



How does CVA Influence Children's Access to Education?

For the respondents who said the CVA improved access to education, 100% (n=78) of them reported that CVA helped improve school attendance for their children, at **least to some degree**. Just over half (51%, n =40) said CVA helped to **a large extent**, indicating a significant positive effect on children's education access. The remaining 49% (n=38) still acknowledged **a moderate extent**, **and this reflected in greater purchasing of school supplies, transportation costs, tutoring and course fees**.

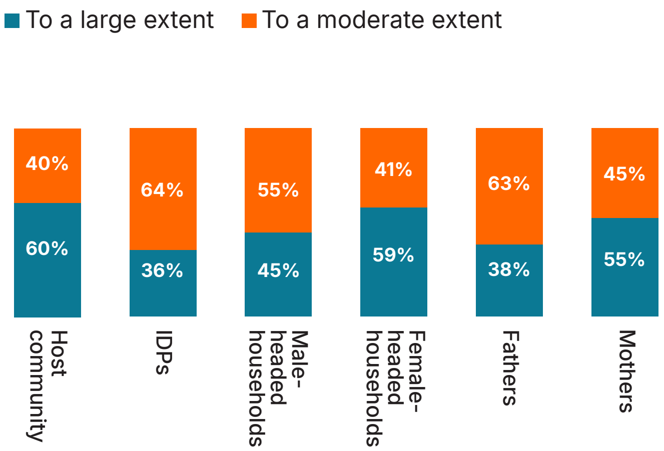
According to Figure 4, **Host community** respondents were more likely to report that the CVA enabled their children to regularly attend school to **a large extent (60%),** compared to **36% of** IDPs. In contrast, the majority of IDPs (64%) said CVA supported school attendance only to **a moderate extent**, suggesting a more limited impact for this group.

When disaggregated **by gender**, mothers were more likely to report improvement in their children's regular school attendance than fathers. A similar trend was observed by gender of head of household: **59% of female-headed households reported children's regular school attendance improved to a large extent, compared to 45% of male-headed households. The importance of families' economic status** and its impact on children's school attendance is more than any other **cultural or educational considerations of their parents.**

For families challenged by perceived **food insecurity and lack of employment,** the impact of CVA on student attendance **was moderate** (83% and 69%, respectively).

Figure 4-Impact of CVA on children's school attendance, disaggregated by gender, household type, and displacement status.

Impact of CVA on children's school attendance disaggregated by gender, household type, and displacement status, (n=78)



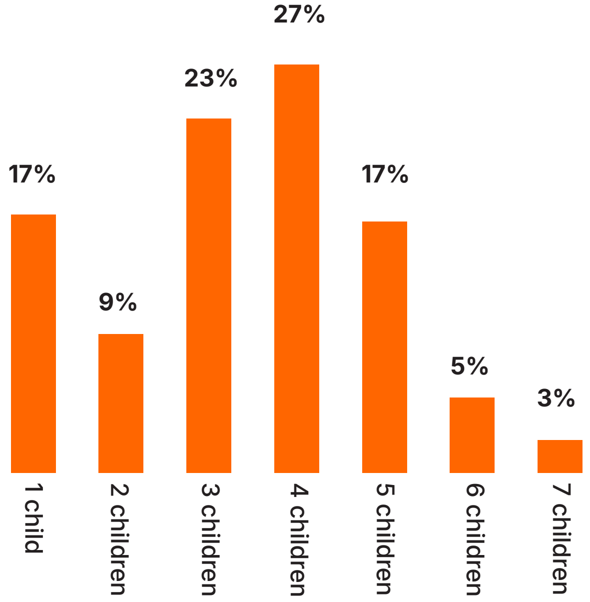
Also, 3% (n=2) of respondents reported that CVA completely helped in providing additional educational resources such as books, uniforms, or tutoring, 53% reported it helped to a large extent, and 45% reported it helped to a moderate extent.

Despite **only 3% of parents with primary education** reporting that CVA completely met their children's additional educational resource needs, the data suggest that the educational level of parents significantly influenced the extent to which CVA addressed these needs. Notably, **64%** of parents **with secondary education** reported that CVA helped them to **a large extent** in covering their children's educational needs, compared to **49% of parents with only primary education**.

In Figure 5, mid-sized households with 3 or 4 children under 18 were the most likely to perceive improved access to education due to CVA (23% and 27% respectively). While 17% of households with 5 children reported improved access to education, this drops sharply to 5% for households with 6 children and just 3% for those with 7. This suggests that CVA support may not be sufficient to meet the educational needs of larger households, where expenses like school fees, supplies, or transportation multiply significantly and support may be stretched too thin.

Figure 5-Number of children under 18 in the HHs reported CVA improved access to education.

Number of children under 18 in the HHs reported CVA improved access to education (n=78)



The qualitative data also underscored the positive impact of cash assistance on children's and adolescents' access to education. Beneficiaries reported using the support to cover school supplies, private lessons, and course fees, which not only improved academic performance but also encouraged continued learning and personal growth, especially among girls:

"I managed to secure my children's school supplies, which positively impacted their academic performance." **(A Syrian father, Marea).**

"Cash assistance helps me to provide stationery and private English lessons and pay fees for a special course for the ninth grade. (**Syrian 15-year-old girl, Azaz, Aleppo)**

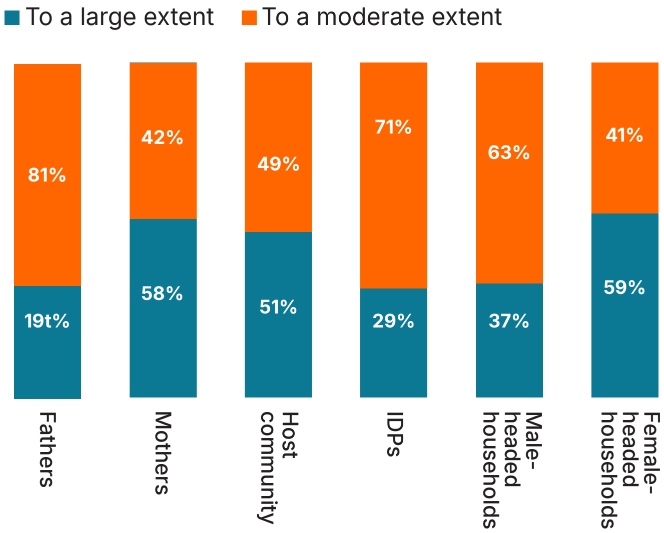
How does CVA Influence Children's Health and Nutrition?

CVA contributed to better nutrition or healthcare for 43% of respondents to a **large extent**, and to a moderate extent **for the rest (57%)**. Only1% perceived CVA to completely contribute to healthy food choices for their children. More than half (57%) cited a moderate improvement, and 42% cited a large improvement in more nutritious food for children.

As shown in Figure 6, mothers, female-headed households, and host community members reported a stronger positive impact of CVA on children's health and nutrition care, with 58%, 59%, and 51% respectively, **indicating to large extent of improvement**. In contrast, only 19% of fathers, 37% of male-headed households, and 29% of IDPs reported similar outcomes. This pattern **appears logical, as women typically show greater concern for children's health and nutrition than men. Similarly, host community members face fewer barriers than displaced persons, which likely contributes to their higher reported impact. Consequently, these groups demonstrated more interest in using cash assistance to address their children's health and nutritional needs.**

Figure 6-Impact of CVA on children's health and nutrition care, disaggregated by gender, household type, and displacement status.

Impact of CVA on children's health and nutrition care, disaggregated by gender, household type, and displacement status (n=79)



Parental education level appeared to influence outcomes. Among parents with **secondary education 57% confirmed** that cash assistance contributed to better nutrition or healthcare for their children to a **large extent**, compared with **38%** of parents with **primary education**.

The main economic challenges faced by parents also shaped the perceived impact. Among households primarily challenged by food insecurity and unemployment, CVA's contribution to better nutrition and healthcare for children was **moderate**, expressed by 77% and 79% of respondents, respectively.

Households with a member who has a disability or chronic illness reported lower perceived benefit. Only **38% said CVA contributed to better nutrition or healthcare for their children to a large extent,** compared to **64% of families without such members**.

CVA also gave children from targeted households the opportunity to access dental care, as reported by several children in the FGDs.

> *"I prefer to treat my teeth and put braces, and I prefer to go to the pool".* ***(FGD, A Syrian girl, Azaz, Aleppo).***

How does CVA Influence Children's Mental Health, Hope for the Future, and Self-esteem, Self-confidence and Self-efficacy

CVA enhanced mental health and emotional well-being for 16% (n=20) of respondents who perceived positive impacts on their children's wellbeing since receiving CVA The majority of them (55%, n=11) observed improvements to a **large extent**, suggesting that CVA contributed meaningfully to children's mental and emotional health. The remaining **45% (n=9**) reported **moderate improvements**, still indicating a positive impact overall. Respondents linked this improvement to reduced financial stress, the ability to meet children's basic desires, and the restoration of joyful family experiences.

Host community households were slightly more likely to observe large improvements (58%) than IDPs (50%). Interestingly, IDP responses were evenly split between reporting improvements to a moderate extent and a large extent, indicating more varied experiences among this group.

Mothers more frequently reported improvements to a large extent (67%) compared to 45% among fathers. Conversely, when examining household headship, **57% of respondents from male-headed households** perceived **large improvements**, compared to 50% of respondents from female-headed households.

Also, 60% (n=11) of respondents reported that CVA has helped their children feel **more secure and less anxious** to a **large extent**, and 40% (n=9) reported it helped to a **moderate extent**, and this was by: **Ability to buy safe games, Increased ability to meet children's demands, giving them a sense of security, providing children's favorite needs, such as food and toys, and offering the most desirable amenities for children**.

For the respondents who said the CVA contributed to greater hope for the future, 100% of respondents reported that their children feel more hopeful about their future to a **moderate extent** because of CVA.

Also, 100% of respondents reported that CVA has increased their children's confidence in following their dreams or ambitions to a moderate extent.

Also, the FGDs confirmed the role of CVA in enhancing the mental health and emotional well-being of the children, making them feel more secure and less anxious by giving them the chance to engage in more relaxing activities outside their homes and to have new clothes.

*"I took my family on a picnic and we enjoyed the beauty of nature and swimming, and I told them that without this assistance, we would not have been able to go on the picnic". **(A Syrian IDP widowed mother, Azaz, Aleppo)**.*

*"I have orphaned children, my psyche improved a lot, I bought Eid clothes for my children and was able to pay the rent of the house ". **(A mother head of household, Souran, Aleppo).***

CVA is Vital in Supporting Children's Well-being

CVA provided a critical support mechanism for children in northern Syria. By enabling families to meet their children›s educational, health, and emotional needs, CVA has directly enhanced the quality of life for children.

"I was able to register my little daughter in a special English course, and also registered my son in the summer sports club." -A Syrian IDP widowed mother, Azaz, Aleppo), "The cash assistance allowed me that didn't exist before, to buy medicine for my child, who was suffering from a health condition. Additionally, it enabled me to purchase healthy food, such as milk and nutritional supplements, which had a direct impact on my child›s physical health." (Syrian father, Marea), A young girl in Azaz said "I was about to leave school, but the assistance helped me to meet my education needs."

These testimonies highlight the essential role of CVA in promoting children's learning, health, and emotional well-being, giving them a better chance at a stable and hopeful future, "the family›s mood improved a lot after paying off debts and meeting needs, and I was comfortable and happy," (Syrian girl, Azaz, Aleppo).

How does CVA Impact Livelihood Resilience and Household Economic Stability?

A participant who benefited from the barbering training

All respondents experienced changes in their household's economic stability since receiving CVA (100% or n=160); 28% (n=44) out of them mentioned that their household's economic stability **greatly improved since receiving CVA**, and 72% (n=116) reported **somewhat improved**.

The FGDs explain more about how the CVA is used by the targeted households to improve the economic stability of these households:

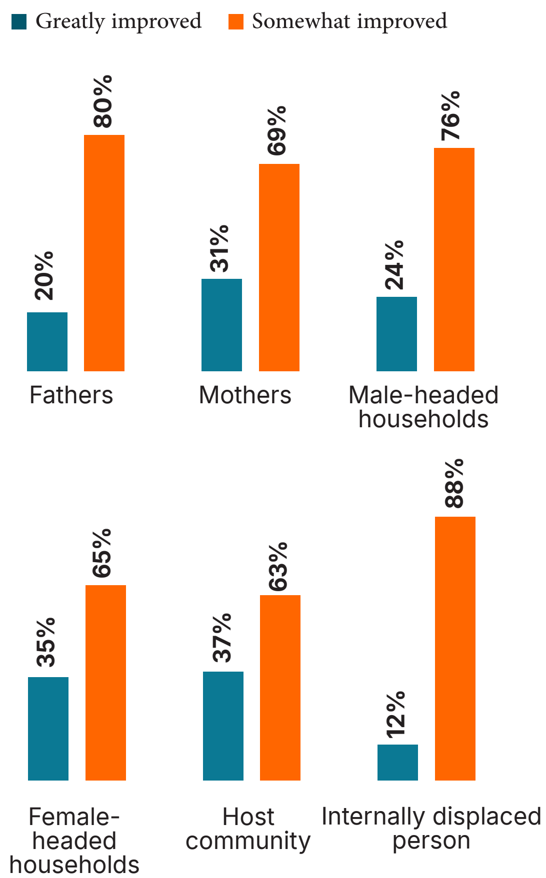
"My family became more stable after receiving cash assistance. It allowed me to purchase essential supplies and improve our ability to save, which in turn expanded our economic activities and increased our monthly profits. This significantly impacted our standard of living, particularly in terms of food security, which also led to an improvement in our overall health". **(Syrian father, Marea).**

The **host community** experienced the greatest benefits in economic stability, as per Figure 7, with **37% perceiving significant improvements**, compared to only **12% among IDPs**. Similarly, **female-headed households** saw a **greater positive impact than male-headed ones** (**35% vs. 24%**), and mothers respondents reported more substantial improvement than their fathers' counterparts (31% vs. 20%). IDPs, male-headed households, and fathers were more likely to report only somewhat improved economic stability, compared with the host community, female-headed households, and women, who reported greater levels of improvement.

This outcome appears logical within the context of the project and the targeted area. The host community is generally more stable than displaced populations, which likely makes cash assistance more effective for them. Meanwhile, mothers gained more benefits compared to fathers, largely due to their heightened vulnerability and extreme poverty. In a society strained by years of conflict and recurrent displacement, many male breadwinners are absent or intermittently present, even modest support can have a meaningful impact, particularly in female-headed households.

Figure 7-Impact of CVA on the household economic stability, disaggregated by gender, household type, and displacement status.

Impact of CVA on the household economic stability, disaggregated by gender, household type, and displacement status , (n=160)

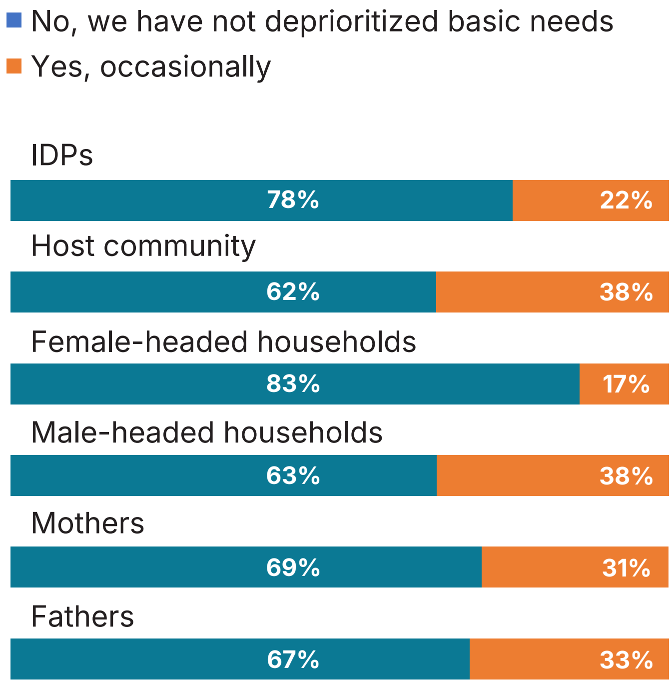


How does CVA Impact Income Diversification and Business Development?

Only **13**% (n=22) of households reported having **multiple sources of income** before receiving CVA, while **87**% (n=138) **did not**. Among those with multiple income sources before CVA, **68%** (n=15) stated they **did not deprioritize** basic needs. In contrast, **22**% (n=7) said they were **occasionally** had to do so. Most of those who deprioritized basic needs chose to **invest in vocational or educational opportunities instead of meeting their household's immediate needs**, also 6 out of 7 of them are fathers who are heads of households **with several children under 18**. Two of the fathers have 7 and 9 children under 18**, which reflects the importance of considering the number of children under 18 within the HHs when providing CVA**, More details about the differences between different groups are listed in Figure 8.

Figure 8-Trade-offs Between Basic Needs and Longer-term investments among CVA Recipients, by gender, household composition, and displacement Status.

Trade-offs Between Basic Needs and Longer-term investments among CVA Recipients, by gender, household composition, and displacement Status, (n=22).



According to table 3, Out of 160 respondents, the leading primary economic challenge was **high debt**, affecting 46% of households, followed by **home rental costs** (18%), **food insecurity** (14%), **lack of employment** (11%), **healthcare costs** (11%), and **other challenges** (1%).

High debt emerged as the most common economic challenge across both **household groups, reported by 43% of households with PWD or chronic illnesses and without** (52%). This may reflect the prioritization **of assistance programs for households with PWDs or chronic illnesses**, leaving others with fewer support options. **Healthcare costs** were cited as a significant burden only by **households with PWD or chronically ill members** (16%), affirming a distinct vulnerability among this household group. These households may be allocating a considerable portion of their income to **medications and ongoing medical care**, particularly for chronic conditions.

Interestingly, **lack of employment** is more common among **households without PWD or chronically ill members** (15%) than among those with (8%). This could suggest that households with PWD or chronic illness may **be more likely to receive disability-related income support or other aid, partially mitigating the impact of unemployment**.

Lastly, **food insecurity** and **home rental costs** appear to affect both groups at relatively similar rates, indicating these challenges are widespread regardless of household health status

Table 3-Primary economic challenges facing households currently

Primary economic challenges facing households currently	HHs with PWD or chronically ill members		HHs without PWD or chronically ill members		Total	
	#	%	#	%	#	%
High debt	**46**	**43%**	**27**	**52%**	**73**	**46%**
Home rental costs	**21**	**19%**	**8**	**15%**	**29**	**18%**
Food insecurity	**15**	**14%**	**8**	**15%**	**23**	**14%**
Lack of employment	**9**	**8%**	**8**	**15%**	**17**	**11%**
Healthcare costs	**17**	**16%**	**0**	**0%**	**17**	**11%**
Educational costs	**0**	**0%**	**1**	**2%**	**1**	**1%**

Prior to receiving CVA, 69% of the HHs reported facing the same economic challenges **before**, while **31**% **did not. When asked about the effectiveness of CVA in helping** them overcome these challenges, 31% (n=49) said it helped **significantly**, 68% (n=108) said it was **somewhat** helpful, and 2%(n=3) stated that it was **not helpful at all**.

The qualitative data mentions how the CVA helped the targeted households to overcome the economic challenges of these HHs:

"The cash assistance helped secure a stable standard of living for my family, especially regarding nutrition. It also provided a financial surplus that enabled us to pay the monthly rent for our shelter or house". **(Syrian father, Marea, Aleppo, Syria).**

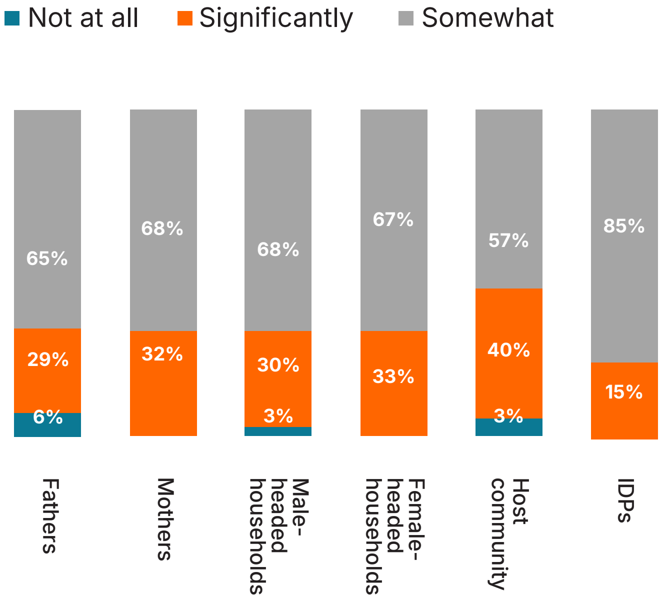
As per Figure 9, CVA was perceived as significantly helpful in addressing their primary economic challenges for 40% of host community members, compared to just 15% of IDPs. Additionally, 57% of the host community and 85% of IDPs reported that CVA was somewhat helpful. Only 3% (n=3) of households from the host community stated that CVA did not help them at all.

By gender, the CVA appeared slightly more effective for mothers than for fathers. Specifically, 32% of mothers and 29% of fathers reported that CVA was significantly helpful, while 68% of mothers and 65% of fathers found it somewhat helpful. Notably, only 6% (n=3) of fathers stated that CVA did not help them overcome economic challenges.

When disaggregated by gender of head of household, differences were minimal. Among female-headed households 33% found CVA significantly helpful, compared to 30% among male-headed households. Similarly, 67% of female-headed households and 68% of male-headed households found it somewhat helpful. Only 3% (n=3) of male-headed households from the host community with a member with a disability or chronic diseases reported that CVA did not help them at all.

Figure 9-CVA impact in overcoming the economic challenges, disaggregated by gender, household type, and displacement status.

CVA impact in overcoming the economic challenges, disaggregated by gender, household type, and displacement status, (n=160).



How does CVA impact the Women's Economic Participation?

Since receiving CVA, 24% of respondents reported that a woman in their family started bringing income to the family through a business, community service, or other means and **76%** of respondents reported no change. More than half of those who reported a woman generating income in the household (**55**%) said their household's capacity to cope and adapt to economic shocks and stresses has **significantly improved** while 45% reported **more modest improvement**s.

Before receiving CVA, **23**% of respondents reported that a woman in their family was already running a business or providing services to the community and the majority (**77**%) did not. More than a third (**35%)** of those who reported that a woman in their family was already running a business or providing services to the community said these business or services significantly improved their household's capacity to cope and adapt to economic shocks and stresses and **65%** mentioned somewhat improvement.

Children's Aspirations and Household Stability

Beyond economic participation, CVA was seen to influence children's motivation to contribute to their household's future economic well-being, strengthening household stability as FGDs with children mentioned:

"My mother is planning to work on a sewing project, and I am planning to continue my education to help her in the future" ***(Syrian girl, Azaz, Aleppo).***

"My mother is planning to work on a sewing project, and I would like to learn this craft and help her". (***Syrian girl, Azaz, Aleppo).***

Boys also observed their mother's growing agency and family cooperation "My mother now works in drying vegetables in order to store and sell them in the winter, and my father also helps her and brings her vegetables and logistical materials. Women have become more effective here." ***(Syrian boy, Souran, Aleppo).***

Strengthening Intergenerational Livelihood Resilience through CVA:

CVA played a pivotal role in fostering **livelihood resilience** among conflict-affected communities in northern Syria, particularly for vulnerable women. By helping families meet their basic needs, CVA introduced pathways to economic planning, income generation, and small business development, laying the groundwork for long-term stability. ***"In the past, I was hopeless and helpless, and I had a lot of debts, but now I feel relieved after getting the assistance (An IDPs Syrian mother, widowed female-headed household, Azaz, Aleppo).***

This stability enabled some families to **plan and launch small livelihood projects**, ranging from home-based food production to family-run businesses. For example, ***A father in Marea confirmed that "[He] was able to plan certain economic activities, such as buying vegetables at a low price during the summer, processing them for storage, and then selling them in the winter at prices that yield a financial profit." - Syrian host? IDP? father, Marea)***.

Several young girls and boys shared concrete plans to expand small family businesses into more ambitious enterprises, such as scaling up restaurants, brick production, egg hatcheries, and service-based projects like plumbing and sanitation. These examples reveal a clear shift from survival to growth-oriented mindsets. ***"In the previous period, their endeavour was limited to paying off debts only, and now I am planning with my father to start a successful small business." (A Syrian boy, Souran, Aleppo)***.

CVA empowers families to invest in there and their children's future livelihoods, strengthening their capacity to adapt, cope and recover amid crisis ***"My mother now works in drying vegetables in order to store and sell them in the winter. My father also helps her by bringing vegetables and supplies. Women have become more effective here" (A Syrian boy, Souran, Aleppo).***

Recommendations:

A participant who benefited from the gardening training

1. The results show that CVA plays a significant role in empowering women, particularly by increasing their participation in financial decision-making. In conflict-affected areas such as Syria, it is one of the most effective ways to strengthen women's roles and reinforce their value within the household and community. Therefore, **integrating CVA with financial literacy and empowerment sessions presents a strong opportunity to close the gender gap and promote long-term gender equality and** Using the Self-Reliance Index (**SRI**) helps us measure real economic development of families in the project**.**

2. **To maximise the CVA's impact on the well-being of the children, CVA should be combined with interventions that address household debt, as high levels of debt appear to reduce its effectiveness for children's well-being**. Also, integrating CVA with psychosocial support and parental guidance can further strengthen children's mental health, confidence, and future outlook.

3. **To increase the effectiveness of CVA, future CVA interventions should prioritize vulnerable groups such as IDPs and male-headed households, who reported lower gains. Complementary livelihood support and skills training should also be integrated to enhance long-term resilience and reduce dependency**. Also, returnees should be a priority. CVA can help them settle in their villages and avoid staying or returning to camps, which still receive regular aid (water, bread, etc.), unlike many returnee communities**.**

4. **for household size and provide complementary support for high-debt households,** while also offering targeted interventions for IDPs who face deeper structural barriers. Additional assistance **should be considered for households with chronically ill members or persons with disabilitie**s, who experience higher healthcare burdens that can limit economic recovery

5. CVA positively influences children's aspirations and household stability by motivating youth to invest in education and skills while strengthening family cooperation, especially through empowered maternal roles. **To sustain these outcomes, CVA programs should include components that support youth development and reinforce positive family dynamics, and this can be strengthened through entrepreneurship support and vocational training, especially in returnee-hosting areas**

Contextual Considerations:

This study was conducted in northwest Syria in August 2024, at a time when the region was hosting over two million displaced individuals from various Syrian governorates. The economic and social conditions during that period were notably different from those following December 12, 2024. Since then, the demographic landscape of northwest Syria has shifted, with a rise in returnees from abroad. Additionally, the nature of humanitarian assistance and organizational support has evolved, influenced by various political, economic, and social developments. Many families who participated in the UPG project have since returned to their areas of origin.

World Vision®

Worldvisionsyriaresponse

World Vision Syria Response

WorldVisionSR