

CASH WAVES

Transformative Pathways to
Resilience and Well-Being in Cash
and Voucher Programming in the
Middle East and Eastern Europe

WORLD VISION
MIDDLE EAST AND
EASTERN EUROPE



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Cover photo: Mykola, just five years old, beams with pride as he carefully carries the bowl of freshly gathered eggs to his mother. ©World Vision

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CHILD AND ADULT SAFEGUARDING

World Vision ensured the safe and ethical participation of girls, boys and women, adhering to World Vision's Safeguarding policy and protocols on data collection and World Vision's Code of Conduct. Data collectors were trained on Psychological First Aid (PFA) and how to conduct interviews in an ethical and safe manner. Names of participants have been anonymised and changed to ensure confidentiality. Children and women were oriented on the possibility of withdrawing from the interview process at any moment. Identified cases of child and adult abuse and violence were referred to specialised agencies for case management

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LIST OF ACRONYMS

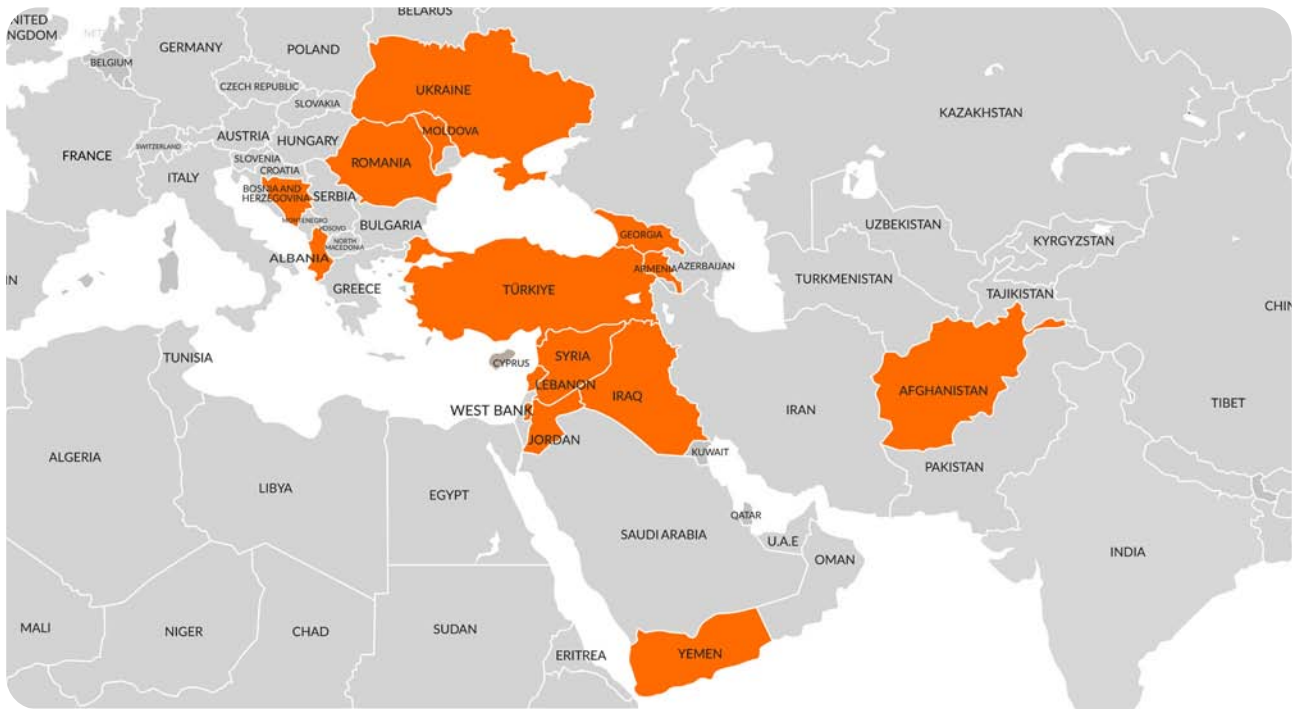
APA	American Psychological Association
CALP	Cash Learning Partnership
CC	Community Cohesion
CHS	Core Humanitarian Standards
CVA	Cash and Voucher Assistance
DAC	Displacement Affected Communities
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
FHH	Female Headed Household
GESI	Gender Equality and Social Inclusion
IDI	In-depth interview
IFRC	International Federation of Red Cross and Red Crescent Societies
IMF	International Monetary Fund
IOM	International Organization for Migration
IRC	International Rescue Committee
KII	Key Informant Interview
LLH-R	Livelihood Resilience
MEER	Middle East and Eastern Europe
MHPWB	Mental Health and Psychosocial Well-Being
MPCA	Multi-Purpose Cash Assistance
NGO	Non-Governmental Organization
Oxfam	Oxford Committee for Famine Relief
SDG	Sustainable Development Goal
SHF	Syria Humanitarian Fund
UNDP	United Nations Development Program
UNDRR	United Nations Office for Disaster Risk Reduction
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNOCHA / OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WFP	World Food Program
WV	World Vision
WVMEERO	World Vision Middle East and Eastern Europe Regional Office
WHO	World Health Organization

EXECUTIVE SUMMARY

Introduction and context

Cash and voucher assistance (CVA) has become a cornerstone of modern humanitarian aid, offering flexibility, dignity, and cost effectiveness compared to traditional, in-kind assistance. CVA modalities include conditional and unconditional cash transfers, restricted and unrestricted assistance, and vouchers, each tailored to meet recipients' specific needs and contexts. Its prominence has grown since the 2016 Grand Bargain agreement,¹ particularly in regions like the Middle East and Eastern Europe (MEER)² (see Figure 1), where crises, such as the Syrian conflict and the Ukraine war, necessitated scalable, adaptable aid mechanisms.

Figure 1 - Map of World Vision's MEER region



In MEER, countries like Lebanon and Jordan have been at the forefront of CVA implementation shaped by the impacts of conflict and the need to accommodate waves of refugees. Iraq, Syria, Afghanistan and Ukraine, rely on CVA programs to address complex crises, including displacement, food insecurity, and regional instability. Globally, CVA's flexibility and alignment with international frameworks, like the Sustainable Development Goals (SDGs), and approaches, including the humanitarian-development-peace nexus, have made it a preferred modality, as it supports both immediate needs as well as long-term development goals.

CVA has also played a critical role in responses to global challenges, such as the COVID-19 pandemic, with its ability to address socioeconomic impacts, foster gender-sensitive adaptations, and scale up rapidly to meet increased demand. Its integration with social protection systems further enhances its impact, enabling sustainable support in protracted crises while strengthening local economies and institutional capacity.

¹ An agreement between some of the world's largest donors and humanitarian organisations to improve the effectiveness and efficiency of humanitarian aid. For more information, see: <https://interagencystandingcommittee.org/node/40190>

² World Vision's MEER region encompasses 15 countries, including: Ukraine, Georgia, Moldova, Romania, Bosnia and Herzegovina (BiH), Albania, Armenia, Afghanistan, Iraq, the West Bank, Syria, Türkiye, Jordan, Lebanon, and Yemen.

Study objectives and research questions

The *Cash Waves* research, commissioned by World Vision's MEER office in partnership with Qualisus Consulting, 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 youth³. The following five key research questions guide this study:

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 maximising its impact?
3. How does CVA influence livelihood-resilience, and what practices are recommended for enhancing its impact?
4. In what ways do CVA programmes contribute to community cohesion, and how can CVA be tailored to maximise community cohesion contribution?
5. How does CVA impact mental health and psychosocial well-being, and how can it be optimised for better results?

The research seeks to document how World Vision MEER's CVA programmes contribute to resilience and well-being, particularly for women and children. It also examines complex, understudied areas like the relationship between CVA and gender-based violence (GBV), which has yielded conflicting findings in previous studies. By exploring these dynamics, the study aims to generate evidence-based recommendations to enhance the effectiveness and sustainability of CVA programmes.

Methodology

Cash Waves employed a sequential, exploratory, mixed-method design, combining qualitative and quantitative approaches during its research phases from June through September 2024 in eight MEER countries⁴ (see Figure 1).

Qualitative phase

- 44 focus group discussions were held between August and September 2024 involving 329 CVA participants broken into 112 mothers, 62 fathers, 70 boys, and 85 girls. These discussions explored their experiences with CVA and its perceived impacts.
- 11 key informant interviews with regional and local CVA specialists and two focus group discussions with 29 World Vision CVA programme implementers explored programme design, challenges, and contextual factors during June and July 2024.
- Eight in-depth interviews were conducted between August and September 2024 with mothers of children who exhibited significant changes⁵ as a result of their CVA participation in cash-for-protection and/or micro-credit initiatives.

Quantitative phase

- 1,380 household surveys were conducted between August to September 2024 with people enrolled in World Vision CVA programmes located in areas sampled for qualitative data collection – these surveys:
 - used stratified sampling (70% women, 30% men)

³ The Cash Waves research includes displacement-affected communities, such as Ukrainian refugees in Georgia and Romania, Syrian refugees in Jordan and Lebanon, returnees in Iraq, as well as IDPs, returnees, and host communities in Syria and Afghanistan and the occupied Palestinian territories. The sample also reflects marginalized groups, with 41% of households having a member with a disability or chronic disease. Additionally, youth participants, aged 13-17, are included in the sample.

⁴ i.e. Lebanon, Jordan, Syria, the West Bank, Afghanistan, Iraq, Romania, and Georgia.

⁵ A significant change refers to notable improvements or setbacks in the child's overall wellbeing, educational experience, such as changes in school attendance, performance, self-efficacy, confidentiality, or other relevant indicators, resulting from participation in microcredit and cash-for-protection CVA programs.



In response to recent flooding in Faryab Province, World Vision distributed cash assistance, providing essential support to those affected by the disaster. ©World Vision / Azizullah Hayat

- covered five domains⁶
- combined Likert-scale⁷ and open-ended formats
- were completed by:
 - mothers and fathers of children aged 0–17
 - heads of households
 - youth aged 16+ (in Romania with an adjusted survey)

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

This executive summary focuses on the data collected from CVA recipients,⁸ encompassing focus group discussions conducted with adults and children, in-depth interviews with mothers of children, and household surveys with adult recipients. The findings from key informant interviews and virtual focus group discussions can be found in the report, *Cash Waves: Preliminary Insights*.⁹

Limitations

While the study employed robust methodologies, several limitations were identified:

- **Selection bias**
The sampling focused on CVA recipients, potentially excluding perspectives from

non-recipients, which may limit insights into broader community impacts.

- **Temporal constraints**
Data collection occurred over a short timeframe, potentially missing seasonal or situational variations in CVA impacts, such as fluctuations in food prices or conflict dynamics.
- **Variability in qualitative data depth**
The richness of qualitative responses varied across contexts, with shorter responses in long-term assistance settings and more detailed narratives in humanitarian settings.
- **Household composition dynamics**
Assessment tools did not fully account for unique dynamics in single-parent and female-headed households, which may have underestimated CVA's impact on these groups.
- **Non-validated measurement tools**
Key constructs like resilience, GESI, and mental health and psychosocial support were assessed using non-validated tools, designed to balance practicality with outcome relevance but limiting precision and comparability.

⁶ Gender Equality and Social Inclusion, Children's Well-Being, Livelihood-Resilience, Community Cohesion, and Mental Health and Psychosocial Well-Being.

⁷ a rating scale that measures attitudes, opinions, and behaviors by providing a range of answer options

⁸ The data includes information on participants from both ongoing programmes and those that were in programmes that completed in September 2024.

⁹ Publication available upon request, please contact: Ghida_Krisht@wvi.org or Kate_Kobaidze@wvi.org

- **Complexity and translation challenges**

The translation of tools into multiple languages (e.g. Dari, Ukrainian, Arabic) introduced risks of misinterpretation, particularly for technical terms, potentially affecting data consistency.

To mitigate these challenges, triangulation of data sources, peer validation with field experts, linguistic refinement of tools, and collaborative design with World Vision technical teams were applied to enhance the robustness and contextual accuracy of findings.

Key findings

The findings in this executive summary reflect the rich perspectives of CVA recipients, capturing their experiences and perceptions of the programme's impact. These insights provide a nuanced understanding of how recipients engage with and are affected by the CVA programme. While based on self-reported data, these findings offer valuable context for interpreting the lived experiences of recipients, shaped by their unique expectations, personal histories, and broader environmental factors. This approach provides a deeper, more human-centred view of CVA outcomes, complementing traditional objective measures.

CVA is strengthening household dynamics and women's financial agency, while addressing persistent barriers

- **Two-thirds (66%) of households reported improved household communication and collaboration and reduced financial disagreements following CVA**, with the most positive shifts observed amongst returnees (88%) and internally displaced persons (IDPs) (84%). Refugees faced the greatest challenges, with nearly half (47%) reporting unchanged dynamics. In Afghanistan and Syria, collaborative financial decision making and shared responsibilities were key benefits.
- While both cash and voucher modalities promote collaboration, **cash assistance recipients reported slightly higher instances of financial tensions (2-3%) compared to voucher programmes**, where no increased tensions were observed. These findings underscore the need for flexible CVA modalities that support equitable decision making within households receiving cash assistance.
- Notably, **CVA did not contribute to increased GBV for 98% of respondents**. However, isolated reports (1.1%) of financial pressure were more common in Lebanon and the West Bank, particularly amongst IDPs and host communities, while refugees and returnees reported the lowest occurrences.
- In Afghanistan, Iraq, Syria, and Lebanon, **CVA contributed to greater financial independence and decision-making power for women**. However, social norms influence CVA effectiveness, with some women in Lebanon and the West Bank, reporting limited control and continuing to defer financial control to male household members.
- In Romania and Georgia, **CVA had a distinct impact on household communication dynamics among female-headed and single-parent households**. Given that decision-making in these households is already centralized, often due to displacement and conflict-driven family structures, the traditional markers of shifting financial agency may manifest differently. This underscores the need for more tailored assessment tools to capture the complexities of diverse family structures and ensure CVA fosters meaningful shifts in decision making and financial agency.
- **Disability inclusion remains a gap**, with persons with disabilities facing additional barriers in accessing and utilising CVA effectively.

ACTIONABLE RECOMMENDATIONS TO STRENGTHEN CVA'S GESI OUTCOMES

Implement GBV protective measures, including preventive prevention of sexual exploitation and abuse refresher trainings, confidential feedback mechanisms, and survivor-centred referrals to ensure safe and inclusive assistance.

Strengthen and scale up financial and employment linkages (cash-for-work, business grants, and entrepreneurship) within CVA programmes to enhance economic inclusion for refugee and women-headed households, ensuring sustainable opportunities beyond cash assistance.

Integrate training on equitable financial decision making to address social norms that limit women's control over cash, fostering more inclusive and participatory household financial management.

CVA is enabling families to secure better futures for their children

- CVA empowers households to create a more stable and supportive environment for children.** The majority of CVA-recipient households reported improved overall child well-being after receiving CVA (76%), with the highest impact amongst returnees (85%) and the lowest amongst refugees (71%). Key benefits included improved education access, better health and nutrition, and increased emotional stability.
- CVA helps break barriers to education and strengthens children's aspirations.** CVA helped families cover school expenses, leading to significant improvement in regular attendance amongst 33% of recipients, especially in Romania and amongst Ukrainian refugees in Georgia. Even non-education-focused CVA programmes contributed to learning continuity by easing financial barriers and boosting emotional and motivational support.
- CVA improves children's health and nutrition and access to essential services.** Overall, 36% of households reported a positive impact from CVA on children's health and nutrition. CVA significantly improved healthier food choices for children in 14% of households. The greatest impact on health-care affordability was observed in Iraq and amongst Ukrainian refugees in Georgia.
- CVA strengthens children's emotional security** – 17% of households reported a positive impact of CVA on children's mental health and 10% reported significant improvements in children's emotional well-being, particularly in Lebanon, Afghanistan, and amongst Ukrainian refugees in Romania. Additionally, CVA reduced anxiety and increased children's sense of security in 10% of households. Female caregivers were more likely than their male counterparts to perceive CVA's positive impact on their children's emotional needs.
- CVA fosters hope and confidence**, with 13% of respondents observing greater hope for the future amongst children and 1 out of every 12 people (8%) seeing increased confidence in children's motivation to pursue education and future goals. Female-headed households were more likely to report transformative effects on children's self-esteem.

ACTIONABLE RECOMMENDATIONS TO MAXIMISE CVA'S CHILD WELL-BEING OUTCOMES

Expand education-focused CVA and integrate child protection services by scaling up cash-for-education and school feeding programmes while strengthening linkages with child protection systems.

Address gaps in emotional well-being and security for children, particularly in fragile, disaster, and conflict-affected contexts, by integrating structured psychosocial support activities, such as safe spaces and positive parenting initiatives, within CVA programmes to foster stability and resilience.

Enhance nutrition-sensitive CVA and household decision making by integrating food assistance with cash programming to improve dietary diversity and providing child-focused nutrition guidance for caregivers to prioritise children's holistic needs beyond basic survival.

CVA is positively impacting economic recovery and livelihood resilience, but still faces challenges

- CVA provided significant economic relief for returnees but falls short for refugees facing systemic barriers. **CVA helped alleviate economic challenges for 95% of recipients, with 35% experiencing significant relief** suggesting CVA's role in restoring stability. Returnees reported the highest level of significant improvement (65%). However, only 34% of refugees experienced the same boost, as they grapple with greater labour market restrictions and limited financial inclusion. Gendered differences are evident – only 32% of women (versus 40% of men) reported significant improvement in CVA's support to overcome economic challenges, reflecting women's differing economic expectations and highlighting the need for gender-sensitive programming.
- Women recognise greater economic benefits from female-led enterprises. **Women were more likely than men to perceive females' economic contributions as strengthening household resilience.** Amongst those whose mothers or female family members ran a business or provided services before receiving CVA, 44% of women reported significant improvements in their household's ability to cope with economic shocks, compared to only 21% of men. This disparity highlights gendered differences in recognising the impact of women's economic participation on household stability.
- **CVA provides relief but not recovery.** Nearly all CVA recipients (97.5%) now face economic challenges, primarily due to high debt, unemployment, and housing costs, with health-care expenses and food insecurity also significant. Economic hardship was already widespread (82% before CVA), but an additional 15.5% now report difficulties. Women are disproportionately affected – 71% of newly impacted households are women, 21% are female-headed, and 67% are in debt – highlighting deepening financial strain and heightened vulnerability amongst women-led households.
- **CVA helps diversify income, but reliance on unstable sources remains high.** The proportion of households with multiple income streams doubled (16% to 34%), with the largest gains amongst women (70%) and debt-burdened households

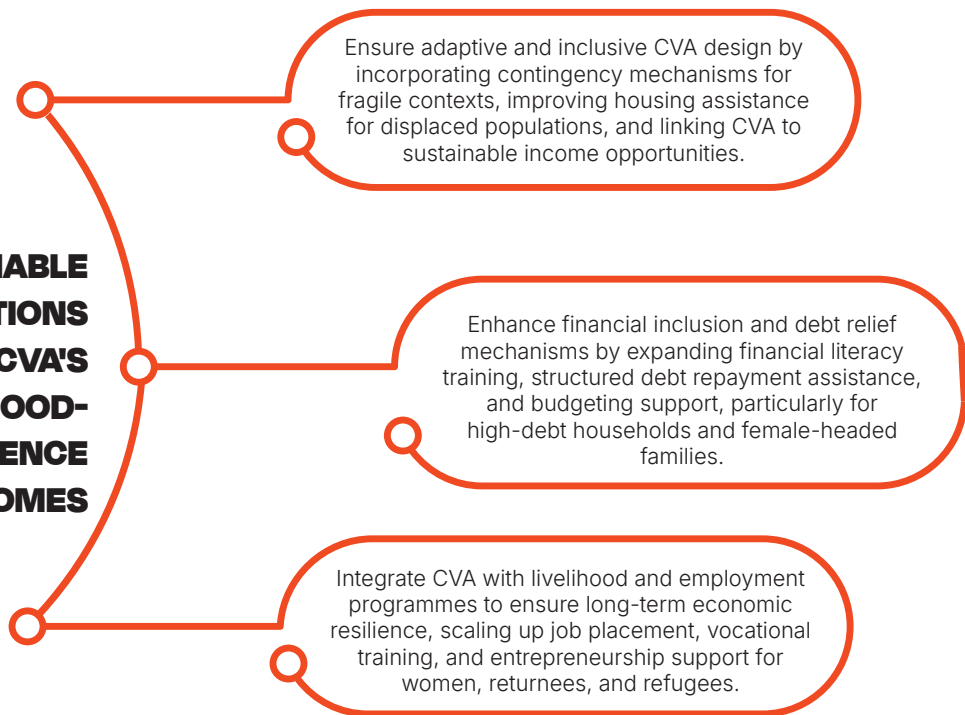
(54%). However, more than half of households still depend on informal work (52%) or assistance from non-governmental organisations (58%), and alarmingly, one in three households (32%) rely on child labour – rising to 39% amongst refugees. Sustainable pathways to formal employment are critical to ensure sustainable livelihood resilience.

- Women’s economic contributions increased post-CVA, but **deep gender gaps persist**. Female participation in income generation rose from 14% to 20%, with the highest increase amongst female-headed households (24% to 28%). Despite this progress, **80% of households still lacked a female income earner**. In Iraq, women’s contributions jumped from 40% to 58%, but in the West

Bank, conflict-driven economic instability led to a decline (13% to 3%).

- **CVA has enabled some recipients to invest in businesses, education, and long-term assets**. Amongst those with multiple income sources before CVA, 40% invested in long-term assets, 32% pursued vocational or educational opportunities, and 23% expanded their businesses. Business sustainability rates varied, with Iraq showing the highest success, while Lebanon’s economic crisis posed significant challenges. Female-headed households prioritised asset-building, whereas others distributed investments more evenly across education, business expansion, and asset purchases, reflecting different financial security strategies.

**ACTIONABLE
RECOMMENDATIONS
TO ENHANCE CVA'S
LIVELIHOOD-
RESILIENCE
OUTCOMES**



CVA strengthens community cohesion by fostering inclusion, reducing barriers, and enhancing community participation

- **CVA fosters social cohesion, but its impact varies by group and context**. Across all contexts, more than two-thirds of CVA recipients reported strengthened community ties (68%), with debt

repayment easing financial tensions and enabling stronger social bonds. Amongst displacement groups, returnees benefited the most, with 50% reporting significantly improved relationships, followed by IDPs,

while refugees saw the least impact, with 45% noting no change. Gender differences also shaped experiences – men reported stronger gains (34%) than women (27%), while female-headed households saw moderate improvements.

- **CVA enhances community support**, especially for returnees and IDPs, but less so for refugees. Overall, 59% of recipients reported increased community support, with 32% describing their communities as “much more supportive”. However, 65% of refugees saw no change, indicating persistent barriers to integration. IDPs and returnees experienced the highest increases in social support, while households with people living with disabilities also perceived slightly greater benefits (63%) than those without (58%). These findings underscore CVA’s potential to strengthen social ties while highlighting the need for targeted interventions for refugees and other marginalised groups.
- **CVA enables recipients to meet social obligations, reinforcing their role in the community.** Over half of CVA recipients reported improved ability to participate

in community life (56%), particularly in key social events such as weddings and funerals, which are essential for maintaining social networks. Returnees and IDPs benefited the most, while refugees reported the least impact. These findings highlight CVA’s role in strengthening social engagement but suggest that refugees and certain communities may require additional support to fully participate in social life.

- **Nearly two-thirds of respondents experienced increased participation in community activities (63%),** with female-headed households and those in early marriages reporting statistically significant improvements. Gendered differences were significant with women slightly more likely to report improvements, while men more frequently noted no change. Qualitative findings highlighted CVA’s role in enabling community participation, social gatherings, and business networking, yet also pointed to challenges, such as fairness in selection processes and accessibility barriers for female-headed households.

ACTIONABLE RECOMMENDATIONS TO MAXIMISE CVA’S COMMUNITY COHESION OUTCOMES

Integrate social cohesion into CVA design to actively foster community support networks by embedding self-help groups, peer-support initiatives, and social participation mechanisms.

Implement conflict-sensitive and community-building CVA approaches in fragile contexts emphasizing context monitoring of gender- and displacement-related issues, while incorporating community events, trust-building initiatives, and local partnerships to ensure equitable impact.

Leverage CVA to address debt and strengthen community support by embedding structured debt relief mechanisms, repayment support, and financial literacy training into CVA programmes.

CVA plays a critical role in enhancing mental health, emotional resilience, and community stability

- The financial relief offered by **CVA plays a critical role in emotional stability and stress reduction**, especially for displaced and vulnerable groups. Overall, 94% reported improved well-being and mental health and 93% reported improved feelings of safety and reduced stress. Women saw slightly higher gains, with 41% experiencing “greatly improved” well-being (versus 38% of men) and a slight edge in security gains (47% versus 42% of men). Returnees reported the highest well-being improvements (49%) and the greatest sense of security improvement (54%), followed by refugees, while IDPs experienced more moderate benefits.
- CVA goes beyond improving immediate well-being by also enhancing emotional resilience, providing individuals with the stability needed to focus on broader, long-term recovery. CVA enhanced social connections for 71% of recipients, fostering participation in networks like savings groups and support centres,

such as the “Happy Space” for Ukrainian refugees in Georgia. **Nearly 91% reported increased confidence in managing daily life**, while 89% improved their ability to fulfil family and community roles.

- **Approximately half of respondents found mental health services “somewhat accessible” (47%)**; however, there were significant regional variations in access to mental health and psychosocial support. Female-headed households and older individuals reported greater barriers to access, while IDPs had the highest access to services, followed by refugees and host communities, who in certain contexts reported no access. Syria, Lebanon, and Romania reported high accessibility, whereas people in the West Bank, Georgia, and Afghanistan faced severe service shortages, with Palestinian women in the West Bank and Ukrainian refugees in Georgia highlighting a lack of specialised support.

ACTIONABLE RECOMMENDATIONS TO OPTIMISE CVA'S MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING OUTCOMES

Collect data to better understand how social capital, especially within women's networks, contributes to long-term financial security and resilience. This insight will help optimise CVA programmes by leveraging social networks to enhance economic outcomes and

Link CVA with community-driven stress-reduction activities and informal peer networks, focusing on enhancing emotional resilience through psychosocial support, particularly for displaced populations and female-headed households to expand their social and financial capital.

Strengthen referral pathways between CVA and mental health services, ensuring that recipients have access to timely and high-quality support. This includes promoting community-based mental health services where formal services are lacking.

Unpacking the complex interplay of vulnerability and resilience: Towards integrated, long-term CVA solutions

This study also examined the connections between demographic vulnerability and key outcome areas. By analysing composite scores across these themes, this research revealed trends in vulnerability and resilience, offering a deeper understanding of how people perceive the long-term impacts of CVA – beyond immediate relief. These insights will inform more targeted, responsive interventions, enhancing our ability to address the evolving needs of communities and better understand CVA's broader impact over time.

Key findings revealed that vulnerability often coexists with resilience

- Economic vulnerability (livelihood-resilience) was closely tied to psychosocial challenges (mental health and psychosocial well-being) and limited social capital (community cohesion), as individuals in more vulnerable situations often lacked emotional and social support networks.
- Gendered vulnerabilities (GESI) were linked to both economic strain (livelihood-resilience) and community isolation (community cohesion), with women and female-headed households experiencing compounded risks.
- Children's well-being scores aligned with family vulnerability, reflecting how both economic and psychosocial stressors impacted children's quality of life.

The composite scores offered a holistic view of vulnerability, capturing the complex interrelations between economic, psychosocial, and social factors. While individual variables provided insights, synergies across themes highlighted the importance of integrated CVA interventions that

address not only immediate financial needs but also the broader socio-emotional factors affecting long-term stability and empowerment.

Interconnected Nature of Economic, Social, and Psychosocial Vulnerabilities

- In conflict and displacement-affected regions (e.g. Syria, Lebanon), higher vulnerability in both mental health and psychosocial well-being and community cohesion scores indicated the critical need for psychosocial and community-building interventions.
- More stable contexts (e.g. Romania, Georgia) showed relatively lower vulnerability scores, though the ongoing challenges in women's empowerment and children's well-being still required attention to ensure inclusive and resilient programming.

A holistic approach is essential to achieving long-term resilience and empowerment

This analysis underscores the need for a multidimensional approach in CVA programmes that strengthens livelihoods, community ties, and mental well-being to support long-term resilience and empowerment, especially for the most vulnerable demographic groups.

CVA, as a demand-driven model, demonstrates that financial relief alone is insufficient – lasting impact requires an integrated approach that prioritises social protection, livelihoods, and community support. Supply-driven solutions that overlook systemic inequalities will continue to fall short of fostering true resilience and well-being.

INTRODUCTION

Cash and Voucher Assistance – An Overview

Cash and Voucher Assistance (CVA) has become a cornerstone of modern humanitarian interventions, providing direct financial support to individuals and households to meet immediate needs with flexibility and dignity (CALP, 2024e). CVA includes various modalities, each with unique characteristics and applications. Conditional cash transfers require recipients to fulfill specific obligations, such as school attendance or participation in skills training (CALP,

2024e), or meeting age criteria—such as being 18 or older for cash-for-work initiatives. Unconditional cash transfers, by contrast, impose no preconditions, ensuring rapid deployment in emergencies (CALP, 2024e). Restricted assistance confines usage to specific items or services, such as food or healthcare, while unrestricted assistance allows recipients complete autonomy in spending (CALP, 2024e). Vouchers, often restricted, are redeemable for predefined goods or services, providing additional control in certain contexts (CALP Network, 2024e).

CVA has grown significantly since its introduction in the early 2000s as a flexible alternative to in-kind aid. Its evolution gained momentum with the 2016



Ramadan, 55, and his 11-year-old son Abdullah who were affected by the Herat earthquake received food aid from World Vision and carrying it to their home.
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Grand Bargain agreement, which highlighted the benefits of increased efficiency, recipient dignity, and autonomy (Kreidler & Rieger, 2023). In the Middle East and Eastern Europe Region (MEER), CVA emerged as a response to protracted crises like the Syrian conflict, which required scalable and adaptable aid mechanisms (CALP, 2020c). Lebanon and Jordan became regional leaders due to their robust banking infrastructure and openness to international aid. Lebanon leveraged its financial systems and the scale of the Syrian refugee crisis to implement effective CVA programs led by agencies like UNHCR, WFP, and UNICEF (CALP, 2020e; CALP, 2021). Similarly, Jordan employed mobile payment systems and fostered strong coordination between the government and donors, while Iraq and Yemen increasingly relied on CVA to address displacement, food insecurity, and economic instability (CALP, 2021; CALP, 2023b; Oxfam, 2022). Globally, CVA is preferred over in-kind aid for its flexibility, cost-effectiveness, and capacity to uphold recipients' dignity, as seen in evidence from contexts like Kenya (Haushofer & Shapiro, 2016; CALP, 2024c). Donor preferences, technological advancements, and the establishment of regional cash working groups have further propelled CVA's growth in MEER, where developed banking infrastructure in countries such as Lebanon and Jordan has facilitated direct cash transfers and voucher systems, solidifying their roles as key hubs for CVA implementation (CALP, 2020e; CALP, 2023c; IASC, 2024). The expansion of CVA was further reinforced by the Ukraine crisis, where cash assistance played a central role in the humanitarian response. Leveraging the country's advanced digital payment systems and strong financial infrastructure, agencies rapidly scaled up cash transfers to support displaced populations and those affected by conflict (CALP, 2024g; IASC, 2024). This response highlighted the effectiveness of CVA in sudden-onset crises, further solidifying its role as a preferred modality in humanitarian aid.

CVA played a pivotal role during the COVID-19 response, offering a flexible and scalable mechanism to address the socio-economic challenges exacerbated by the pandemic. In Lebanon and Jordan, CVA programs adapted rapidly to counter the economic impacts of inflation and movement restrictions, leveraging digital and mobile payment systems to ensure aid delivery despite logistical challenges (CALP, 2021). The pandemic also highlighted CVA's scalability, as it allowed humanitarian actors to expand programs quickly in response to increased demand for assistance (CALP, 2024c). Gender-sensitive adaptations

were critical, as the pandemic disproportionately affected women and girls, leading to tailored CVA interventions that incorporated protective measures and addressed barriers to accessing assistance (CARE, 2022; CALP, 2020a). In Gaza, CVA was integrated into existing social protection frameworks, ensuring continued access to essential goods amidst widespread disruptions (Oxfam, 2022). Similarly, in northwest Syria, cash assistance supported displaced populations by addressing food insecurity and reducing the need for negative coping mechanisms, such as asset depletion (IOM, 2024). These examples demonstrate the effectiveness of CVA in mitigating the immediate and long-term impacts of the pandemic across various contexts in MEER. By 2024, CVA accounts for approximately 30-50% of global humanitarian assistance in appropriate contexts, underscoring its growing importance in meeting diverse needs (CALP, 2024c; Kreidler & Rieger, 2023).

CVA aligns closely with international commitments, enhancing the effectiveness and efficiency of humanitarian responses. The Grand Bargain, introduced during the World Humanitarian Summit in 2016, recognises CVA as a critical innovation, promoting its routine use to improve aid delivery (CALP, 2024c). The Sustainable Development Goals (SDGs) highlight CVA's role in poverty reduction, inequality mitigation, and resilience building, aligning with global efforts to achieve these objectives (UNDP, 2023). Adherence to the Core Humanitarian Standards (CHS) and Sphere Standards ensures that CVA interventions are ethical, effective, and context-appropriate, upholding the quality and accountability of humanitarian assistance (OCHA, 2023). Additionally, the Sendai Framework for Disaster Risk Reduction 2015–2030, reviewed at a High-Level Meeting in 2023, emphasised the need for strengthening disaster preparedness and resilience through integrated risk reduction strategies, directly supported by CVA's flexibility and scalability (UNDRR, 2023). The Humanitarian-Development Nexus, emerging prominently in 2016, advocates for the integration of humanitarian and development efforts, with CVA acting as a bridge to support immediate needs while contributing to long-term development goals (CALP, 2024 f).

There is growing evidence that CVA not only addresses immediate humanitarian needs but also contributes to long-term development and the strengthening of social protection systems. Research highlights that CVA improves food security, health, and education outcomes, contributing to human capital development



New Central South Hebron Area Programme,
OPT- Dair Samet village ©World Vision

and resilience-building (CALP, 2024a). Furthermore, integrating CVA with existing social protection frameworks enhances the scalability and efficiency of aid delivery, reducing gaps between humanitarian and development interventions (CALP, 2024b). A study by the CALP Network found that linking CVA with social protection mechanisms enables more coherent and effective responses, particularly in protracted crises where short-term assistance needs to transition into sustainable support (CALP, 2024b). Similarly, evaluations of FAO-led cash assistance programs indicate that CVA has the potential to strengthen social protection systems, though challenges remain in balancing immediate humanitarian needs with long-term development goals (FAO, 2023). These findings reinforce CVA's critical role in the Humanitarian-Development Nexus, demonstrating its ability to bridge emergency relief with sustainable development by supporting both immediate needs and long-term economic resilience (CALP, 2024a; FAO, 2023).

Middle East and Eastern Europe Region – An Overview

While the Middle East shares histories, predominantly Arabic-speaking populations, and economies reliant on oil and agriculture, Eastern Europe reflects post-Soviet legacies, industrial economies, and diverse languages. Despite these differences, both regions face interconnected challenges, including conflict, economic instability, and mass displacement (WVI, 2024). Below, short country overviews highlight the humanitarian and economic challenges shaping CVA interventions across the region.



Lebanon faces an unprecedented economic and humanitarian crisis, exacerbated by its hosting of 1.5 million Syrian refugees, the highest number of refugees per capita globally (UNHCR, 2024). The country's population of 6.8 million includes over 80% living below the poverty line, reflecting severe economic hardship (UNDP, 2023). This economic collapse, which began in 2019, has resulted in inflation exceeding 170%, a 60% currency devaluation, and unemployment rates skyrocketing to over 30% (WeForum, 2019; World Bank, 2023). Refugees, alongside vulnerable Lebanese populations, are increasingly reliant on humanitarian aid, with CVA emerging as a vital intervention to address basic needs and support local markets (UNHCR, 2024).

The country's financial infrastructure is strained but accessible, with well-developed banking and remittance networks enabling CVA programs despite operational hurdles like banking restrictions and public mistrust of financial institutions (CALP, 2021). Market conditions are highly volatile, with food prices having increased by over 500% since 2019, driving food insecurity across the country (FAO, 2024). The implementation of CVA programs in Lebanon, such as the Multipurpose Cash Assistance (MPCA) program by UNHCR, has been instrumental in enabling vulnerable populations to purchase essentials while supporting local markets and businesses (UNHCR, 2024). However, persistent inflation and currency instability pose significant challenges to the long-term efficacy of CVA interventions (IMF, 2024).



Syria remains one of the world's most complex humanitarian crises, with over 6.8 million IDPs and 5.4 million refugees in neighbouring countries (UNHCR, 2023a). The conflict, which has continued for more than a decade, has devastated the country's infrastructure, leaving 90% of the population in poverty and millions without access to healthcare, education, or basic services (IRC, 2024). The Syrian economy has contracted significantly, with unemployment exceeding 60% and inflation driving up food and fuel prices by over 400% since 2019 (FAO, 2024; World Bank, 2023).

CVA has played a critical role in addressing Syria's multifaceted humanitarian needs. Programs like the Syria Humanitarian Fund (SHF) use CVA to provide direct support to vulnerable populations, enabling them to access food, rent, and other essentials (OCHA, 2023). However, implementing CVA in Syria faces significant challenges, including limited access to

financial service providers, ongoing conflict, and a highly informal economy. Despite these constraints, CVA remains an effective mechanism for addressing immediate needs while supporting local vendors in functioning markets (UNHCR, 2023a).



Jordan is home to over 740,000 registered refugees, primarily from Syria, representing one of the highest refugee populations globally (UNHCR, 2024). Syrian refugees constitute 90% of the total, with large numbers residing in camps such as Zaatari and Azraq or in urban areas (CALP, 2021). Host communities, already grappling with high unemployment rates of over 23%, face additional strain from increased competition for jobs and resources (World Bank, 2023).

Jordan's relatively well-developed financial infrastructure has facilitated the widespread implementation of CVA, especially in refugee camps. Programs like UNHCR's Common Cash Facility (CCF) use CVA to provide monthly stipends to refugees, enabling them to purchase essentials while maintaining dignity (CALP, 2021). However, the country faces persistent inflation, which has driven up the cost of food and housing, reducing the purchasing power of CVA recipients (IMF, 2024). Market assessments indicate that CVA remains a key strategy for alleviating economic pressures on both refugees and host communities (CALP, 2021).



The oPt, encompassing the West Bank and Gaza, is marked by prolonged conflict, political instability, and economic stagnation. Over 80% of Gaza's population relies on international aid, with unemployment exceeding 45% and chronic food insecurity affecting over 70% of households (OCHA, 2023; UNRWA, 2024). The blockade on Gaza has decimated infrastructure, limiting access to water, electricity, and healthcare, while recurrent escalations of violence have deepened vulnerabilities (UNRWA, 2024).

CVA has become a cornerstone of humanitarian aid in the oPt, providing targeted support to address food insecurity and essential needs. Programs like Oxfam's cash-based assistance have been instrumental in enabling vulnerable households to purchase necessities and support local markets (Oxfam, 2022). However, market functionality in Gaza remains constrained by the blockade, with shortages of goods and inflation undermining the effectiveness of CVA interventions (FAO, 2024).



Iraq continues to grapple with the effects of protracted conflict, hosting over 1.1 million IDPs as of 2024 (ReliefWeb, 2023). The country's fragile political landscape and economic challenges, including unemployment rates of 13.7% and inflation of 6%, have hindered recovery efforts (World Bank, 2023). Many IDPs and host communities remain dependent on humanitarian aid, with CVA emerging as a critical tool for revitalising local economies and addressing unemployment, a key driver of conflict (FAO, 2024).

CVA initiatives, such as those supported by the International Organization for Migration (IOM), provide financial assistance to vulnerable populations, enabling them to meet basic needs while stimulating local markets (IOM, 2024). However, challenges persist, including limited access to financial services in remote areas and ongoing security concerns, which restrict the reach of CVA programs (CALP, 2021).



Afghanistan faces one of the world's most acute humanitarian crises, with over 28 million people—two-thirds of the population—requiring humanitarian assistance in 2024 (UNOCHA, 2023). The Taliban's takeover in 2021 has severely impacted women's rights, restricting access to education and employment, which has pushed many families into poverty (CARE, 2022). Inflation has soared, exacerbated by international sanctions and the freezing of foreign reserves, leaving over 90% of households unable to meet basic needs (IMF, 2024).

CVA has become a critical lifeline in Afghanistan, providing direct financial support to vulnerable populations to combat rising prices and enhance access to essentials (UNOCHA, 2023). However, the implementation of CVA faces significant challenges, including limited access to banking services and political restrictions on aid delivery, particularly for women and girls (CARE, 2022).



Georgia has long grappled with internal displacement resulting from conflicts in its breakaway regions. As of 2020, approximately 304,000 individuals remain internally displaced due to conflicts in South Ossetia (1991–1992) and Abkhazia (1992–1993), as well as the August 2008 war (Internal Displacement Monitoring Centre, 2021). The United Nations General Assembly has consistently recognized the right of return for all IDPs and refugees from these regions,

emphasizing the need for a structured timetable to facilitate their safe and dignified return (United Nations, 2023).

In recent years, Georgia has also become a transit and destination country for refugees and returnees, hosting over 30,000 displaced individuals from neighboring conflicts, including Ukraine (UNHCR, 2023). The country faces high unemployment rates, political instability, and significant economic disparities, which have worsened due to the influx of refugees (World Vision, 2024).

CVA programs in Georgia are relatively nascent but have shown promise in addressing vulnerabilities among refugees and host communities. Efforts by organisations like UNHCR focus on integrating displaced populations into local economies through cash-based assistance, which supports both immediate needs and longer-term resilience (CALP, 2023c).



Romania has become a critical host country for Ukrainian refugees, accommodating over 1.2 million arrivals since the onset of the war in 2022 (IOM, 2023). The influx has placed significant strain on the country's social services and economy, with inflation reaching 16% in 2023, driven by rising energy and food prices (World Bank, 2023). Despite these challenges, Romania has maintained its commitment to humanitarian principles, with CVA playing a pivotal role in refugee support.

CVA initiatives, such as those implemented by UNHCR and local partners, provide financial assistance to refugees, enabling them to meet basic needs while reducing the burden on public services (IOM, 2024). However, challenges remain, including ensuring market stability and addressing the long-term integration of refugees into Romanian society (CALP, 2023).

CVA's adaptability makes it particularly suited to MEER's complex dynamics, where protracted conflicts and displacement intersect with development challenges. For instance, the Syrian refugee crisis has prompted innovative CVA strategies in Lebanon and Jordan, bridging humanitarian and development responses by addressing immediate needs while fostering local market resilience (CALP, 2021). In Iraq, CVA has not only supported livelihoods but also facilitated community recovery by injecting liquidity into war-affected economies (ReliefWeb, 2023). Similarly, Afghanistan's political and economic instability has underscored the need for scalable CVA programs to

address inflation-driven food insecurity (UNOCHA, 2023). CVA also plays a pivotal role in advancing the Humanitarian-Development-Peace Nexus (HDPN). In Yemen, for example, CVA programs are integrated with national social protection systems, reducing dependency on emergency aid and fostering long-term resilience (CALP Network, 2024). These initiatives align with local governance structures, promoting social cohesion and enhancing institutional capacity, essential for sustainable peace (ICVA, n.d.; UNDP, 2024). In Iraq, similar approaches have linked CVA with peacebuilding frameworks, addressing poverty and unemployment as underlying drivers of instability (ReliefWeb, 2023).

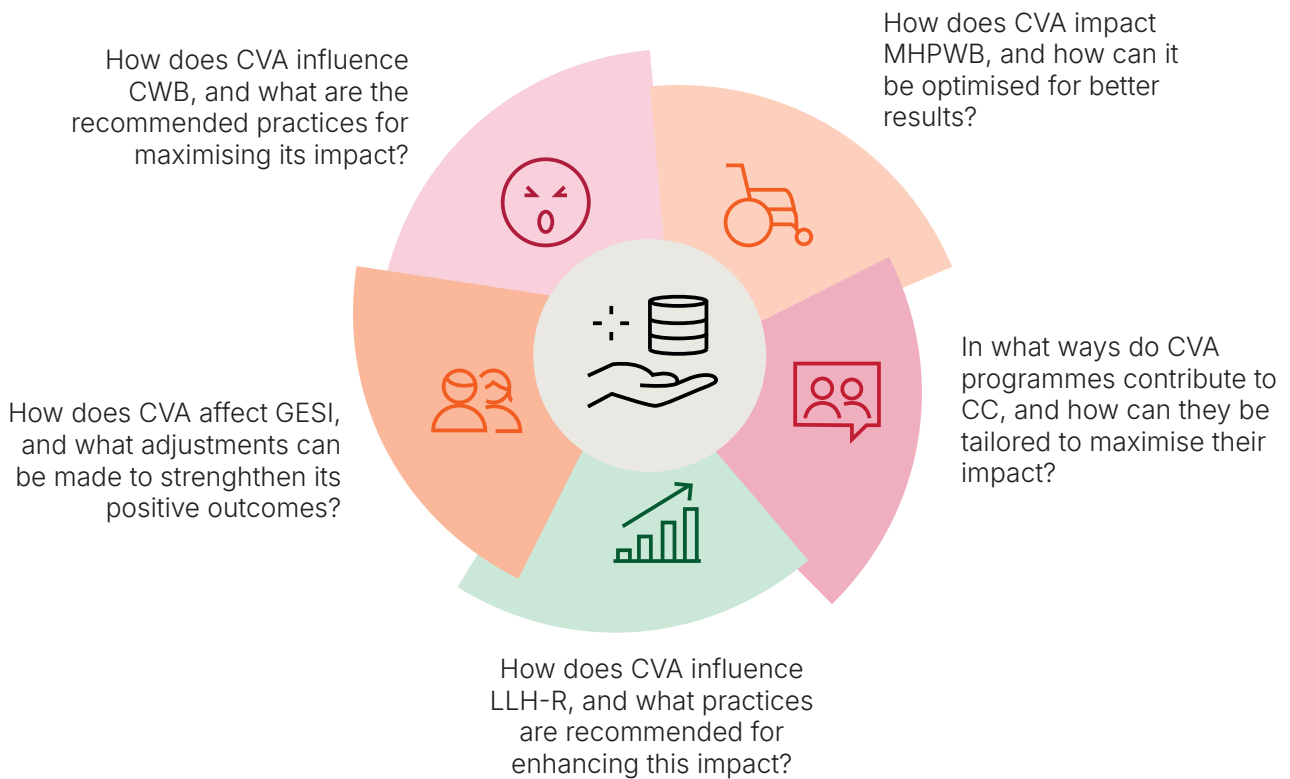
Study Objectives and Research Questions

This research, known as the “Cash Waves Study”, commissioned by World Vision’s Middle East and Eastern Europe Regional Office (WV MEER) and

implemented in partnership with Qualisus Consulting, seeks to assess the broader impact of CVA programs on Mental Health and Psychosocial Well-Being (MHPWB), Livelihood-Resilience (LLH-R), Community Cohesion (CC), and Gender Equality and Social Inclusion (GESI) and Child Well-Being (CWB) among marginalized groups and youth . The research aims to document the transformative pathways to resilience and well-being for women and children facilitated by WV MEER CVA programs. It focuses on areas that are often understudied and present conflicting insights, such as the varying impacts of CVA programs on GBV, where findings differ on whether CVA exacerbates or mitigates GBV. Understanding these complexities is critical, and the research aims to explore how these factors are influenced by CVA programs to generate evidence-based recommendations for enhancing program effectiveness and sustainability.”

The diagram in Figure 2 portrays the Primary research questions guiding this study across all areas, as MHPWB, LLH-R, CC, GESI, CWB.

Figure 2 - Research Questions of the Study



Participating Countries, Population Groups, and CVA Program Types

Study focused on a wide range of ongoing CVA programs, implemented by WV across the MEER (see Table 1), each tailored to address the specific socio-economic and humanitarian challenges of individual countries. A detailed breakdown of these interventions, their target populations, and objectives can be found in the accompanying table, highlighting WV's strategic approach to meeting immediate needs while fostering resilience and economic recovery across the region.

Table 1 - CVA Programs Implemented and Assessed in This Study

Country	Population Groups	Program Nature	Transfer Value	Transfer Frequency	Donors/ Support Offices
Lebanon	Host Communities and Syrian Refugees	Cash for Work	Unskilled: USD12/person/day, Skilled: USD14/person/day	Up to 40 working days for Cash for Work	GIZ
		Cash for Protection (Education)	USD 20/person	Three monthly transfers for Education Cash Assistance	LHF
Syria	Host Communities	Microcredit (Ultra Poor Graduation Approach)	USD 100	8 rounds distributed over 8 months (April to November 2024)	Private Funds - WV Taiwan
Jordan	Syrian Refugees	Cash for Work (Solid Waste Management in Azraq Camp)	USD 195/person per round	Up to 3 rounds across the program duration (typically weeks per round)	GIZ
oPt	Host Communities	Food/NFI Vouchers	USD 70/person every two months	One-time disbursement	Private Funds -WV Australia; HC - Canada
Iraq	Returnee and Host Communities	Microcredit	USD 850	One-time disbursement	DFAT
	Returnee and Host Communities	Microcredit (MSMEs, Beekeeping and Irrigation Drip Systems)	USD 715 - USD 916	One-time disbursement	UNDP
	Returnee and Host Communities	Cash for Protection (Education)	USD 229	One-time disbursement	Japan Platform

Country	Population Groups	Program Nature	Transfer Value	Transfer Frequency	Donors/ Support Offices
Afghanistan	IDPs, Returnee Afghans	Emergency Multi-Purpose Cash Assistance	USD 340/ person (adjusted for Afghan currency)	One-time disbursement during Nov 2023 to Apr 2024 period	GFFO, CHAF, GAC, DRA, DEC – UK, WV Private Funds
Georgia	Ukrainian Refugees	Multi-Purpose Cash Assistance	USD 95/person every two months	Every 2 months, distributed bi-monthly (August 2022 to July 2024)	ADH, WV Private Funds
		Cash for Protection (CP)	USD 370/ person	One-off disbursement	WV Private Funds
		Winterization Voucher	USD 111/ person	One-off disbursement	WV Private Funds
		Cash for Food	USD 75/person	One-off disbursement	WV Private Funds
Romania	Host Communities	Multi-Purpose Cash Assistance	22 USD/person	Monthly transfers	WV Private Funds
		Cash for Protection (Education)	USD 22/person	Ongoing monthly transfers	WV Private Funds
	Ukrainian Refugees	Multi-Purpose Cash Assistance	USD 120/ person/ month	Three transfers	GIRO555
		Cash for Protection (CP)	USD 120/person	One-off disbursement	Private Funds - WV Korea
		Food Voucher Program	50 USD/person	One-off disbursement	DEC - UK

METHODOLOGY

The Cash Waves study utilised a **sequential exploratory mixed-method design** to assess the impact of CVA on MHPWB, LLH-R, CC, and GESI and CWB across eight countries in the MEER Region (see Figure 3). The methodology combined **qualitative and quantitative approaches**, starting with qualitative data collection and continuing with quantitative data collection.

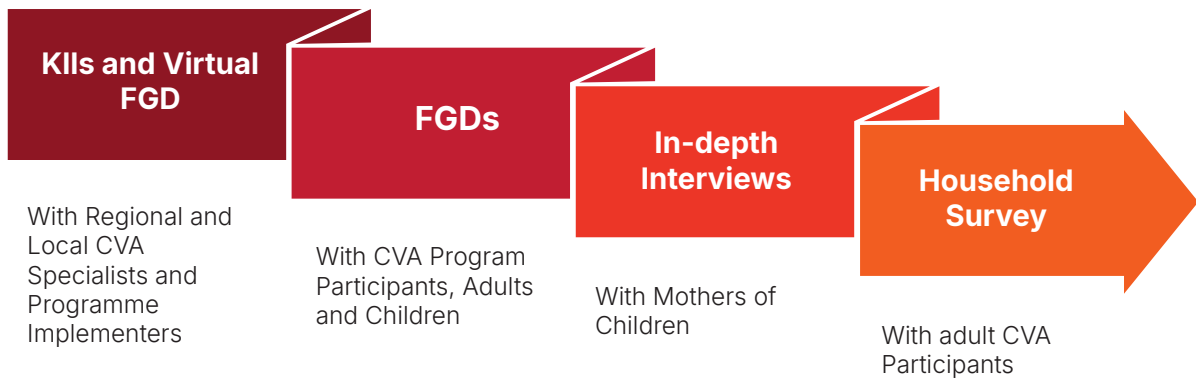
- The **qualitative** phase began with Key Informant Interviews (KIIs) and Virtual Collaborative Focus Group Discussions (FGDs) conducted with regional and local CVA specialists, and program implementers. These interviews explored program design, challenges, and contextual factors shaping

the implementation of CVA initiatives. Following this, FGDs were organised with diverse groups of CVA participants, including mothers, fathers, and children, to gain insights into their personal experiences, the perceived impact of the assistance, and socio-cultural dynamics. To deepen the understanding of individual outcomes, eight In-depth Interviews (IDIs) were held with mothers of children who exhibited significant impact, with a focus on programs such as Cash for Protection and Microcredit. Purposeful sampling ensured that these qualitative methods captured a wide range of perspectives and demographic diversity.



Distribution of E-cards in Baalbek as part of a WFP-funded project. ©World Vision

Figure 3 - Study Methodology - an Overview



- The **quantitative** phase followed, shaped by qualitative insights and featuring a large-scale household survey involving adult recipients of CVA assistance. The individual quantitative Cash Waves survey includes 74 questions across five key domains: MHPWB, LLH-R, GESI, CC, and CWB, utilizing a combination of Likert-scale and open-ended questions to assess the impact of CVA on participants. Purposeful stratified sampling ensured representation across eight countries, with careful attention to gender balance and the inclusion of various CVA program types.

This report focuses on the **data collected from CVA recipients**¹⁰, encompassing FGDs conducted with adults and children, IDIs with mothers of children, and household surveys with adult recipients. The findings from KIIs and Virtual FGDs can be found in the Preliminary Insights Report, which can be made available upon request¹¹. Data collection took place over a four-week period, from **August 26 to September 23, 2024**, across Afghanistan, Lebanon, Iraq, Romania, Georgia, the occupied Palestinian territories (oPt), Syria, and Jordan.

The study carried out **44 FGDs** with CVA participants, including mothers, fathers, and children, across eight countries and various program types:

Among the **23 FGDs conducted with adults**, **14 were with women**, **8 with men**, and **1 was mixed-gender**. These FGDs were distributed across seven countries. **Afghanistan** conducted the highest number of FGDs, with a total of six, equally split between men

and women (three each). **Iraq** conducted three FGDs, including one with men and two with women. Similarly, **the oPt** held three FGDs, distributed as one with men and two with women. **Lebanon** also conducted three FGDs, including one with men, one with women, and one mixed-gender group. In **Jordan**, there were three FGDs, one with men and two with women. Both **Syria** and **Georgia** held two FGDs each, with Syria's divided equally between men and women, while Georgia's FGDs were exclusively with women. Lastly, **Romania** conducted two FGDs, both exclusively with women. Participants across these FGDs represented a variety of **CVA program types**, such as **Multipurpose Cash Assistance (MPCA)**, **cash for work**, **cash for protection (education)**, **microcredit**, and **food/NFI vouchers**, offering diverse perspectives on the implementation and impact of these interventions. The majority of FGDs were conducted **in person**, with an average of **6-8 participants per group**, ensuring rich and context-specific discussions.

A total of **21 FGDs were held with children**, comprising **7 with girls**, **6 with boys**, and **8 mixed-gender groups**. These FGDs were distributed across seven countries. **Iraq** held five FGDs, including three with girls and two with boys. **Romania** conducted four, with mixed-gender groups. **Lebanon** followed with three FGDs, all mixed-gender. **Jordan**, the **oPt**, **Syria**, and **Afghanistan** each conducted two FGDs, with an equal split between

¹⁰ The data includes information on participants from both ongoing programs and those that were completed within the last 3 months.

¹¹ For further information about this publication please contact: Ghida_Krisht@wvi.org or Kate_Kobaidze@wvi.org

boys and girls in all four countries. **Georgia** conducted one FGD, which was mixed-gender. The FGDs provided valuable insights into children’s perspectives across various CVA program types. The majority of FGDs were conducted **in person**, with an average of **7-9 children per group**, ensuring a rich and diverse range of feedback.

To gain deeper insight into specific outcomes, **eight** IDIs were conducted with mothers of children who showed significant changes through participation in CVA programs. These interviews took place in Afghanistan (n=3), Georgia (n=2), Romania (n=2), and Syria (n=1), focusing on locations implementing Cash for Protection and Microcredit initiatives. All IDIs were conducted in person.

A field survey was conducted with 1,429 vulnerable CVA participant households across eight countries as part of the quantitative phase. The sampling approach purposefully **oversampled female CVA recipients** to ensure a deeper understanding of the impact of CVA on women, a primary focus of the study. This was achieved through **stratified sampling with a gender ratio of 70:30 (women to men)**, depending on the context. The sample included approximately **150 CVA participant households per country (with 200 targeted in Iraq)**, ensuring representation of **different program types, demographics, and geographical**

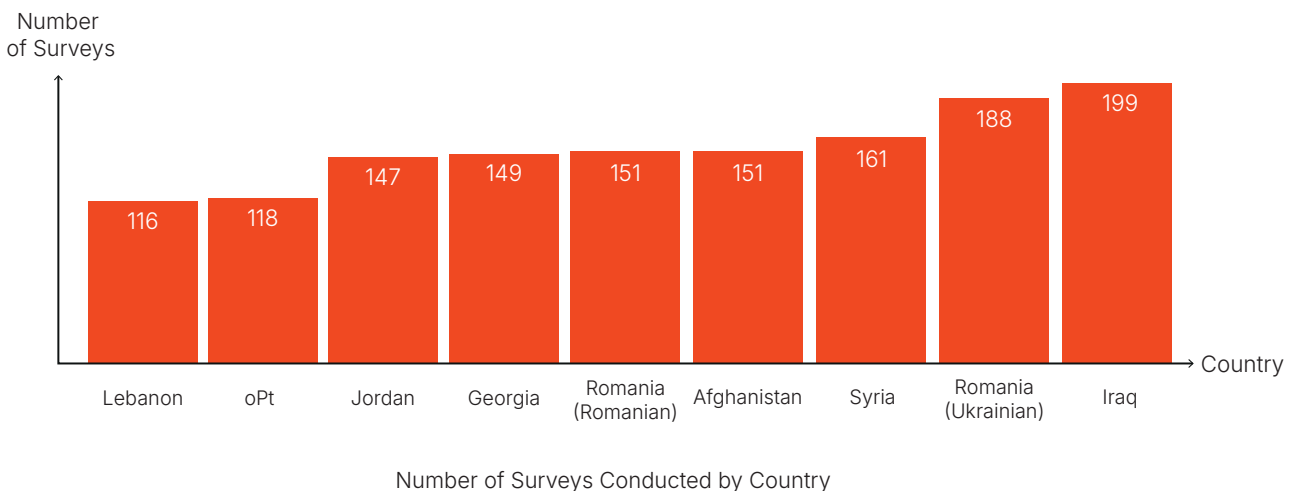
areas. This approach allowed for a more nuanced analysis of the unique experiences and outcomes for women within the CVA framework. Out of the 1,429 surveys collected, 49 were excluded as the pre-established inclusion criteria for the household quantitative survey or because the respondent did not provide consent. The inclusion criteria required participants to be:

- Mothers or fathers with at least one child between 0-17 years of age
- Heads of households
- Participants of the WV CVA program under study
- Located in the same areas as those sampled for the qualitative data collection (to allow for triangulation)
- Representing a 70:30 female-to-male respondent ratio

An exception was made in Romania, where youth aged 16+ were eligible to participate. In this context, an adjusted version of the survey was used, which excluded certain questions that were not applicable to this age group.

After excluding the 49 invalid surveys, the total number of valid surveys was 1,380. A breakdown of the total number of surveys collected per country is presented below in Figure 4.

Figure 4 - Number of Surveys per Country



Demographic Profile of Survey Respondents

This section highlights key characteristics of respondents from the household **quantitative survey** conducted across the eight countries included in the **WV Cash Waves** study, offering essential context to better understand and interpret the findings. Table 2 provides an overview of key terminology and notes, facilitating a clear understanding of the demographic findings presented in this section and the results discussed later in the report.

Table 2 - Notes on Terminology Used

The study engaged displacement-affected communities (DAC), including refugees, internally displaced persons (IDPs), returnees, and host populations, across specific areas in **Afghanistan, Lebanon, Syria, Jordan, Iraq, Georgia, Romania**, and the **oPt**. Geographic references throughout the text indicate the origin of respondents, which may include members of refugee communities residing in host countries. Efforts have been made to clearly specify the population group being referred to, such as Syrian refugees in Jordan, Ukrainian refugees in Georgia, Ukrainian refugees in Romania, Syrian respondents in Syria, and Syrian refugees residing in Lebanon.

To simplify the presentation of information in tables and charts, the following abbreviations and terminologies will be used:

- **"Jordan (Syr)":** Syrian refugees residing in Jordan
- **"Georgia (Ukr)":** Ukrainian refugees in Georgia
- **"Romania (Ukr)":** Ukrainian refugees in Romania
- **"Syria":** Syrian respondents in Syria
- **"Lebanon":** This includes both Lebanese respondents and Syrian refugees residing in Lebanon.

The sample comprised 68% females and 32% males, with participants ranging in age from 16 to 93 years and an average age of 38 (SD = 12.8). Most households (79%) were headed by men, while 21% were categorized as female-headed based on respondent characteristics such as being single, widowed, or divorced¹². The sample included diverse displacement-affected community (DAC) groups: 43% from host communities, 38% were refugees, 12% returnees, and 6% IDPs. Household sizes ranged from 1 to 21 members, with an average of 6 people per household (SD = 2.8). The number of children per household varied from 0 to 16, with an average of 3 children (SD = 1.8). Additionally, 41% of households had at least one member with a disability or chronic illness. Regarding marital status, 69% of participants

were married or living with a partner, 10% were widowed, 9% separated or divorced, and 6% single. Notably, 14% of respondents were former child brides/grooms who reported being married before the age of 18. Figure 5 below summarizes and visually represents the described demographic profile of the average surveyed individual.

Educational attainment among participants varied, with 35% having completed primary education, 29% secondary education, and 21% higher education. Employment status also showed diversity, with 27% identifying as homemakers, 24% as informally employed, and 14% as unemployed (see Figure 6 below).

¹² It is important to note that this definition may not fully capture the complexity of household structures in certain cultural contexts. For instance, in settings like Lebanon, single, widowed, or divorced women may not always be the de facto heads of households, as male relatives, such as fathers or brothers, may assume the role of household head in the absence of a spouse. This limitation should be considered when interpreting the findings.

Figure 5 - Demographic Overview of the Survey Participants

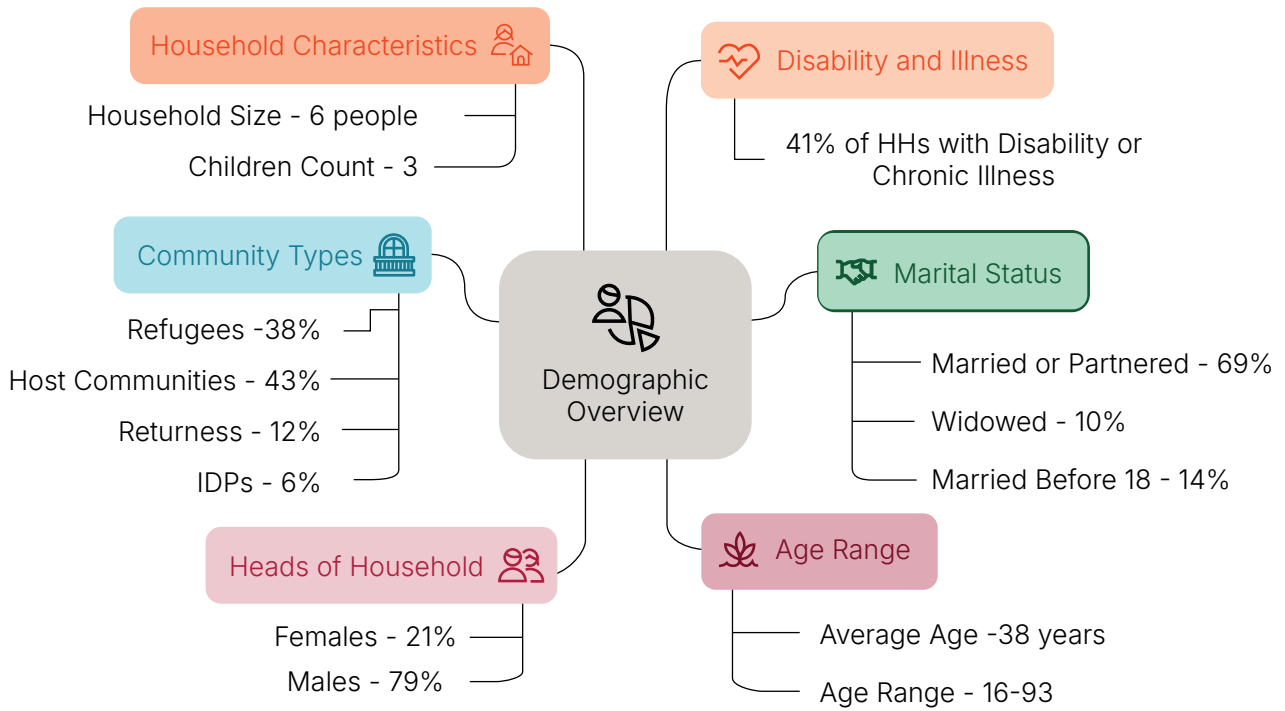
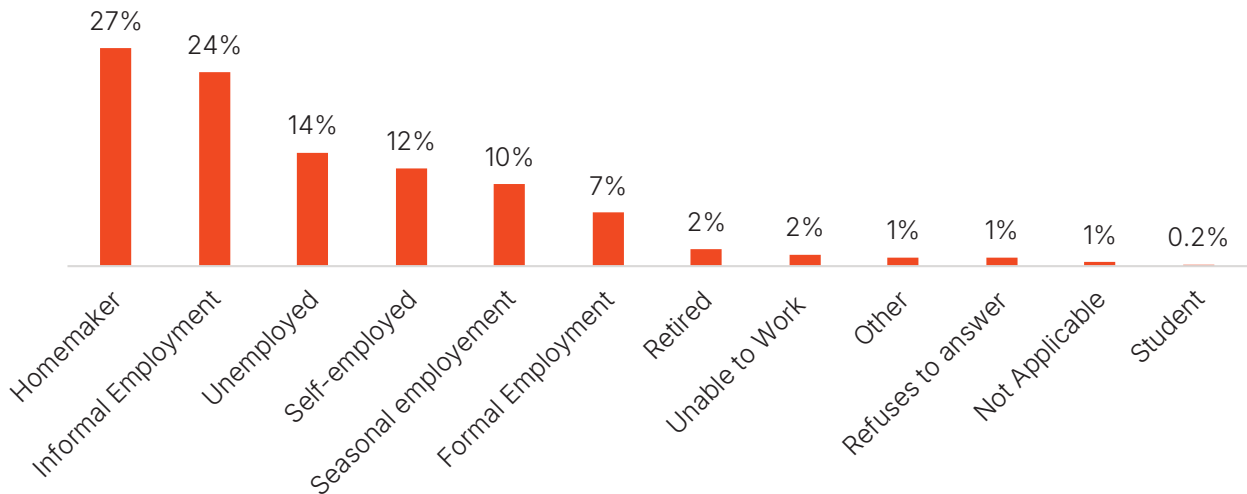
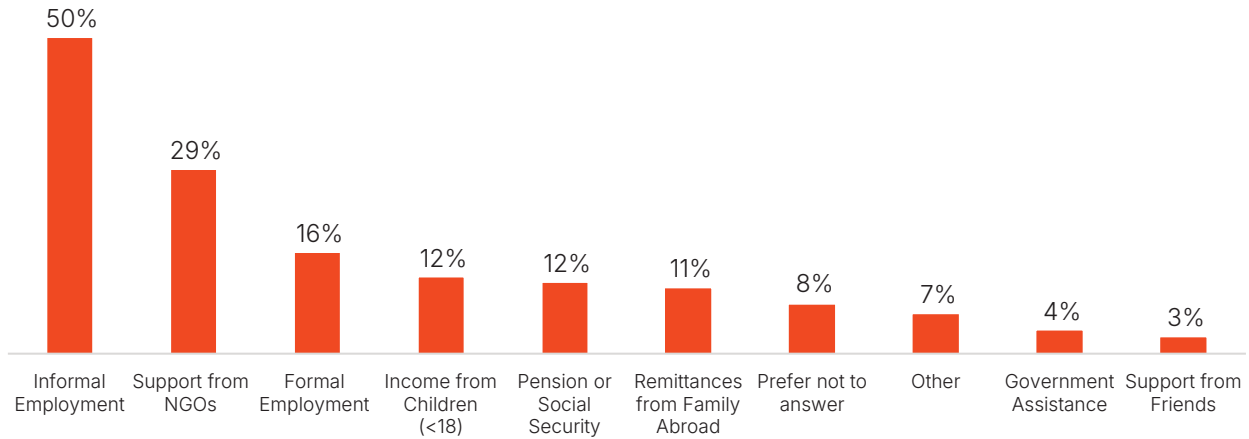


Figure 6 - Employment Status of Surveyed Participants



Households primarily relied on informal employment (50%) and NGO support (29%) as their main income sources, with formal employment accounting for 16%. Additional sources included income from children under 18 years old (12%), pensions (12%), and remittances (11%). Notably, government assistance and support from friends were among the least reported sources (see Figure 7 below for more details).

Figure 7 -Main Sources of Income



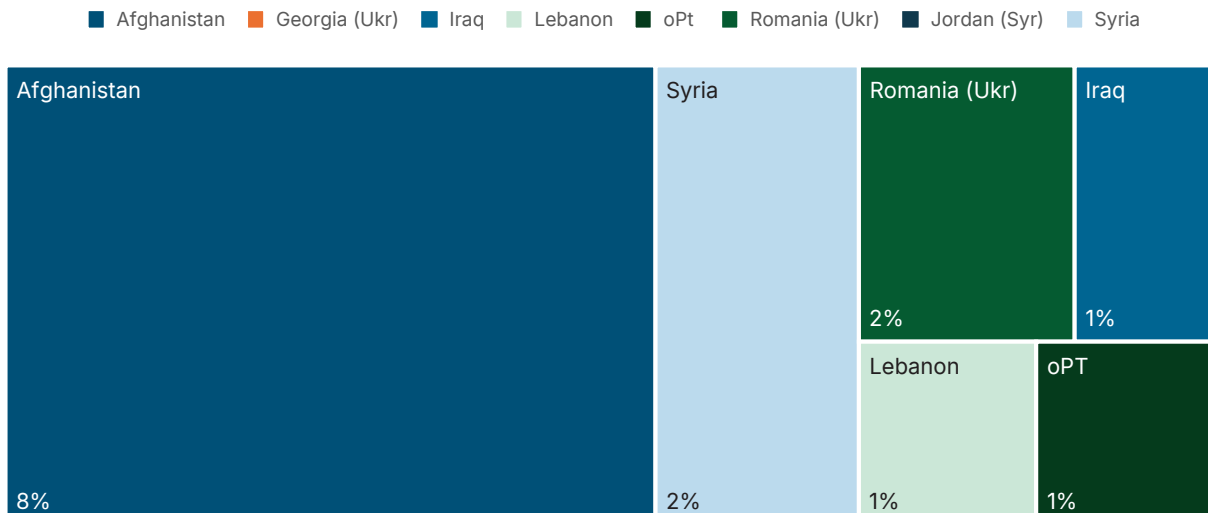
When examining in depth the countries which reported the highest frequency of children under 18 working (n=171), it is important to interpret the findings with cultural and contextual nuances in mind. The adjusted data in Figure 8 (see below) reflects reported household income sources, excluding Romania, where long-term projects primarily target adolescents (16+) and the CVA programs assessed reach employed youth.

Among the remaining countries, Afghanistan has the highest reported percentage, with 8% of households indicating reliance on income from children under 18.

Other countries report significantly lower percentages, including 2% in Syria, 2% among Ukrainian refugees in Romania, and 1% in Iraq, Lebanon, and the oPt. Ukrainian refugees in Georgia and Syrian refugees in Jordan are the only groups with 0% of households reporting income from children under 18.

It is essential to note that child labor, as typically defined in displaced populations, is relatively rare, and variations between countries may reflect differences in cultural norms, economic roles for adolescents, and definitions of work rather than vulnerability or exploitation.

Figure 8 - Proportion of Households Reporting Income from Children Under 18, by Country (n=23)

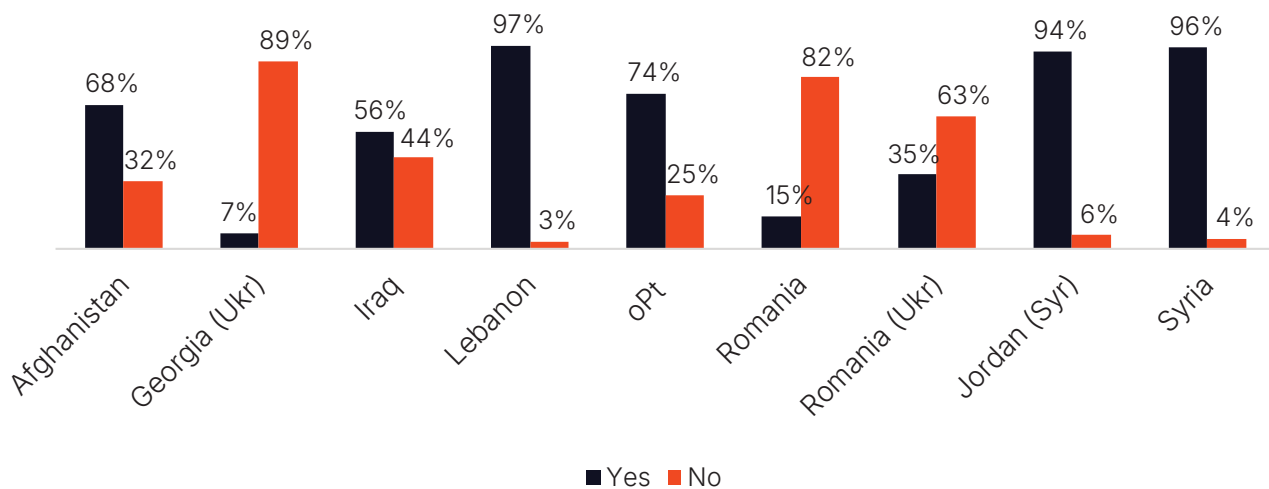


Household income contributors varied with 39% of respondents reporting contributions from adult family members, 33% indicating that they themselves were the sole contributors, and 27% stating that no one in their household was currently working. Additionally, 3% (n=41) of respondents indicated that children under 18 contribute to household income, with the highest incidence in Afghanistan (20%), followed by Lebanon (3%), Iraq (2%), the oPT (1%), among

Ukrainian refugees in Romania (1%), and Syrian nationals in Syria (1%). It is important to note that the percentage of children under 18 contributing to household income may include those aged 14-17, where culturally acceptable.

58% (n=805) of households reported being in debt, with debt levels notably high among refugees and displaced populations, especially in countries like Lebanon, Syria and Jordan. (See Figure 9)

Figure 9 - Debt status per country (n=805)



Analysis and Reporting

Quantitative Analysis: The quantitative data were analysed through **descriptive and inferential statistics** using **SPSS**, with inferential statistics focusing on associations and relationships between variables.

Descriptive statistics were first calculated and presented in figures and tables. For nominal variables, results were summarized using frequencies and percentages. For continuous variables, measures such as minimum, maximum, mean, and standard deviation were reported to provide a comprehensive overview of the data.

Inferential analysis involved examining the level of association between almost all demographic variables (e.g., age, gender, education level, and country) and all survey questions. **Chi-square tests** were used to identify statistically significant relationships between demographic variables and survey responses. An ANOVA test was conducted

to compare the scores across countries. To interpret the results, the p-value (the probability of observing the results under the null hypothesis) was assessed against the error margin to determine whether the differences were statistically significant.

A Vulnerability Score was developed as a composite measure to holistically assess socio-economic and demographic risks faced by individuals or households. Key variables included age, gender, displacement status, marital status, number of children, education level, employment status, whether the household was female-headed, household debt, and housing situation. Each variable was weighted to reflect its contribution to overall vulnerability, with higher scores indicating greater risks or needs. The higher the score – the higher the vulnerability level of the respondent. Similar **composite scores** were developed for **five** thematic categories (**MHPWB, LLH-R, CC, GESI, and CWB**), followed by a **correlation analysis** to explore

the relationships between the Vulnerability Score and thematic category scores.

Furthermore, for variables where significant relationships were identified through correlation analysis, a **regression analysis** was conducted to further examine the nature, strength, and direction of these relationships. For a comprehensive explanation of the statistical methods used to calculate the Vulnerability and Composite Scores, as well as the correlation and regression analyses performed, please refer to Annex – Technical Note.

Qualitative Analysis: Thematic analysis was conducted using **MaxQDA** software, with a focus on **five themes: MHPWB, LLH-R, CC, GESI, and CWB**. Each theme was explored through a structured coding framework in MaxQDA, ensuring consistency in analysis across transcripts and countries. Each of the main domains was explored through a set of sub-themes (see Table 3) providing a comprehensive analysis of the WV Cash Waves study results.

Table 3 - Research Domains and Sub-themes

Gender Equality and Social Inclusion (GESI)
This domain examines the role of CVA in transforming gender dynamics and reducing inequalities. Sub-themes include how CVA influences decision-making power within households and its effect on gender-related protection risks, such as financial and psychological gender-based violence (GBV).
Child Well-Being (CWB)
This domain focuses on how CVA affects various dimensions of children's lives. Sub-themes include CVA's impact on overall child wellbeing, access to education, health and nutrition, mental health, hope for the future, and the development of self-esteem, self-confidence, and self-efficacy among children.
Livelihood Resilience (LLH-R)
This domain explores CVA's role in strengthening household and community resilience. Sub-themes include the impact of CVA on livelihood resilience, income diversification, business development, and women's contributions to transforming household economic stability.
Community Cohesion (CC)
This domain investigates the broader social impacts of CVA. Sub-themes include the role of CVA in fostering community cohesion, influencing community support dynamics, enabling individuals to meet social obligations, and promoting engagement in community activities.
Mental Health and Psychological Well-Being (MHPWB)
This domain examines the psychological impacts of CVA on recipients. Sub-themes include CVA's influence on subjective well-being, sense of safety and security, and access to mental health support, particularly across different regions and displacement statuses.

To answer each research question comprehensively, **multiple data sources were triangulated** to ensure robust and well-rounded findings. **Descriptive statistics** were utilized to highlight demographic trends across variables such as gender, displacement status, and household type, while **inferential analyses** explored the relationships between CVA support and specific thematic outcome areas, including coping mechanisms, social trust, and economic stability. **Cross-country comparisons** were conducted where significant differences emerged, offering insights into the unique contextual dynamics of each setting. **Qualitative data** from FGDs and IDIs was integrated to complement and enrich the statistical findings. Direct quotes and thematic summaries have been used to provide a deeper exploration of participants' experiences, perceptions, and challenges. These qualitative insights helped to contextualize and validate the quantitative trends, ensuring a nuanced interpretation of the data.

Limitations

While the study employed robust methods to ensure the reliability and validity of findings, several limitations must be acknowledged and are outlined in Table 4 below.

Table 4 - Study Limitations

Limitation	Detailed Description
Selection Bias	The purposeful and stratified sampling methods focused on CVA recipients, potentially excluding diverse perspectives, particularly from non-recipients who might offer insights into broader community impacts. Participants may have emphasized positive impacts of CVA due to perceived expectations or gratitude, potentially limiting critical feedback on program challenges.
Temporal Constraints	Data collection was conducted over a relatively short timeframe, which may not fully capture seasonal or situational variations in CVA impacts, such as changes in food prices, climate-related challenges, or conflict dynamics. Longitudinal studies are recommended to provide a more comprehensive understanding of CVA's sustained impact and seasonal vulnerabilities across different contexts.
Variability in Qualitative Data Depth	The richness and depth of qualitative responses varied significantly across contexts, with shorter responses observed in long-term assistance settings and more detailed narratives in humanitarian settings. This variability may influence the comprehensiveness of qualitative insights.
Assessment Tools Lacking Consideration of Household Composition Dynamics	The assessment tools did not sufficiently account for the unique dynamics and circumstances of single-parent and female-headed households. These tools lacked the specificity needed to capture the complexities of decision-making and communication in households without additional adult members, potentially biasing the results and underestimating the true impact of CVA assistance on these groups.
Use of Non-Validated Measurement Tools	The study did not utilize validated scales for measuring key constructs such as resilience, GESI, and MHPSS. This was primarily due to practical constraints, including the need to design short questionnaires that would be manageable for participants while maintaining focus on linking outcomes directly to CVA. As a result, the lack of standardized, validated tools may have limited the precision and comparability of the study's findings.
Complexity and Translation Challenges in Data Collection Tools	The translation of tools into multiple languages (such as Dari, Ukrainian, Russian, Romanian, Georgian, and Arabic) posed challenges, particularly with technical terms that may have been misinterpreted or lost in translation.

Several cross-cutting measures were implemented to mitigate the identified limitations and enhance the robustness of the study findings. A key approach was the **triangulation of data** from both primary and secondary sources. Secondary data, such as existing reports, contextual analyses, and program documentation, was used to complement primary data collection and address limitations related to **selection bias** and **temporal constraints**, providing a broader

understanding of CVA impacts across contexts and over time.

Multiple data sources, including secondary data, surveys, and in-depth interviews (IDIs), were utilized to **validate qualitative insights**. This approach enabled the comparison and integration of findings across diverse methods, strengthening the reliability and depth of the qualitative data and addressing potential



Ghulam Mohamad, 70, shows the ration card he received as part of the cash assistance provided by World Vision Afghanistan under the GFFP project. ©World Vision

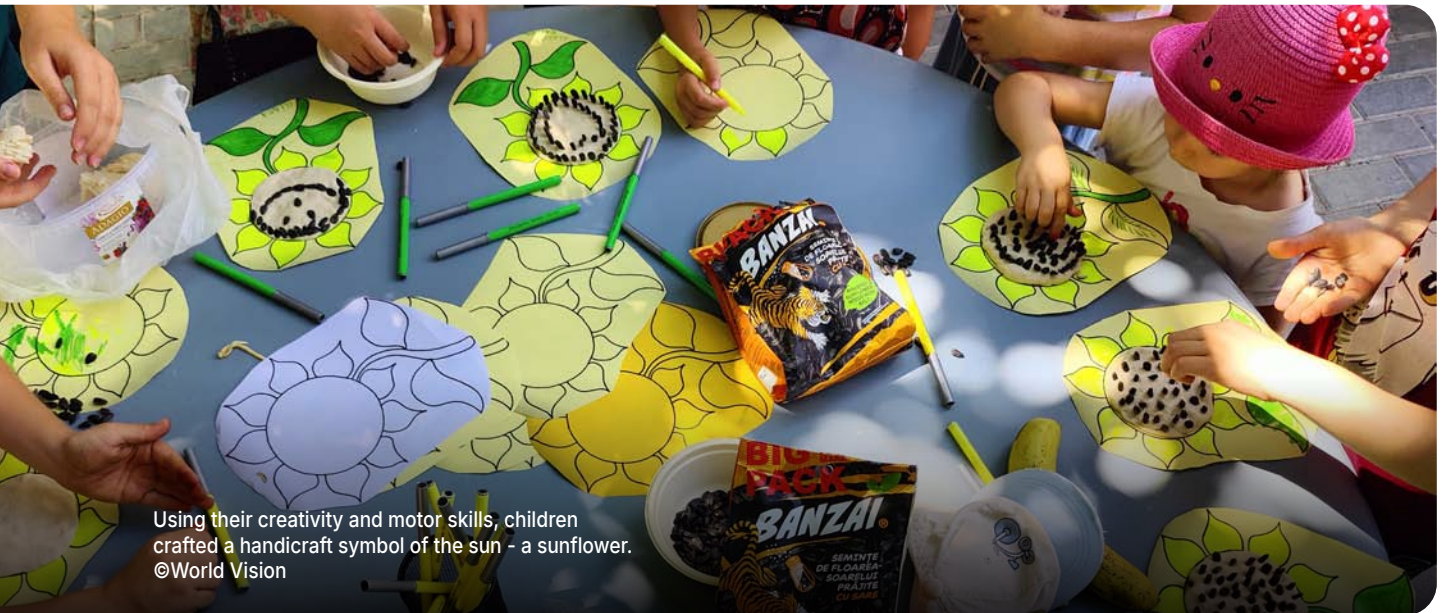
gaps. By triangulating these data sources, the study ensured that the findings were robust, comprehensive, and well-supported. Furthermore, to ensure the validity of findings and enhance the credibility of the results, a process of **World Vision level peer validation and consultation** was conducted. The study engaged a wide array of peers and experts, including **field-level practitioners, regional specialists, and technical subject matter experts**, through workshops and review sessions. This iterative validation process helped refine the interpretation of findings, correcting for limitations in **qualitative data variability** and ensuring that findings aligned with contextual realities.

For limitations related to the **assessment tools**, particularly the absence of validated scales, the mitigation strategy involved designing and reviewing questions in collaboration with **World Vision's subject matter technical expert teams**. This joint approach ensured that the tools were aligned with CVA themes while remaining practical and concise, balancing the

need for usability with the accuracy of capturing key outcomes.

To address challenges arising from the **complexity of tools** and potential issues in translation across languages (such as Dari, Ukrainian, Russian, Romanian, Georgian, and Arabic), the study team undertook several steps. The tools were carefully reviewed for linguistic accuracy during the translation process, with input from bilingual experts to minimize the risk of misinterpretation of technical terms. Simplified phrasing was applied where possible to ensure clarity without losing critical meaning. Furthermore, triangulation played a critical role in mitigating translation-related challenges. Findings from translated responses were cross-verified with other data sources—such as the qualitative insights gathered through IDIs and FGDs documentation, and findings were reviewed during the peer validation processes to ensure alignment and accuracy.

FINDINGS



Using their creativity and motor skills, children crafted a handicraft symbol of the sun - a sunflower. ©World Vision

The findings section of the report is structured around the five-core research domains starting with GESI, and followed by CWB, LLH-R, CC, and MHPWB. Each thematic area is addressed in its own dedicated section, beginning with an introduction to the theme, definition of key terms to provide context for the findings. To set the stage, each domain begins with a **summary of the available literature and knowledge base** on the theme, providing insights into the current state of research and evidence in that area. Following this, the **findings are presented in a structured manner**, organized by sub-themes, to offer a clear and detailed understanding of the results. This approach ensures that each thematic section provides a comprehensive narrative, linking the research questions to the findings while situating them within the broader evidence base.

It is important to note that the data presented in this report reflects **self-reported perceptions of CVA's impact across these thematic areas**. The findings capture how respondents **themselves perceive** the ways in which CVA has influenced their lives, rather than an objective measurement of impact (e.g. validated measurement scales). While these insights offer valuable perspectives on the role of CVA, they should be interpreted within the context of self-reported data, which may be shaped by individual experiences, expectations, and external factors beyond the scope of CVA interventions.

As unpacked in the Limitations section earlier in the report, the measurement tools used in this study were **non-validated scales**, developed through a collaborative process with World Vision's subject matter technical expert teams. This joint approach ensured that the tools were **aligned with CVA themes** while remaining practical and concise, balancing the need for usability with the accuracy of capturing key outcomes. However, it is important to acknowledge that the framework used to assess these outcomes reflects **World Vision's understanding of how they break down into sub-domains**, rather than a universally validated structure. As such, while the findings provide meaningful insights into the perceived impact of CVA, they should be interpreted within the context of the specific measurement approach applied in this study.

Statistical analyses in this study explored significant relationships between respondents' answers and eleven key demographic domains: age, sex, country, DAC status, education level, marital status, number of people in the household, number of children in the household, female-headed households, households with individuals with disabilities, cases where the respondent is under 18 and married. Across the report, only the most **statistically significant and relevant** findings have been presented. If a demographic domain is not covered in a specific section, it indicates that no significant or relevant relationships were identified in relation to the study objectives.

THEME I

Gender Equality and Social Inclusion (GESI)

How does CVA influence gender equality and social inclusion (GESI), and what are the recommended practices for maximizing its impact?

This section examines the influence of CVA programs on gender dynamics, women's decision-making power, social inclusion, and risks related to gender-based violence (GBV). Given its cross-cutting relevance, this section serves as a foundational exploration that informs and intersects with other themes discussed throughout the report, with the goal of identifying actionable insights to enhance program effectiveness.

The analysis begins with an overview of the impact of CVA on gender roles and social inclusion, situating the discussion within the broader context of reducing

social inequalities. Quantitative findings on decision-making power are presented, comparing differences by gender and household type. Qualitative data provide nuanced insights into shifts in social dynamics, reductions in domestic conflict, and stigma associated with gender roles in diverse contexts.

Differences between countries are examined, with particular attention to the **gendered impacts of CVA in fragile settings**. Variations by household type and displacement status are also explored to highlight the complex intersections of gender and social inclusion. These findings are framed within the broader discussion of CVA's potential to address GBV risks and foster equitable social environments.



People receiving the multipurpose cash to alleviate their financial struggle after losing their belongings to the earthquake in Syria and Turkiye. ©World Vision

The theme concludes with a synthesis of findings, linking insights on gender equality and social inclusion to practical recommendations. These include strategies for tailoring CVA programs to enhance their role in promoting equitable decision-making, reducing social stigma, and supporting broader gender and inclusion goals.

Table 5 - Definition of Key Terms - GESI

Gender Equality: Is the state or condition that affords women and girls, men and boys, equal enjoyment of human rights, socially valued goods, opportunities, and resources. It includes expanding freedoms and voice, improving power dynamics and relations, transforming gender roles and enhancing overall quality of life so that males and females can achieve their full potential. (World Vision's GESI Approach and Theory of Change, 2020)

Social Inclusion: Is work to address inequality and/or exclusion of vulnerable populations by improving terms of participation in society and enhancing opportunities, access to resources, voice and respect for human rights. It seeks to promote empowerment and advance peaceful and inclusive societies and institutions. (World Vision's GESI Approach and Theory of Change, 2020; United Nations Sustainable Development Goals, # 5, 8, 10, 11 and 16.)

CVA and GESI: A Review of Evidence on Gender Equity and Inclusion

Equity and inclusion are fundamental principles in humanitarian action, forming the basis for efforts to protect and assist those affected by crises. Gender equality and the empowerment of women and girls are central to addressing systemic inequalities and supporting vulnerable populations with effective humanitarian interventions (IASC, 2024; OCHA, n.d.). Integrating GESI into CVA enhances the efficacy of aid by addressing the diverse needs of individuals affected by crises, considering factors such as gender, age, and disability. GESI-focused CVA empowers marginalized groups, particularly women,

by providing financial resources that increase their decision-making power (CARE, 2022). Furthermore, it reduces vulnerabilities, including the risk of GBV, through thoughtful, safety-conscious program design (IFRC, 2022). Incorporating GESI into CVA fosters inclusivity, promotes equity, and strengthens social cohesion (CALP Network, 2020). Furthermore, Bastagli et al. (2016) found that cash transfers reduced household conflicts by addressing unmet financial needs and enabling equitable resource distribution.

CVA plays a critical role in advancing GESI by reducing financial dependency, enabling women's access to essential goods and strengthening their decision-making roles within households (CALP, 2024; CALP MENA, 2023). Programs designed to include refugees, displaced persons, and women address systemic barriers, facilitate their active participation in decision-making processes, promote inclusivity and bridge economic disparities (CALP, 2024; FAO, 2024). Case studies illustrate the transformative potential of CVA, highlighting its role in improving access to education, healthcare, and livelihood opportunities for women and girls, thereby advancing equity and inclusion (World Vision, 2023).

The impact of CVA on GESI varies across contexts. In Palestine, monthly cash assistance programs have effectively promoted gender inclusivity while addressing movement restrictions, with flexible, needs-based programming enhancing community cohesion (OCHA, 2023; UNFPA, 2021). In Lebanon, CVA has supported vulnerable children's education during the economic crisis, though capped transfer values and underdeveloped mobile money infrastructure have constrained GESI outcomes (CALP, 2020; CALP, 2021). Romania provides a successful example of CVA supporting Ukrainian refugees through collaborative partnerships, demonstrating its potential for inclusive humanitarian action (IFRC, 2024). In Iraq, CVA integrated into durable solutions frameworks has addressed both livelihood and GESI challenges for displaced populations (ReliefWeb, 2023). In Syria, participants have preferred cash-based interventions for their dignity and flexibility, fostering gender equality (IOM). Conversely, in Afghanistan, while CVA has alleviated food insecurity, restrictions on women's mobility and rights pose significant barriers to achieving broader GESI objectives (CERF, 2020).

Challenges to implementing CVA in promoting GESI are manifold. Barriers include inadequate financial infrastructure, particularly in fragile economies, which limits women's access to CVA (CALP, 2021). Political

instability and donor restrictions further undermine the effectiveness of CVA in advancing GESI objectives (CALP Network, 2024). Additionally, entrenched gender norms and discrimination can hinder women's participation in CVA programs (CARE, 2022). However, on the other side, without deliberate integration of GESI considerations, CVA programs risk exacerbating existing inequalities, reducing their effectiveness in supporting vulnerable populations (KFF, 2024).

How does CVA Influence Changes in Decision-Making Power Within the Household?

The findings indicate most households, 66% (n=912), experienced improved communication and a reduction in financial disagreements after receiving CVA, while 27% (n=376) reported no significant change in these dynamics. A smaller group, 6% (n=85), noted better communication but no change in financial disagreements. Only a negligible proportion, less than 1% (n=7), reported increased household tensions following CVA receipt.

Of those who report that **communication had improved**, a notable 65% (n=647) of participants report that CVA fostered better collaboration on financial decisions, highlighting its success in promoting cooperative financial management. Additionally, 32% (n=317) observed improved household harmony through increased sharing of responsibilities, indicating a reduction in conflicts and disagreements. The remaining, 3% (n=33) of participants who selected the "other" option used it to highlight that the reason communication in the household improved is that CVA allowed families to purchase essentials such as food, medical expenses, clothing, and school supplies, and address larger financial obligations like debt repayment or medical expenses.



"Previously, everything was on him, but now we support each other with work. This has reduced the responsibility and stress on him, and the household environment has improved" (Iraqi mother, host community, from Ninewa).

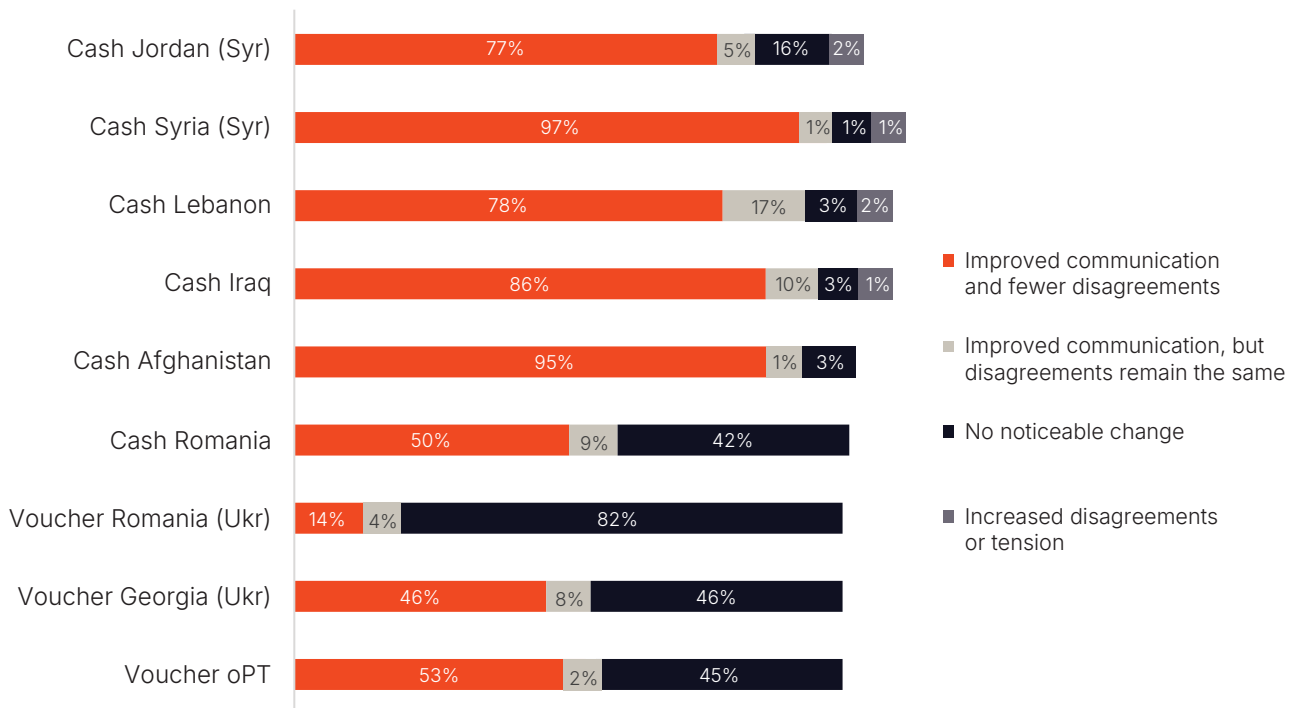
While 99% of respondents (n=1,373) reported improved communication and reduced household tensions following CVA, a small subset—**1% (7 individuals)**—indicated **increased tensions**. Among them, key challenges were identified: one respondent (14%) **cited disputes over fund allocation**, reflecting a lack of consensus on financial management, while another (14%, female respondent) **reported pressure to hand over her salary to her husband**, highlighting concerns related to financial GBV and economic coercion. Additionally, some respondents mentioned the **strain of being solely responsible** for managing household finances. While these cases offer important insights for refining gender-responsive CVA interventions, the overwhelming majority reported positive outcomes, reinforcing the effectiveness of the current approach in fostering better household dynamics.



"My husband wants me to work and to take my salary for him [so that he can manage it and then give me money to spend]" (Syrian refugee mother in Azraq camp, Jordan).

The findings reveal notable **differences in household communication** and conflicts **between cash and voucher assistance programs**. While improvements in communication are prevalent across both modalities, instances of increased disagreements or tensions are minimal but more frequently associated with cash assistance programs rather than vouchers (see Figure 10). For example, tensions were reported at a rate of 2-3% for cash programs, while voucher programs showed no reports of increased tensions in some contexts. This may be attributed to the nature of cash assistance, which involves greater decision-making and financial agency within households, potentially leading to disagreements over how funds are allocated. In contrast, vouchers offer more restricted usage, reducing opportunities for conflict. These results underscore the importance of incorporating strategies within cash assistance programs to support equitable household decision-making and minimize the potential for tension.

Figure 10 - Impact of CVA on Household Communication and Financial Discussions by Assistance Type (n=1,380)



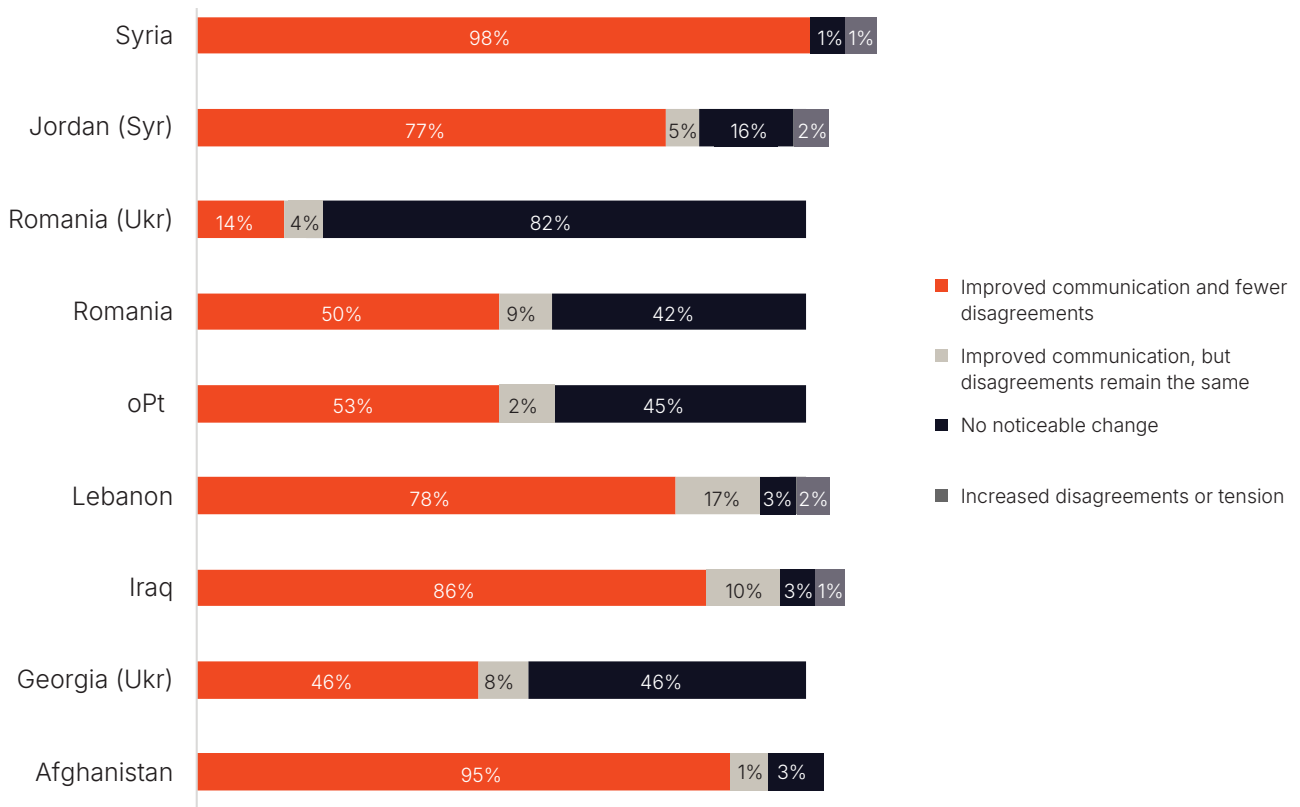
Significant differences based on Displacement Affected Communities (DAC): Returnees and IDPs showed the most positive outcomes, with 88% and 84%, respectively reporting improvements in communication and reduced disagreements, and minimal instances of increased tensions. The host CVA participant households experience moderate improvements with 75% noting improvements, but higher rates of unchanged household dynamics (19%). **Refugees face the greatest challenges, with only 47% noting improvements and higher rates of unchanged dynamics (47%).**

Among CVA participant households reporting **improved communication (66%, n=912)**, IDPs show the strongest outcomes, with 75% highlighting better financial decision-making and 25% noting improved shared responsibilities. Refugees followed, with 66% reporting improvements in financial decisions, 26% in shared responsibilities, and 8% citing other outcomes, demonstrating a broader range of benefits despite challenges. The host community matched refugees in financial decision-making improvements (66%) but saw slightly higher shared responsibilities (32%) and fewer other outcomes (2%). Returnees reported the most balanced results, with 57% experiencing better financial decision-making and 43% noting improved shared responsibilities.

Significant differences per country in regards to household decision-making (see Figure 11): Among Ukrainian refugees in Romania and Georgia, where most households are female-headed and single-parent, the reported improvements in communication and reduced disagreements may not fully capture the complexities of household dynamics, as many decisions are already centralized with the female-head of household. This could explain the more moderate impact of CVA on GESI in these countries compared to others, where decision-making may be more collaborative, as both, women and men are present within the household. This finding aligns with the qualitative insights that suggest gender roles in these households are shaped more by the existing family structure than by CVA. One Ukrainian refugee female respondent from Batumi in Georgia shared that gender issues do not concern them as women already manage both maternal and paternal responsibilities.

Disclosure: It is important to note that the analysis did not differentiate between female-headed and male-headed households, which could provide a more nuanced understanding of decision-making dynamics within various household structures.

Figure 11 - Impact of CVA on Household Communication and Financial Discussions by Country (n=1,380)



At the country level, **cash assistance programs in Afghanistan (95%) and Syria (98%) report significantly higher rates of improved communication and fewer disagreements.** In contrast, participants from the oPt (53%) and Ukrainian refugees in Georgia (46%)—where voucher programs are more common—show **lower rates of improvement**, with a greater proportion of households reporting **no change in communication or conflict dynamics.** While the earlier paragraph outlines the general comparison between cash and voucher assistance (see Figure 10), these country-level variations suggest that **context-**

specific factors, such as household structures and cultural norms, play a critical role in shaping the impact of CVA on household dynamics.

Among respondents who reported **improved collaboration on financial decisions (65%, n=647)**, the impacts varied significantly across countries. Improved collaboration on financial decisions emerged as the most prominent benefit, particularly in Lebanon (79%), Syria (79%), and Afghanistan (75%), reflecting a widespread positive impact on joint decision-making, as a result of financial cooperation (see Figure 12).

Figure 12 - CVA Households Reporting Better Collaboration on Financial Decisions by Country (n=647)

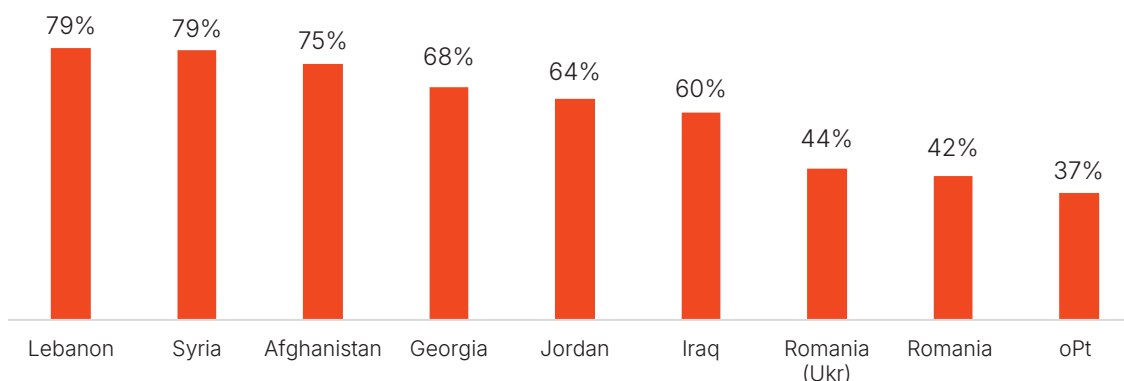
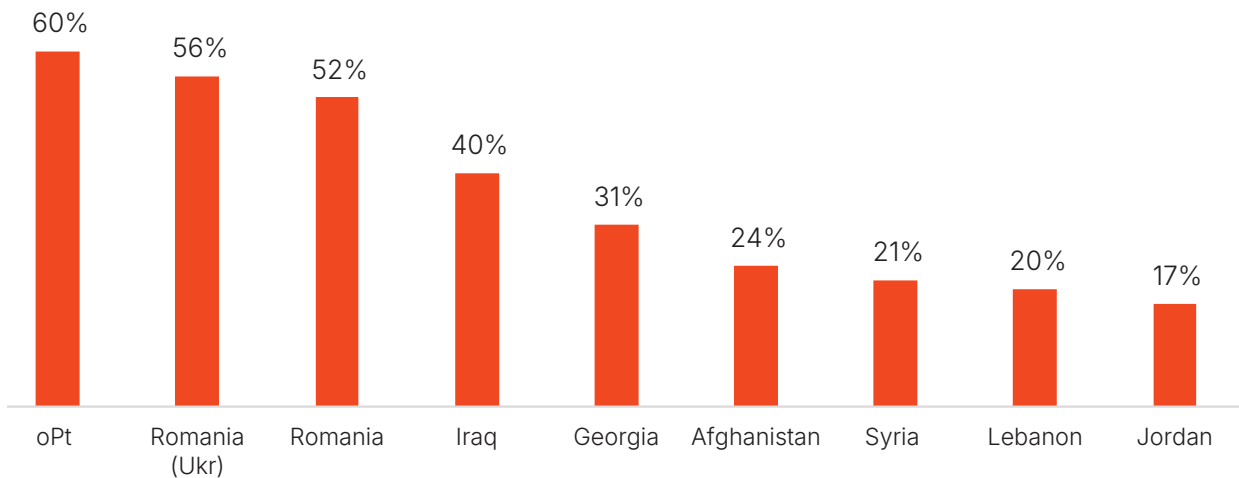


Figure 13 - CVA Households Reporting More Shared Responsibilities by Country and arrange in descending order (n=317)



Shared responsibilities also played a notable role in the oPt (60%), among Ukrainian refugees in Romania (56%) and Romanian nationals (52%) (see Figure 13).

The qualitative data findings support the quantitative findings to some extent, however differences are notable across some countries such as Lebanon and the oPt. Overall, female participants confirm that CVA has had a highly transformative effect on the lives of women and their roles within households, especially in **Afghanistan, Iraq, Syria, and Romania**. In **Afghanistan and Iraq**, CVA increased women's involvement in economic activities, boosting their confidence in managing household finances. In Iraq, a female respondent from Ninewa explained how CVA allowed her to share financial responsibilities with her husband, reducing his burden and improving the household environment. Similarly, a woman from Afghanistan emphasized how CVA has enhanced women's confidence and expanded their economic opportunities, enabling greater participation in job creation and investment.



"The role of women in creating jobs and making investments has increased, along with their confidence." (Afghan mother, host community, Zinda Jan)

Many women in **Syria** women reported feeling empowered through financial independence, with CVA contributing to a greater sense of equality within their households and increased participation in community activities. In Aleppo, women noted that CVA enabled

them to take on a more active role in managing family expenses and engaging in initiatives outside the home. Similarly, in **Romania**, CVA was reported to have positively influenced gender roles by boosting women's confidence and fostering collaboration in household decision-making.



"I have a more effective role in family expenses, and I go out of the house to attend meetings in the project and meet women." (Syrian mother, host community, from Aleppo)

However, not all women experienced a shift in decision-making power. Some women reported no significant change in decision-making power within their households, as traditional gender norms persisted in certain contexts. In **oPt**, prevailing cultural expectations often meant that decision-making remained primarily male-dominated, with women continuing to defer to their husbands' opinions. Similarly, in **Lebanon**, despite quantitative findings indicating improved collaboration on financial decisions, respondents noted that CVA did not fundamentally alter established gender roles. Women's roles were largely viewed as complementary to men's, with an emphasis on managing household and childcare responsibilities. These findings suggest that while CVA may facilitate better household communication, it does not always challenge or shift deeply entrenched gender norms. While there is no clear read on decision-making dynamics over time within the context of the CVA program, it is possible that shifts in decision-making power and gender

dynamics might be more pronounced in the early stages of a crisis, with men potentially resuming dominance as the situation stabilizes. Although this cannot be definitively concluded from the current data, it remains an important consideration for future research and interpretation of gender dynamics in prolonged crises.



"I follow my husband's opinion. If he says yes, I go along with it, and if he says no, I follow his decision."
(Palestinian mother, host community, oPt)

Children's Views

Across several countries, including Romania, Palestine, Iraq, Syria, Afghanistan, and Jordan, many children reported that cash assistance had not significantly changed their household responsibilities. A Romanian girl explained, *"Responsibilities are the same. Equal responsibilities,"* while a Palestinian boy similarly noted, *"The responsibilities for both boys and girls have remained the same and haven't changed."*

However, some children perceived shifts in their roles, often with differences between boys and girls. In Iraq, some children noted that *"girls have greater responsibilities,"* while others observed that *"boys have more responsibilities."* An Afghan boy echoed this, stating, *"Girls have more responsibilities,"* while for boys, *"there hasn't been much change in opportunities."*

For many girls, CVA created new opportunities. A Syrian girl from Aleppo shared, *"I had the opportunity to go out of the house and attend private courses. I was also encouraged more to continue my education, and I plan to register in new courses for the ninth grade."*

Additionally, some girls in Syria reported taking on more unpaid care work at home because their mothers began working in the morning. This highlights how CVA may indirectly shift household dynamics, particularly in female-headed households or those where mothers enter the workforce.

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

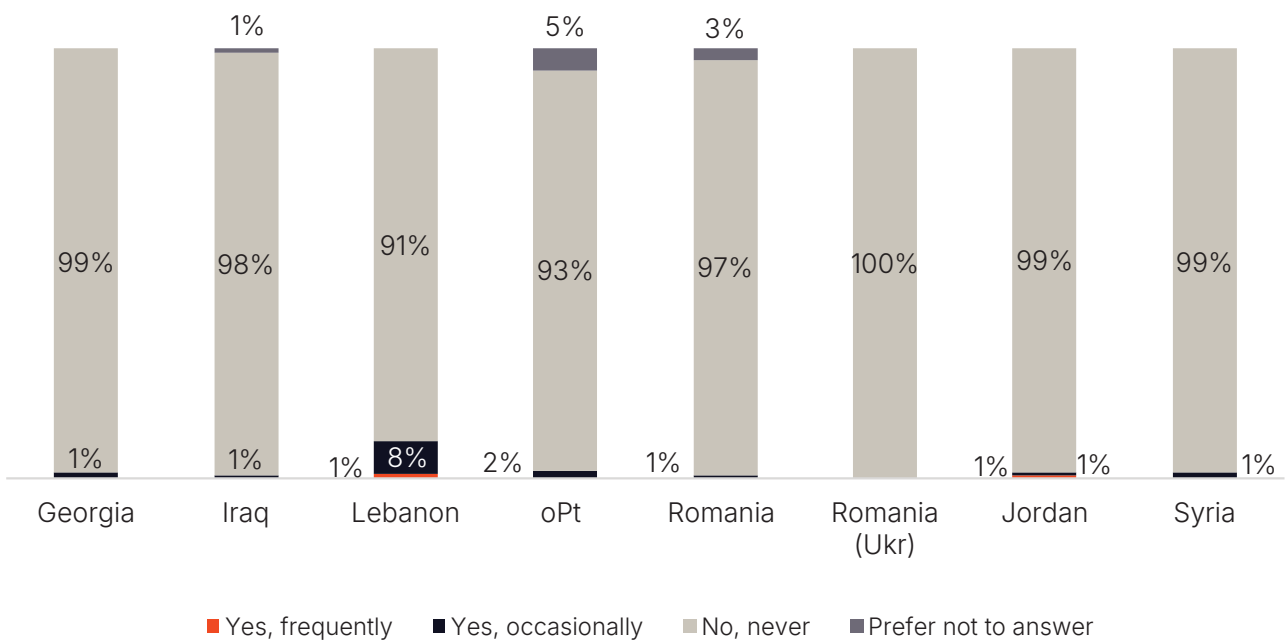
The survey findings indicate the 98% (n=1,347) of respondents do not experience financial or psychological gender-based violence (GBV) from family members to hand over money received through CVA, reflecting a generally positive outcome in not exacerbating protection risks as a result of CVA support. However, a small minority of 1% (n=19) report occasional instances, and an even smaller percentage (0.1%, n=2) note frequent occurrences of such pressure or violence. Additionally, less than 1% chose not to respond, potentially indicating discomfort with the question.

Among the 1.1% (21 respondents) who report **occasionally or frequently experiencing pressure** to hand over CVA funds, female relatives are most identified as the source of this pressure (38%, 8 respondents), followed closely by male relatives (33%, 7 respondents). Additionally, 29% (6 individuals) of respondents attribute this pressure to "other" sources.

From those who reported "other" 33% (n=2) report experiencing pressure from neighbors without specifying the reasons, while one respondent from Georgia mentioned her son being bullied by the neighbors' children. Some also note pressure from individuals demanding repayment of loans.

Among the same 1.1% (n=21) of **respondents who report experiencing pressure** related to CVA utilization, the data highlights varied impacts on their decision-making processes. The most substantial impact is reported by 44% (n=8) of these individuals, who note that such pressure led to conflicts or tensions within their households. Conversely, 33% (n=6) indicate that the pressure had no significant effect on their decision-making, reflecting resilience or effective coping strategies. Additionally, 17% (n=3) state that pressure limits their ability to decide how to allocate the funds, highlighting a hindrance for a smaller segment. Lastly, 6% (1 respondent) clarify that while the increased pressure did not have a direct impact on their ability to make decisions it was reported to be unpleasant (female Ukrainian refugee respondent from Georgia).

Figure 14 - Incidence of Emotional or Psychological Pressure Within Households to Hand Over CVA Funds by Country (n=1,380)



Differences based on displacement status: The majority in all groups report **no experiences of such violence**, with Refugees reporting the highest rate of non-occurrence (99.4%), followed by Returnees (98.8%), IDPs (95.3%), and the Host Community (95%). However, small percentages of respondents still report GBV instances. Frequent GBV is noted at 0.2% in both the Host Community and Refugees, with no cases among IDPs or Returnees. Occasional GBV is reported more prominently by IDPs (4.7%) and the Host Community (2.5%), while it is minimal for Refugees (0.4%) and absent for Returnees.

Differences based on country: Most regions reported a high percentage of households experiencing no pressure or violence, including Ukrainian refugees in Georgia (99%), Iraqi participants (98%), Romanian and Ukrainian populations in Romania (97% and 100%, respectively), Syrian refugees in Jordan (99%), Syrian participants inside Syria (99%), participants from the oPT (93%), and Lebanon (91%). However, occasional and frequent GBV incidents were noted in some regions, with Lebanon showing the highest rates, followed by the oPT and Romania (see Figure 14).

In a closer examination of the situation in **Lebanon**, the data reveals that 80% (8 individuals) of the respondents who reported experiencing GBV frequently or occasionally were women, while the remaining 20% (2 participants) were men. Additionally, 80% (n=8) of the respondents were members of the host community, and 20% (n=2) were IDPs¹³. All the respondents were married and living with their partners. These findings must be interpreted with caution, as **GBV remains a highly sensitive and often underreported issue**. The data suggests that **limited awareness and understanding of GBV** may have influenced the extent to which respondents recognized and disclosed experiences of violence. Additionally, **the financial dynamics introduced by CVA—such as shifts in decision-making power or changes in financial control—may have contributed to increased tensions or vulnerabilities**, exposing GBV risks that might have otherwise remained unspoken.

Additional insights related to women's economic empowerment can be found in the Livelihood-Resilience section (pages 74-79), where findings highlight the intersection of CVA, financial autonomy, and income-generating opportunities for women.

¹³ All identified cases of GBV were referred to appropriate protection services in line with ethical guidelines and safeguarding protocols.

Summary of Key Findings

Improved Household Communication and Collaboration

Most households (66%) reported improved communication and reduced financial disagreements after receiving CVA. Collaborative financial decision-making and shared responsibilities were highlighted as key benefits, particularly in countries like Syria, and Afghanistan. Returnees and IDPs showed the most positive outcomes, with 88% and 84%, respectively reporting improvements in communication and reduced disagreements. Refugees face the greatest challenges, with only 47% noting improvements and higher rates of unchanged dynamics (47%).

Higher Incidence of Tensions Among Cash Assistance Recipients Compared to Voucher Programs

While both cash and voucher assistance improve household communication, instances of increased disagreements or tensions are more common in cash programs (2-3%) than in voucher programs, which report no increased tensions in some contexts. This is likely due to the greater financial decision-making required in cash programs, highlighting the need for strategies that support equitable decision-making within households.

CVA's Transformative Impact on Women's Roles Varies Across Contexts

CVA has had a transformative impact on women's roles within households in Afghanistan, Iraq, Syria, and Romania, empowering them through greater financial independence, enhanced confidence, and increased involvement in household decision-making and economic activities. However, in contexts such as oPT and Lebanon, deeply entrenched traditional gender norms limited significant shifts in decision-making power, with women continuing to defer to male authority.

Variation in Communication Outcomes Among Female-Headed Households

Improvements in communication and reduced disagreements were reported least in Romania (Ukr) and Georgia (Ukr), where most respondents were from female-headed and single-parent households. The centralized decision-making structure often inherent in these households may have influenced the lower reported impact of CVA on communication. This finding highlights the complexity of capturing nuanced family dynamics in such settings, suggesting an opportunity to further refine assessment approaches to better reflect the unique experiences of female-headed and single-parent households.

Minimal Gender-Based Violence Risks Linked to CVA

CVA did not exacerbate gender-based violence for 98% of respondents, with only 1.1% reporting occasional or frequent pressure to hand over funds. Instances were more common in Lebanon and the oPT, and among IDPs and host communities. Refugees and returnees reported the lowest occurrences.

Actionable Recommendations

The study has demonstrated that women and men experience the support they receive differently. Therefore, ensuring a gender lens to all CVA activities is essential. To facilitate this, the report outlines a set of recommendations tailored for both implementing agencies and donors.

For Implementing Agencies

- **Conduct Gender Analysis:** Before implementing CVA, conduct a thorough gender analysis to understand the different needs, roles, and power dynamics of women, men, girls, and boys in the target community. This helps in identifying potential barriers and opportunities for gender equality.
- **Inclusive Program Design:** Design CVA programs that address the specific needs of all genders. This includes considering the types of assistance, the amount, and the frequency of distribution. Ensure that women and other marginalized groups are actively involved in the decision-making process, to ensure addressing risks related to economic coercion and violence.
- **Targeting and Registration:** Use gender-responsive criteria for targeting and registration to ensure that the most vulnerable individuals, including women and girls, are reached. This might involve setting quotas or prioritizing female-headed households
- **Safe and Accessible Delivery Mechanisms:** Choose delivery mechanisms that are safe and accessible for all genders. This could include mobile money, vouchers, or direct cash transfers, ensuring that women have equal access to these services
- **Protection Measures:** Implement preventive and follow up measures to protect recipients from GBV and exploitation. This includes setting up complaints and feedback mechanisms that are confidential and accessible to women and girls. Ensure the capacity to provide, or refer to, specialised protection support when needed. Additionally, conduct sensitization and refresher protection sessions tailored to the specific cash modality being distributed (e.g., gender awareness sessions before cash distributions) to minimize conflicts and enhance recipients' understanding of protection measures.
- **Monitoring and Evaluation:** Regularly monitor and evaluate the impact of CVA on different genders. Use sex- and age-disaggregated data to assess whether the assistance is meeting the needs of all recipients and to make necessary adjustments. Using participatory research methods such as Empowered Aid is recommended to ensure CVA implementation and monitoring processes are transformative.
- **Capacity Building:** Train staff and partners on gender equality and the importance of gender-responsive CVA. This ensures that everyone involved in the program understands and can implement gender-responsive practices.
- **Research and learning:** Future studies should adapt their methodologies to specifically measure the impact of CVA assistance on single-parent and female-headed households, using a GESI lens. These assessments should consider the unique circumstances faced by these households, ensuring that changes in household dynamics and communication are evaluated in a way that accurately reflects their realities. Incorporating tailored indicators and data collection tools can help capture these nuances and inform more effective program design.
- **Refine Assessment Tools:** Develop and adapt assessment tools to better capture the impact of CVA on single-parent and female-headed households, incorporating tailored indicators to reflect their unique family dynamics and challenges accurately.
- **Address Deeply Entrenched Gender Norms:** Design context-specific interventions that actively address traditional gender norms in settings like oPT and Lebanon. This may include engaging men and boys in gender equality programming, providing awareness sessions on shared decision-making, and integrating community-level initiatives to challenge existing norms and promote equitable roles within households.

For Donors

- Provide sufficient funding to ensure protection risk assessments, protection cases response and referral, applying survivor-centered lens.
- Make gender markers application mandatory to ensure proper gender and protection mainstreaming.

THEME II

Child Well-Being (CWB)

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

This theme analyses how CVA programs affect children's health, education, and psychosocial well-being, providing actionable insights to enhance child-centered outcomes.

The analysis begins by exploring the broad impact of CVA on child health, education, and safety, situating the discussion within the context of improving children's overall well-being. Quantitative findings on access to education are presented, comparing differences between female- and male-headed

households to uncover disparities. Parents' and children's perspectives are woven in through quotes and themes, offering nuanced insights into the tangible and intangible benefits of CVA, as well as any persisting challenges.

Cross-country comparisons provide a deeper understanding of how CVA shapes child well-being in varied contexts, highlighting disparities and identifying opportunities for targeted interventions. Special attention is given to factors influencing children's access to health services, schooling, and safe environments, as well as changes in psychosocial well-being.



New Central South Hebron Area Programme, West bank - Dair Samet village ©World Vision

The theme concludes with a synthesis of findings, linking insights on children's outcomes to practical recommendations. These include strategies for tailoring CVA programs to improve access to education, enhance health and safety, and support children's psychosocial well-being. The recommendations emphasize actionable steps for fostering equitable access and addressing disparities, ensuring CVA programs effectively contribute to improved child well-being in diverse settings, which is critically important for child-focused organizations, that are expanding in fragile contexts, such as World Vision.

Table 6 - Definition of Key Terms - CWB

World Vision defines **child well-being** as the sustained well-being of children within families and communities, especially the most vulnerable. This holistic concept encompasses:

- **Positive Relationships:** Fostering nurturing connections within families and communities.
- **Healthy Individual Development:** Promoting physical, psychosocial, cognitive, social, and spiritual growth.
- **Protective Contexts:** Ensuring environments where children are valued, protected, and can actively participate in society.

These elements are detailed in World Vision's Child Well-Being Reference Guide.

CVA and Child Well-Being: A Review of Evidence on Vulnerabilities and Protective Interventions

The Middle East and Eastern Europe Region (MEER) faces a complex array of challenges, including protracted conflicts, economic instability, widespread displacement, and environmental pressures, all of which deeply affect its populations, particularly children (UNOCHA, 2023; IDMC, 2024). As one of the most vulnerable groups, children are disproportionately impacted, making the study of their well-being essential to understanding both the immediate and long-term consequences of these crises. Such insights are critical for designing targeted interventions to mitigate their effects and foster resilience (Save the Children, 2022). The dynamics of MEER underscore

the urgent need for coordinated humanitarian action, emphasising the importance of sustained efforts to support the region's youngest and most at-risk residents (Global Protection Cluster, 2024).

By 2023, the region recorded over 20 million IDPs, with 15.3 million in the Middle East and North Africa (MENA) region and 5 million in Eastern Europe (IOM, 2023; UNHCR, n.d.). Large-scale displacement has left children particularly vulnerable to psychological trauma, hunger, and disease (Khalidi & Iwidat, 2024; UNRWA, 2024). For example, in Gaza, ongoing strikes have displaced 20% of the population, while overcrowded emergency shelters worsen living conditions (UNRWA, 2024). Similarly, Lebanon has experienced severe displacement, with over a million people forced to migrate internally or across borders, further straining families and children (UNHCR, 2024). These issues are compounded by economic crises, which have significantly disrupted children's access to education. Rising poverty prevents many families from affording basic school-related expenses such as supplies and transportation (CALP, 2021). In Lebanon, CVA programs have been instrumental in alleviating financial barriers, enabling families to prioritise children's education (CALP, 2020).

Mental health and psychosocial well-being (MHPWB) are pressing concerns in MEER, as the compounded effects of financial insecurity, conflict, and displacement have severe emotional and psychological consequences for children. Chronic stress from poverty and displacement increases the risk of anxiety and depression, with children from low-income families being particularly vulnerable (Murali & Oyebode, 2018; WHO, 2022). In conflict-affected areas such as Gaza, acute psychological trauma leaves lasting effects on children's mental health, while in Afghanistan, restrictions on women's rights have exacerbated despair, especially among girls and young women (Khalidi & Iwidat, 2024; UN Women, 2024). The shared strain of displacement impacts both children and host communities, undermining social relations and access to safe spaces, which are essential for mental well-being (Sender et al., 2022). Addressing these challenges is crucial for fostering resilience and ensuring the long-term development of children in the region.

Humanitarian interventions in MEER increasingly rely on CVA to address children's basic needs and improve access to food, education, and healthcare (CALP, 2024). CVA provides families with the financial flexibility to prioritise their needs, ensuring a tailored approach to supporting children. In Gaza, CVA programs supported 95,000 families with monthly cash assistance, while in

Lebanon, education-focused CVA initiatives enabled children to overcome financial barriers to schooling, significantly improving access (Oxfam, 2022; World Vision, 2023). CVA programs also integrate mental health and education services, offering a holistic approach to improving children’s well-being. For example, World Vision’s CVA projects in 2022 reached 7.8 million individuals globally, with 53% of participants identified as vulnerable children (World Vision, 2022). In anticipation of future efforts, World Vision has outlined its strategic plan, “Cash Roadmap 2.0 (FY24-27),” aiming to expand its reach to at least 11 million disaster- and conflict-affected individuals by 2027.

Economic and social challenges further shape the well-being of children in MEER, where poverty, displacement, and inequality exacerbate their vulnerabilities. Financial instability in countries such as Syria and Lebanon has left families unable to meet basic needs, while the loss of caregivers and limited livelihood opportunities have created precarious conditions for children (REACH Initiative, 2024; UNHCR, 2023a; UNICEF, 2022). Promoting gender equality and social inclusion can enhance children’s access to education, healthcare, and essential services. Programs in Iraq, for instance, have used gender equality initiatives to strengthen community cohesion and improve opportunities for children (Oxfam, 2018). CVA programs have also addressed marginalisation, demonstrating their potential to create more equitable and resilient systems for children and their families (World Vision, 2022).

While CVA programs have proven effective in addressing immediate needs and fostering resilience, sustained humanitarian aid is critical to mitigate the long-term impacts of conflict, economic crises, and displacement on children (Amnesty International, 2024). Enhancing funding and developing integrated

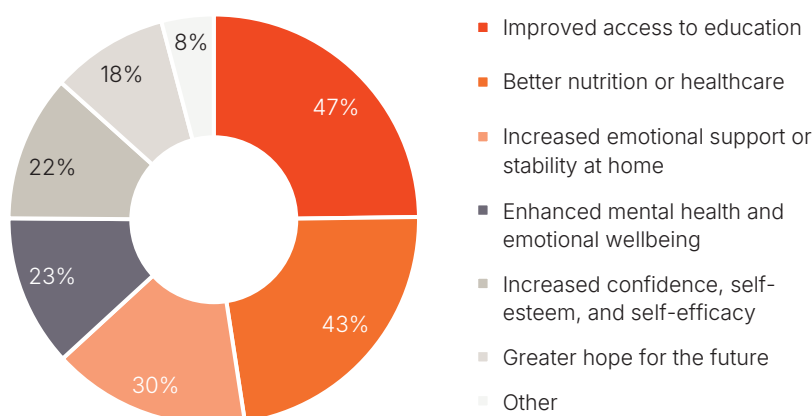
approaches that combine mental health support, education, and livelihoods are essential for maximising impact (CALP, 2024; UNDP, 2023). As crises in MEER continue, the effectiveness of interventions like CVA highlights the importance of coordinated efforts to secure a stable future for the region’s youngest and most vulnerable populations.

How does CVA assistance influence changes in overall CWB?

Most respondents (76%, n=1,050) noted improvements in their children’s overall well-being after receiving CVA, with higher rates reported among returnees (85%) and lower rates among refugees (71%). Gender analysis showed comparable benefits for male- and female-headed households, though female-headed households reported slightly fewer positive changes (74%) than non-female-headed households (77%). Disparities emerged across countries: participants from Afghanistan (96%) and Lebanon (83%) reported the highest positive impacts, while Ukrainian refugees from Georgia (60%) and the oPT (61%) reported the lowest. Negative impacts were minimal across all contexts, with isolated reports in Lebanon (3%), Iraq (2%), and among Syrian refugees in Jordan (<1%).

Positive outcomes were driven by improved access to education (47%), better health and nutrition (43%), emotional stability at home (30%), and increased self-esteem (22%) (see Figure 15). However, refugees showed the highest percentage (11%) of respondents considering the question on children’s well-being post-CVA as not applicable. For the few respondents (<1%) reporting negative impacts, the most common concerns were declines in health and nutrition and stress at home.

Figure 15 Types of Positive Impact on Children’s Well-Being since Receiving CVA (n=1,380)



How does CVA Influence Children’s Access to Education?

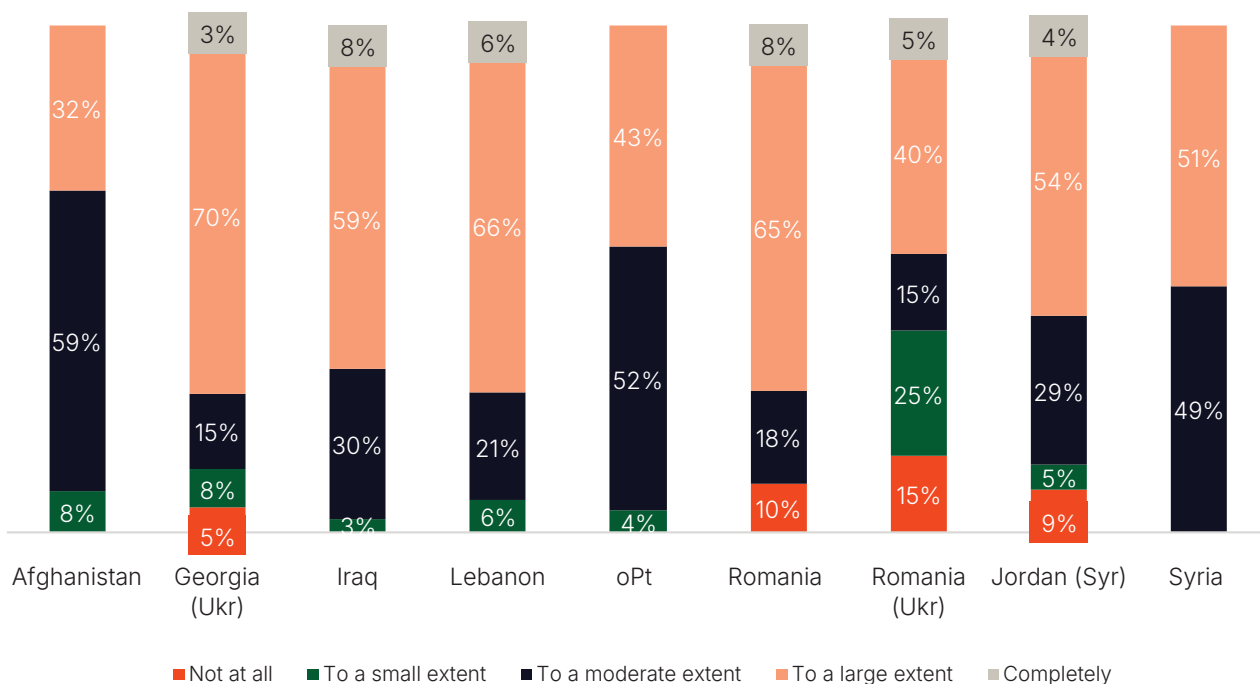
Among the 494 respondents (36% of the entire sample of participants) who reported that **CVA positively impacted children’s access to education**, the majority (56%, n=277) indicated that CVA significantly improved regular school attendance, while 31% (n=154) observed moderate improvements. While most families experienced enhanced attendance, a minority (4%, n=21) reported minimal or no impact, and only a small fraction (4%, n=21) credited CVA with completely enabling consistent attendance, highlighting persistent barriers for certain households.

Figure 16 further illustrates variations in school attendance regularity across countries. Participants in Romania and Ukrainian refugees in Georgia stand out with the highest rates of regular attendance (“to a large extent”), at 66% and 70% respectively, while “moderate” improvements dominate in Afghanistan (59%), oPt (52%) and Syria (49%). Ukrainian refugees in Romania and Syrian refugees in Jordan show higher proportions of irregular attendance (“not at all” or “to a small extent”). This data reflects respondents’ perceptions of how cash assistance has supported school attendance. While many reported improvements, it is important to acknowledge that

external factors—such as school accessibility, quality of education, or broader socio-economic conditions—could also play a role. The data does not isolate these additional influences but highlights how respondents attribute changes in attendance to cash support.

When asked to elaborate and share examples on how CVA has impacted the regularity of the school attendance, the majority of respondents (28%) highlighted that the assistance enabled them to cover essential educational expenses, such as school supplies, clothing, and books, reducing financial barriers to education. Another 11% pointed to improved access to transportation, noting that covering transport costs made attending school more feasible. Additionally, 11% emphasized how CVA fostered motivation and commitment to education, encouraging children to stay engaged and strive for academic success. A smaller proportion (3%) described how the support boosted their self-confidence and inspired long-term educational aspirations. These findings demonstrate that CVA not only addresses practical barriers to education but also supports emotional and motivational factors that contribute to sustained school attendance. **These findings emerge from respondents across multiple CVA programs, including those that did not have education as a direct outcome.** This suggests that, beyond targeted education-focused assistance, CVA can play a broader role in addressing both practical and emotional factors that contribute to sustained school attendance.

Figure 16 - Children’s School Attendance Regularity Post-CVA by Country (n=494)





“My self-confidence has grown, and I now plan to attend university.”
(Romanian girl, Romania)

The responses to the question about the extent to which **CVA helped in providing additional educational resources** such as books, uniforms, or tutoring indicate that nearly half of the participants (49%, n=243) reported that CVA helped to a large extent, while 38% (n=187) stated it helped to a moderate extent. A smaller proportion, 8% (n=39), noted that it helped to a small extent, and only 3% (n=13) mentioned that CVA did not help at all. Additionally, 2% (n=12) of the respondents stated that CVA completely met their needs for educational resources.

Further analysis of data shows notable variations by demographic group (see Figure 17). Returnees and IDPs reported the most significant benefits, with 59% and 54% respectively stating that CVA largely supported their educational needs. Refugees also

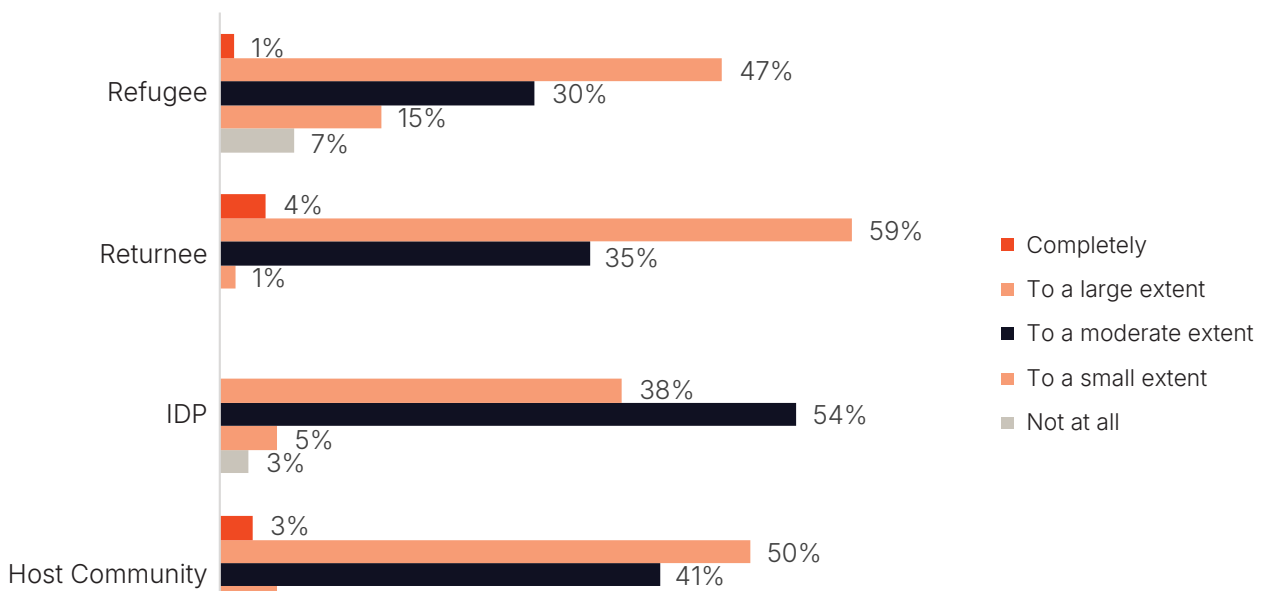
showed high levels of support (47%), although a considerable portion (15%) indicated minimal help. Host communities reported slightly higher levels of support, with 50% indicating CVA helped to a large extent, but also a notable 41% stating it helped only moderately.

These findings highlight that while CVA is effective in addressing educational needs across different demographics, certain groups, such as refugees and host communities, may face unique challenges that moderate the extent of its impact. Tailored approaches may be needed to ensure equitable access to educational resources, particularly for those who report only moderate or minimal benefits.



“I bought uniforms and shoes so my child could attend school properly.”
(Ukrainian refugee mother, based in Romania).

Figure 17 - CVA Support for Additional Educational Resources (Books, Uniforms, Tutoring etc.) by DAC (n=494)



How does CVA Influence Children’s Health and Nutrition?

Among the 454 respondents (33% of the entire sample of participants) who reported that **CVA positively impacted children’s nutrition and health**, 43% (n=195) indicated that CVA moderately improved their ability to afford better healthcare for their children, while 37% (n=166) noted a significant improvement. Additionally, 14% (n=64) reported that it helped to a small extent, 4% (n=17) stated it did not help at all, and 3% (n=12) said it completely enabled them to afford better healthcare for their children.

The findings by country reveal notable variations in how CVA impacted the ability to afford better healthcare for children (see Figure 18). Participants from Iraq and Ukrainian refugees in Georgia reported the highest proportions of respondents who indicated that CVA improved healthcare affordability “to a large extent” (70% and 53%, respectively), suggesting a strong reliance on CVA in these contexts. Participants from Lebanon and the oPt displayed the highest percentages (66% and 60%, respectively) of respondents who reported only “moderate improvement,” indicating persistent barriers to achieving substantial affordability. Participants from Romania and Ukrainian refugees in Romania stand out with a relatively balanced distribution, as 46%-49% indicated moderate to no improvement in healthcare affordability.

When asked to elaborate on how CVA enabled participants to better afford healthcare for their children, most respondents highlighted spending on essential medical treatments, including doctor visits, hospital care, and purchasing medications, reflecting its significant role in addressing immediate health needs. Additionally, some respondents noted benefits in terms of children’s overall well-being, citing improvements in their health and quality of life.

“I used the money to buy medicine for my child’s chronic condition.”
(Syrian refugee father, Azraq camp in Jordan)

Responses regarding the extent to which **CVA contributed to healthier food choices for children** reveal that 43% (n=197) of respondents stated it helped to a large extent, and another 43% (n=196) reported a moderate extent. Additionally, 7% (n=31) indicated that CVA completely facilitated healthier food choices, 6% (n=26) noted it helped to a small extent, and less than 1% (n=4) said it did not help at all.

When analysed by DAC group, notable differences emerge (see Figure 19). Returnees reported the highest impact, with 64% indicating that CVA helped to a large extent, followed by IDPs, where 67% stated that CVA moderately supported healthier food choices. Refugees also showed significant benefits, with 47%

Figure 18 - Extent to Which CVA Improved Healthcare Affordability for Children by Country (n=454)

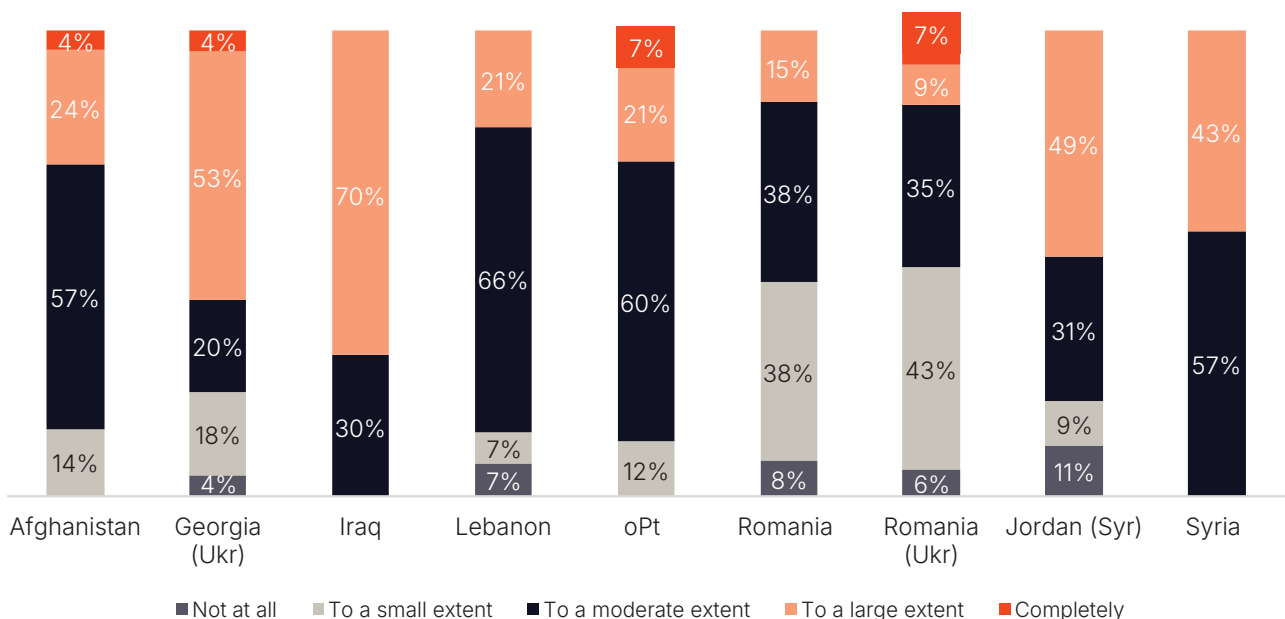
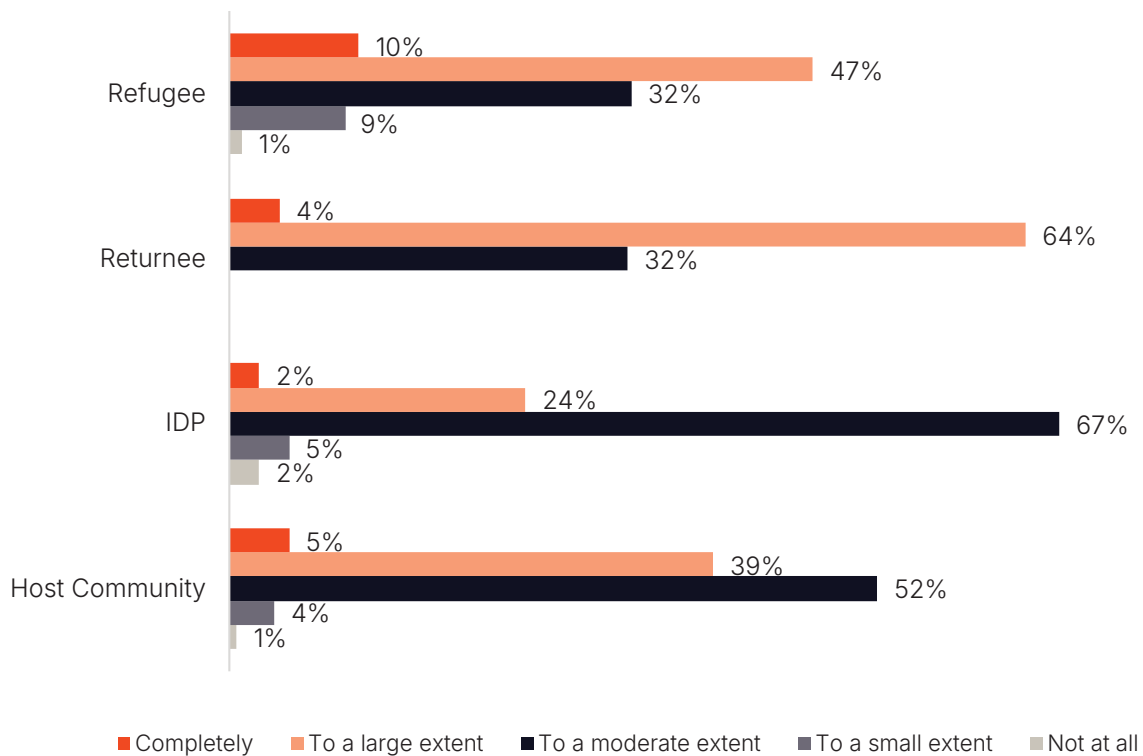


Figure 19 - Contribution of CVA to Healthier Food Choices for Children by DAC (n=454)



reporting a large extent of support, though a higher proportion (9%) noted only a small extent of help compared to other DAC groups. In host communities, 52% reported moderate improvements, while 39% said it helped to a large extent, reflecting slightly less pronounced benefits than other groups.

“We improved our diet by buying more nutritious food for the children.”
 (Syrian father, host community, Syria)

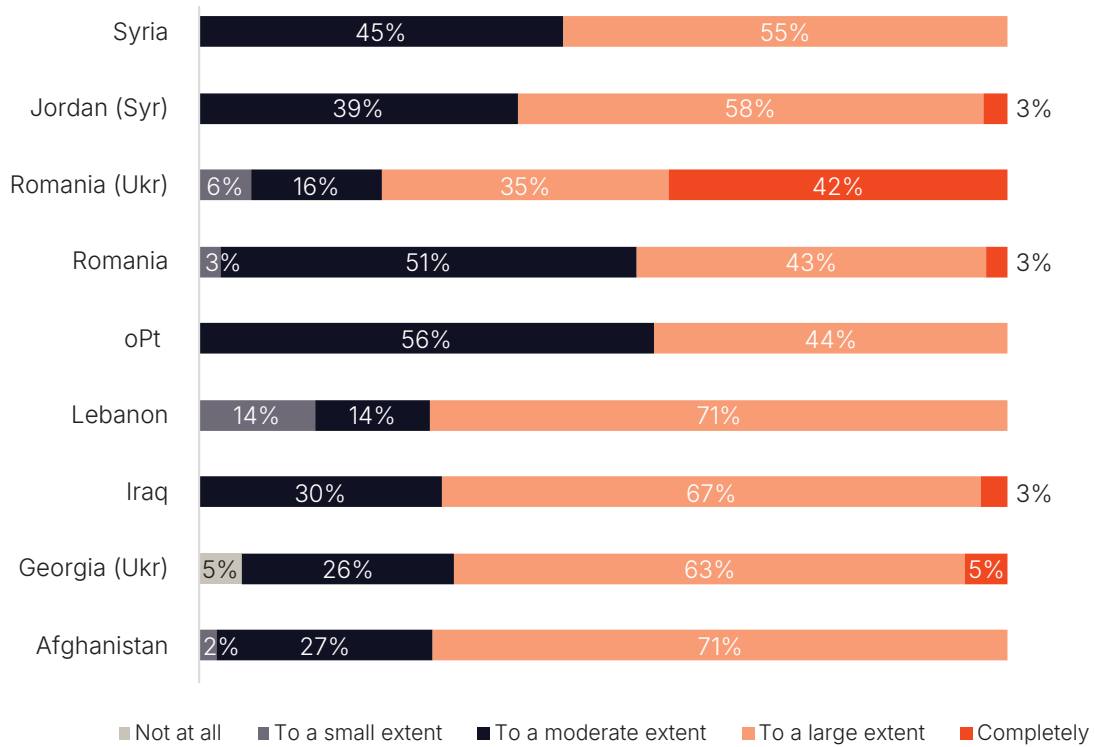
How does CVA Influence Children’s Mental Health?

Among the 238 respondents (17% of the entire sample of participants) who reported that **CVA positively enhanced children’s mental health and emotional well-being**, 56% (n=133) stated that their children showed improvements in emotional well-being to a large extent, 34% (n=82) to a moderate extent, and 7% (n=17) reported complete improvement. A small

portion, 2% (n=5), noted improvements to a small extent, while less than 1% (n=1) reported no improvements in emotional well-being.

When analyzing these findings by country (see Figure 20), notable trends emerge. Ukrainian refugees in Romania stood out with the highest proportion (42%) reporting complete improvement, demonstrating a particularly strong positive effect of CVA on emotional well-being in this demographic. Lebanon and Afghanistan reported the highest percentages of children showing improvements to a large extent (71% for both), underscoring CVA’s significant impact in these contexts. Similarly, Iraqi participants and Ukrainian refugees in Georgia followed closely, with 67% and 63%, respectively, indicating improvements to a large extent. Participants in Syria and Syrian refugees in Jordan exhibited slightly lower rates, with 55% and 58%, respectively, stating large improvements, while participants from Romania and oPT reported 51% and 56% for the same extent. These variations suggest that while CVA generally contributes positively to emotional well-being across countries, its degree of impact may depend on contextual factors such as the severity of needs or the baseline well-being of the population.

Figure 20 - Extent of Children's Emotional Well-Being Improvements Post-CVA by Country (n=238)



When asked how CVA contributed to the improved emotional well-being of children, the majority of respondents (40%) emphasized enhanced emotional and psychological stability, citing reduced stress and increased happiness among children. Many linked these improvements to the overall sense of calm and security that financial support brought to the household. Additionally, 26% of respondents attributed better emotional well-being to the ability to meet basic needs, such as providing food, clothing, and shelter, which helped foster a sense of safety and stability for their children. A smaller proportion of respondents (4%) connected the positive emotional impact to educational support, noting that using CVA for school-related expenses contributed to their children's happiness and confidence.

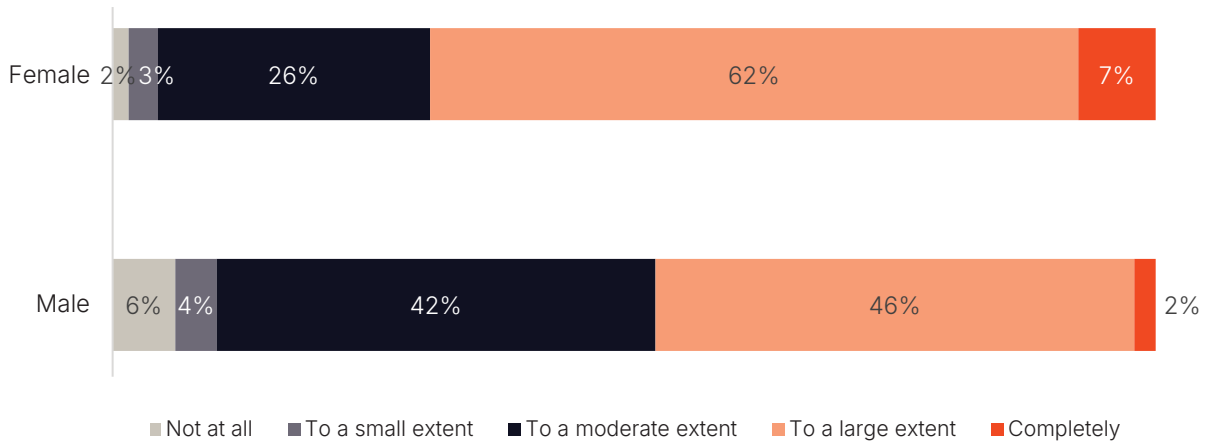


"After receiving financial support, it decreased anxiety and stress in the household, improving the emotional well-being of my children." (Iraqi mother, host community, Iraq)

When asked to indicate **how much CVA helped children feel more secure and less anxious**, 59% (n=140) of respondents reported that it helped to a large extent, and 29% (n=70) noted it helped to a moderate extent. Six percent (n=15) mentioned that CVA completely helped in this regard, while 3% (n=7) observed a small extent of help, and 3% (n=6) indicated that it did not help at all.

The findings by gender reveal some key differences in the perceived impact of CVA (see Figure 21). Among female respondents, 62% reported that CVA helped their children feel more secure to a large extent, compared to 46% of male respondents. However, male respondents were more likely to report a moderate extent of improvement (42%) than females (26%). Complete improvement was reported by 7% of female respondents, significantly higher than the 2% reported by males. These results suggest that female caregivers may perceive CVA as having a stronger and more immediate impact on their children's emotional well-being compared to male caregivers, highlighting potential differences in caregiving roles and household dynamics that shape these perceptions.

Figure 21 - Impact of CVA on Children’s Sense of Security and Reduced Anxiety by Gender(n=238)

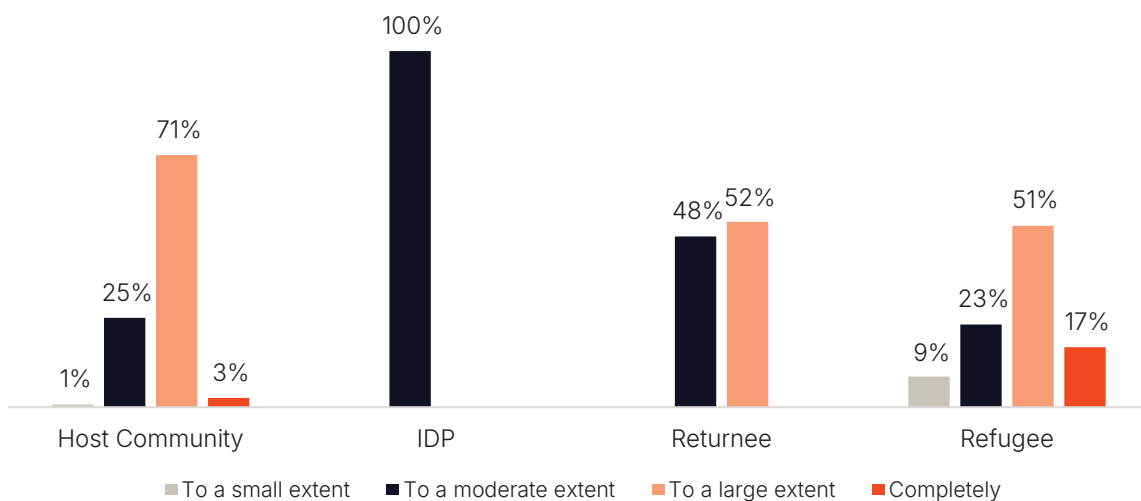


How does CVA Influence Children’s Hope for the Future?

Among the 184 respondents (13% of the entire sample of participants) who reported that **CVA has led to a greater hope for the future**, 62% (n=114) indicated that their children feel more hopeful to a large extent, and 29% (n=54) reported this hopefulness to a moderate extent. Additionally, 6% (n=11) stated that their children feel completely hopeful, while 3% (n=5) noted a small extent of hopefulness as a result of CVA. A closer examination of the data in terms of differences by DAC (see Figure 22) indicates that IDPs report the highest levels of hope for their children’s future due to CVA, followed by returnees, hosts, and refugees, who show more varied responses.

When asked about the extent to which CVA contributed to children’s confidence in their abilities, respondents overwhelmingly highlighted its positive impact on motivation, self-esteem, and a sense of security. Increased Motivation emerged as the most common theme, with participants emphasizing how CVA encouraged children to focus on their education, set goals, and approach the future with hope and determination. Others noted an Increased Sense of Confidence, describing how financial support bolstered children’s self-esteem and belief in their abilities. Additionally, some respondents highlighted how CVA fostered a sense of support and care, creating a more stable and secure environment for children.

Figure 22 - Impact of CVA on Children’s Hope for the Future by DAC (n=184)



“After financial stability, the situation of children improved a lot, especially in thinking about their future—they have more hope.” (Romanian mother, Romania)

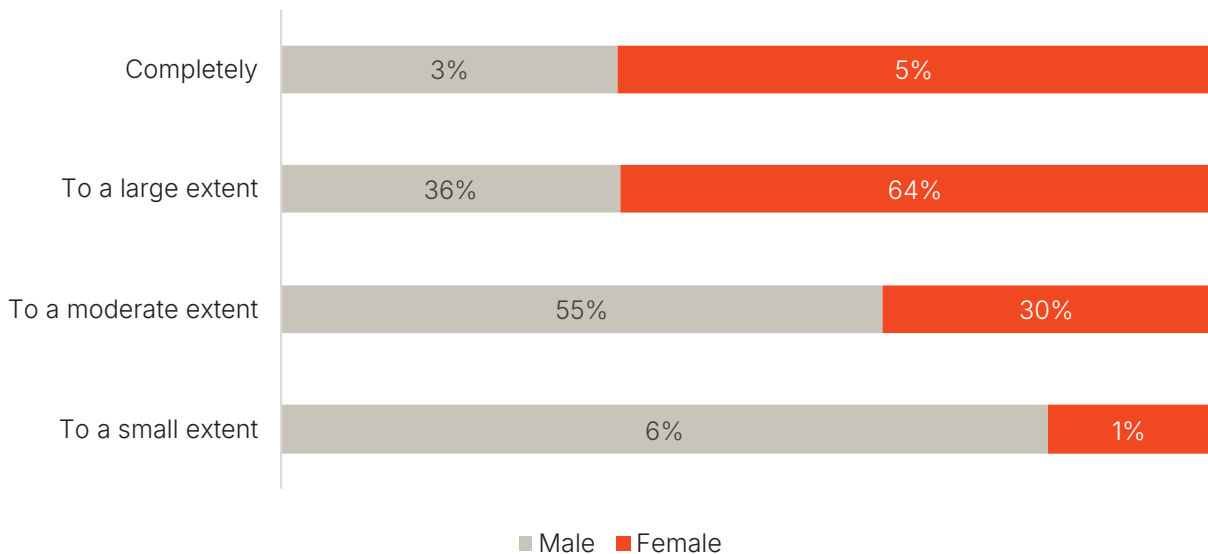
The responses to how much **CVA has increased children's confidence in pursuing their dreams or ambitions** indicate that 59% (n=108) of respondents stated it helped to a large extent, and 34% (n=63) reported it helped to a moderate extent. 5% (n=9) mentioned that CVA completely boosted their children's confidence, while 2% (n=4) noted it helped to a small extent.

The findings reveal notable gender differences in how CVA impacted children's confidence in pursuing their dreams and ambitions (see Figure 23). Female respondents reported a significantly higher impact,

with 64% indicating that CVA helped their children to a large extent, compared to 36% among male respondents. Additionally, 5% of females noted complete confidence improvement, compared to 3% of males. Male respondents were more likely to report moderate improvements, with 55% compared to 30% for females, and a slightly higher proportion of males (6%) noted only a small extent of improvement compared to females (1%). These results suggest that female caregivers perceive a greater impact of CVA on their children's confidence, potentially reflecting differences in caregiving roles, priorities, or gender-specific challenges that influence the effectiveness of financial assistance.

“I saw that I can manage my own budget on my own,” (Romanian boy, Romania)

Figure 23 - Impact of CVA on Children's Confidence in Pursuing Dreams and Ambitions by Gender (n=184)



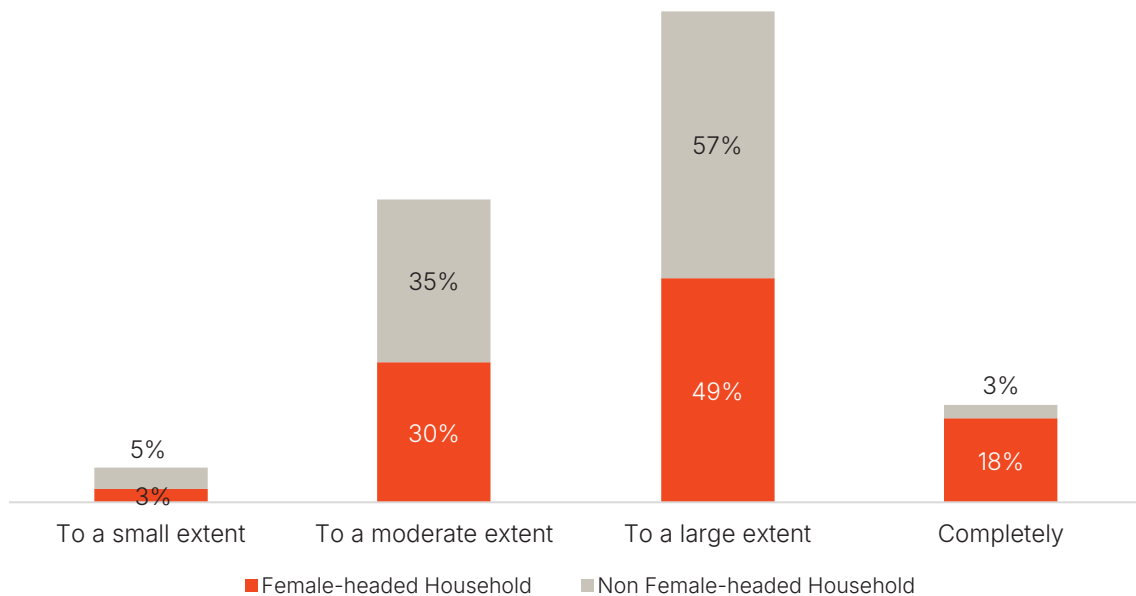
How does CVA Influence Children's Self-esteem, Self-confidence and Self-efficacy?

Among the 230 respondents (17% of the entire sample of participants) who reported that **CVA has led to increased confidence, self-esteem, and self-efficacy**, 56% (n=129) stated that CVA contributed to an increase in their children's confidence in their abilities

to a large extent, 34% (n=79) indicated it helped to a moderate extent, and 5% (n=12) reported a complete boost in confidence. Meanwhile, 4% (n=10) noted a small increase in confidence as a result of CVA.

The findings reveal differences in the impact of CVA on children's confidence between female-headed and non-female-headed households (see Figure 24). While a higher proportion of non-female-headed households reported improvements "to a large extent" (57% compared to 49%), female-headed households were

Figure 24 - Impact of CVA on Children's Confidence in Their Abilities by Female-Headed vs. Non-Female-Headed Households (n=184)



more likely to report "complete" improvements (18% versus 3%). Moderate improvements were slightly more common among non-female-headed households (35% versus 30%), and both groups reported minimal impact "to a small extent" (5% and 3%, respectively). These results suggest that CVA may have a more transformative impact on children's confidence in female-headed households, potentially reflecting the unique challenges and reliance on assistance in these contexts.

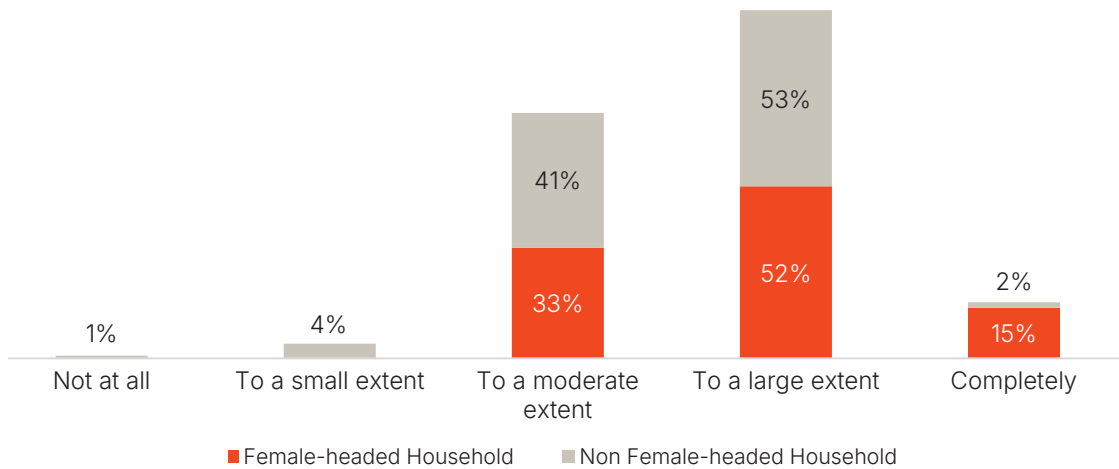
“After the availability of resources, my children's confidence in their abilities increased.” (Afghan mother, host community, Afghanistan).

The responses regarding **how much children feel more capable of achieving their goals since receiving CVA** show that 53% (n=122) of respondents indicated it helped to a large extent, and 40% (n=91) reported it helped to a moderate extent. A smaller proportion, 3% (n=8), noted that it completely improved their children's sense of capability, and another 3% (n=8) said it helped to a small extent. Less than 1% (n=1) reported that CVA had no impact at all.

The findings reveal that CVA has positively influenced children's confidence in achieving their goals across both female-headed and non-female-headed households (see Figure 25), with 52% and 53%, respectively, reporting improvements "to a large extent." Notably, female-headed households were significantly more likely to report "complete" improvements (15%) compared to non-female-headed households (2%), suggesting a more transformative impact in these contexts. While non-female-headed households showed slightly higher rates of moderate improvements (41% versus 33%), the overall results indicate that CVA plays a critical role in empowering children, with female-headed households appearing to benefit most from its transformative potential in addressing barriers and fostering long-term confidence.

“After improving living conditions, cash support has allowed us to meet our needs such as food, education, and health, reduced the pressure on children, and allowed them to focus on achieving their goals.” (Syrian mother, host community, Syria)

Figure 25 - Impact of CVA on Children's Perceived Ability to Achieve Goals by Female-Headed vs. Non-Female-Headed Households (n=184)



Summary of Key Findings

CVA Positively Impacts Children's Well-Being, With Variations Across Contexts

The majority of respondents (76%) reported improvements in their children's overall well-being after receiving CVA, with the highest positive impact among returnees (85%) and the lowest among refugees (71%). Improvements were most frequently linked to better access to education (47%), improved health and nutrition (43%), emotional stability at home (30%), and increased self-esteem (22%). Country-level variations were notable, with Afghanistan (96%) and Lebanon (83%) reporting the highest positive outcomes, while Ukrainian refugees in Georgia (60%) and the oPT (61%) reported the lowest. Negative impacts were minimal across all contexts (<3%).

CVA Enhances School Attendance and Motivation Beyond Education-Focused Programs

Among the 494 respondents who reported a positive impact of CVA on education, 56% observed significant improvements in school attendance, while 31% noted moderate gains. CVA primarily helped cover educational expenses, improve transportation access, and enhance motivation and self-confidence, fostering long-term educational aspirations. The highest attendance improvements were reported among Romanian participants and Ukrainian refugees in Georgia (66%-70%), while more moderate gains were seen in Afghanistan (59%), oPT (52%), and Syria (49%). These findings span multiple CVA programs, including those without a direct education focus, suggesting that beyond easing financial barriers, CVA also supports emotional and motivational factors that contribute to sustained school attendance.

CVA Enhances Children's Health and Nutrition, with Varying Impact Across Contexts

Among the 454 respondents who reported a positive impact of CVA on health and nutrition, 43% noted moderate improvements in healthcare access, while 37% saw significant gains. The greatest impact on healthcare affordability was observed in Iraq (70%) and among Ukrainian refugees in Georgia (53%). In terms of nutrition, 43% of respondents said CVA significantly improved healthier food choices, with another 43% reporting moderate benefits. Returnees experienced the most substantial nutritional gains compared to other DAC groups.

CVA Improves Children's Emotional Well-Being, but Impact Varies by Context and Gender

Among the 238 respondents who reported a positive impact of CVA on children's mental health, 56% observed significant improvements in emotional well-being, while 34% saw moderate gains. The strongest effects were reported among Ukrainian refugees in Romania (42% complete improvement) and participants in Lebanon and Afghanistan (71% reporting large improvements). CVA primarily contributed to children's emotional well-being by reducing stress and providing financial stability to meet basic needs. Additionally, 59% of respondents noted that CVA helped children feel more secure and less anxious to a large extent. Female caregivers were more likely than male caregivers to perceive CVA as having a stronger impact on their children's emotional well-being, possibly reflecting differences in caregiving roles and household dynamics.

CVA Strengthens Children's Hope for the Future and Confidence, with Gendered Differences in Perceived Impact

Among the 184 respondents who reported a positive impact of CVA on their children's sense of hope, 62% observed significant improvements, while 29% saw moderate gains. CVA primarily contributed by increasing children's motivation to pursue education and future goals, boosting self-esteem, and fostering a sense of security. IDPs reported the highest levels of hopefulness, followed by returnees. Additionally, 59% of respondents stated that CVA significantly enhanced children's confidence in pursuing their ambitions. Female caregivers were more likely than male caregivers to report a strong positive impact, suggesting potential differences in caregiving roles and gendered perceptions of financial support.

CVA Strengthens Children's Hope for the Future and Confidence in Achieving Goals

Among the 184 respondents who reported a positive impact of CVA on children's hope for the future, 62% observed significant improvements, while 29% noted moderate gains. CVA fostered motivation, self-confidence, and a sense of security, with IDPs reporting the highest levels of hope. Gender differences were notable, with female caregivers perceiving a stronger impact on children's confidence, particularly in their ability to pursue goals and ambitions. Additionally, among the 230 respondents who highlighted CVA's role in enhancing children's self-esteem and self-efficacy, 56% saw significant improvements, and female-headed households were more likely to report a transformative effect. These findings underscore CVA's role in providing stability and encouragement, enabling children to envision and work towards a better future.

Actionable Recommendations

The findings highlight the significant role of CVA in improving children's well-being across multiple dimensions, including education, health, nutrition, mental health, and confidence in their future. However, the study also reveals disparities in impact based on displacement status, household structure, and contextual factors such as entrenched gender norms and economic instability. To maximize CVA's positive effects and ensure that all children benefit equitably, the following recommendations are proposed.

For implementing agencies

- **Target Barriers to Regular Attendance:** Develop targeted interventions to address barriers to regular school attendance, particularly in contexts with lower rates, such as Syria and Jordan. For example, subsidize transportation and provide additional support for educational materials.
- **Tailor Healthcare Support:** Focus on countries with moderate impacts, such as Lebanon and Syria, by increasing the flexibility of CVA to cover critical health and nutrition costs.
- **Nutrition-Specific Interventions:** Incorporate nutrition-awareness programs alongside CVA to encourage healthier food choices for children, especially in refugee households where gaps in food quality persist.
- **Integrated Mental Health Support:** Pair CVA with psychosocial interventions to maximize the emotional and psychological benefits for children, particularly in countries reporting high anxiety, such as Syria and Jordan.
- **Empower Female-Headed Households:** Recognize the transformative impact of CVA on female-headed households by designing programs that build on their successes, such as increased confidence and goal achievement.
- **Integrate positive parenting support and GESI awareness** raising in CVA interventions, to ensure provided support effectively reaches children.

THEME III

Livelihood Resilience (LLH-R)

How does CVA influence livelihood resilience, and what are the recommended practices for maximising its impact?

The subsequent sections examine the role of CVA in bolstering economic stability, enhancing household financial strategies, and fostering resilience across diverse national and demographic contexts.

Descriptive statistics illustrate key trends, such as changes in income sources, debt repayment, and overall economic stability, with comparative insights

across countries and demographic groups, including female-headed households, refugees, and host communities. Qualitative data adds depth, showcasing how CVA supports households in meeting immediate needs while fostering resilience through debt reduction, savings, and future planning. By connecting quantitative and qualitative findings, the analysis provides a holistic understanding of CVA's impact and concludes with targeted recommendations to enhance economic stability and resilience in fragile and refugee contexts.



Samah* in one of the supermarkets in Syria. She is paying for the groceries after receiving financial support thanks to the project World Vision Syria Response is implementing in Syria. ©World Vision

Table 7 - Definition of Key Terms - LLH-R

Livelihood Resilience: refers to the capacity of individuals, households, and communities to sustain and improve their economic well-being over time, even in the face of shocks and stresses. It encompasses the skills, knowledge, and financial resources that empower them to adapt, recover, and maintain long-term well-being, ensuring that they can meet the developmental needs of their children and families long after external support has ended. Livelihood-resilience involves not only the ability to recover from disruptions but also the proactive mindset and mechanisms that enable households to manage risks, reduce vulnerabilities, and thrive in changing environments.

Economic Stability: Economic stability in this context refers to respondents' ability to meet basic household needs without having to deprioritize them for other purposes, such as long-term investments.

CVA and Livelihood Resilience: Building Economic Stability and Adaptability

LLH-R is critical for economic stability and adaptive capacity, particularly in crisis-affected regions. Economic stability ensures the ability to meet basic needs despite shocks (UNESCWA, n.d.), while resilience emphasizes recovery, adaptation, and transformation. Prolonged crises, conflicts, and environmental disruptions undermine these capacities, making Cash and Voucher Assistance (CVA) a key intervention. CVA addresses immediate needs, promotes long-term resilience, and enables investments in livelihoods, asset protection, and reduced reliance on harmful coping strategies (FAO, 2024). Crisis-affected regions face compounding barriers, including conflict, economic inequalities, and environmental shocks. Conflict disrupts economies, as seen in Syria, where 46% of IDPs cite livelihood support as a critical unmet need (UNHCR, 2023a). Economic inequality worsens the situation for marginalized groups like refugees and women, with Lebanon's financial crisis tripling poverty rates since 2012 (REACH Initiative, 2024). Environmental shocks, such as Afghanistan's prolonged droughts, further strain resources and exacerbate poverty (FAO, 2024). CVA plays a vital role in addressing economic stability by meeting immediate livelihood needs,

as seen in Gaza, where cash assistance supported 95,000 vulnerable families (Oxfam, 2022). It also protects household assets, reduces debt reliance, and stimulates local economies, promoting financial inclusion and enabling recipients to prioritize essential needs like food, healthcare, and shelter (CALP, 2024). In Lebanon, CVA recipients have used funds to pay off debts, enhancing financial stability (REACH Initiative, 2024). These interconnected challenges highlight the importance of CVA in stabilizing households and fostering resilience in crisis-affected communities.

CVA fosters economic resilience by enabling individuals and communities to recover, adapt, and thrive in crisis contexts. By providing financial resources, CVA allows recipients to invest in livelihood opportunities such as small businesses, vocational training, and education, which are key to building resilience. For example, cash-for-work programs in Iraq offer short-term employment while preparing participants for sustained market engagement (CALP Network, 2023). Integrating financial literacy training into CVA programs also enhances recipients' ability to budget and plan for the future, reducing reliance on external aid (CALP Network, n.d.). CVA stimulates local economies by boosting purchasing power and creating demand for goods and services, as seen in Afghanistan, where it has supported local markets and mitigated food insecurity (UNOCHA, 2023). Moreover, CVA strengthens adaptive capacity by diversifying income streams, building savings, and improving the ability to recover from future shocks. For instance, targeted livelihood interventions in Syria have helped IDPs rebuild their lives and reduce dependence on humanitarian aid (UNHCR, 2023a). Through these mechanisms, CVA not only addresses immediate needs but also lays the foundation for sustainable economic resilience.

What Are the Key Economic Challenges Faced by CVA Participant Households?

The presented data reflects the current economic challenges facing households, their persistent occurrence before receiving CVA, and the effectiveness of CVA in overcoming the challenges. Overall, **97.5%** (n=1,346) of CVA recipients interviewed report **facing one or more economic challenges** (see Figure 26). The most prevalent economic challenge for households is 'High debt' (24%, n=336), followed closely by 'Lack of employment' and 'Home rental costs' which are reported by 21% (n=289) and 21% (n=283) of the

Figure 26 - Types of "Other" Economic Challenges Reported (n=1,380)



respondents, respectively. Healthcare costs also pose challenges to 14% (n=193) of the surveyed households. Additionally, 'Food insecurity' contributes to the struggles of 10% (n=139) of the respondents. A further 10% (n=140) of households face 'other' challenges, which are not specified in the provided data.

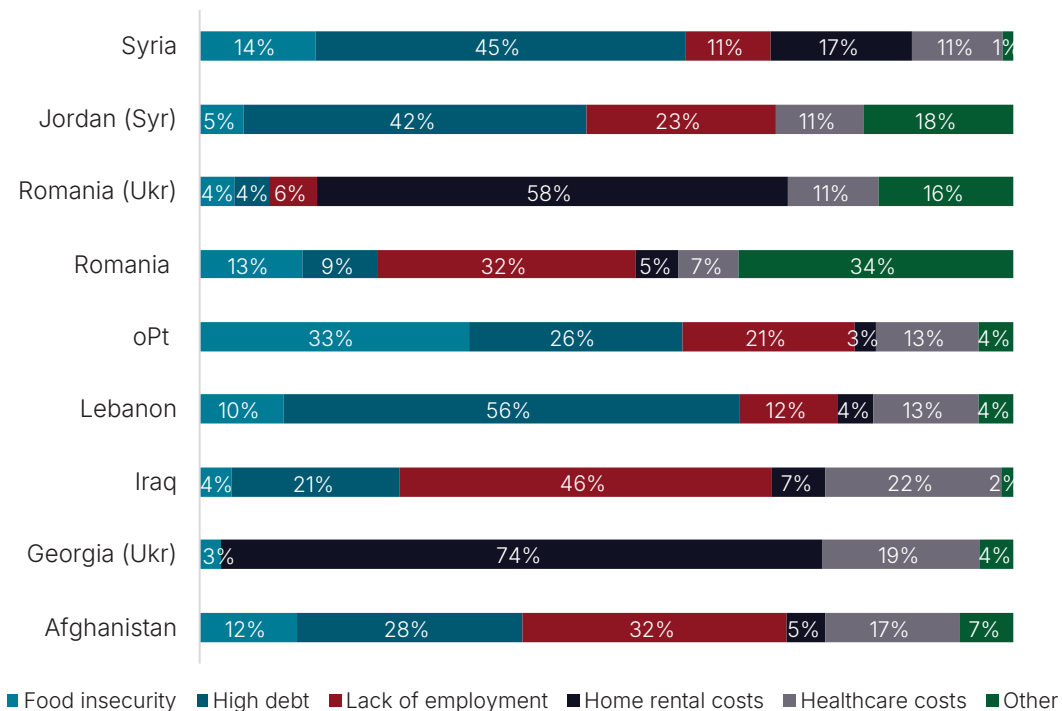
Among respondents who selected "other" challenges, 51% (n=71) identify a combination of two to three economic challenges, such as healthcare costs and high debt. An additional 15% (n=21) report facing all the listed challenges — including low income, high debt, healthcare expenses, housing costs, and food insecurity. Conversely, 25% (n=35) indicate that their household does not face any economic challenges.

The primary economic challenges faced by households across different countries are highlighted in Figure 27. **Lack of employment** stands out as the most pressing issue in **Afghanistan, Iraq, and Romania** significantly impacting households in these contexts. Additionally, **high debt** and **healthcare costs** are prominent challenges that place further strain on

household well-being. **Lebanon** reports the highest incidence of high debt, reflecting severe financial strain, while healthcare costs and unemployment were less prominent concerns. In contrast, the **Ukrainian refugees in Georgia and Romania** report housing-related issues as their primary challenge, with home rental costs affecting 74% and 58% of households, respectively. **The oPt** exhibits the highest levels of food insecurity (33%), alongside significant concerns with high debt and unemployment. **Romanian households** face diverse struggles, with 32% reporting lack of employment and 34% unspecified issues. In terms of **Syrian respondents (both within Syria and as refugees in Jordan)**, high debt dominated, affecting 45% and 42% of households, respectively.

“The rising costs of goods and basic necessities, such as water and electricity, add to the financial burden on us” (Palestinian father, host community, Qalqilya, oPt).

Figure 27 - Primary Economic Challenges by Country (n=1,380)



The primary economic challenges faced by households across different DAC are highlighted in Figure 28. **Returnees** report the highest burden of **lack of employment** (47%) and significant issues with **healthcare costs** (23%). In contrast, **refugees** identify **home rental costs** (40%) as their most pressing challenge, alongside **high debt** (19%) and healthcare costs (14%). For **IDPs**, **high debt** is the dominant challenge (34%), followed by **home rental costs** (35%) and **food insecurity** (11%). **Host community** households face a more diverse set of challenges, with **high debt** (30%), **home rental costs** (26%), and **food insecurity** (16%) being the most prominent, while 12% cite **healthcare costs** and other issues.

Analysis also reveals significant differences in the primary economic challenges faced by gender,

household type, and disability status, as are highlighted in Figure 29. **Males** report the highest prevalence of **lack of employment** (28%) compared to females (18%), while females face greater challenges with **home rental costs** (26%) compared to males (10%). Among households who report having **members with disabilities**, **high debt** (28%) and **healthcare costs** (24%) emerge as significant challenges, whereas households without disabilities are more affected by **lack of employment** (27%) and **home rental costs** (22%). Differences are also observed between **female-headed households** and **non-female-headed households**. Female-headed households report **home rental costs** as their primary challenge (29%), while non-female-headed households identify **high debt** (25%) and **lack of employment** (23%) as key concerns.

Figure 28 - Primary Economic Challenges by DAC (n=1,380)

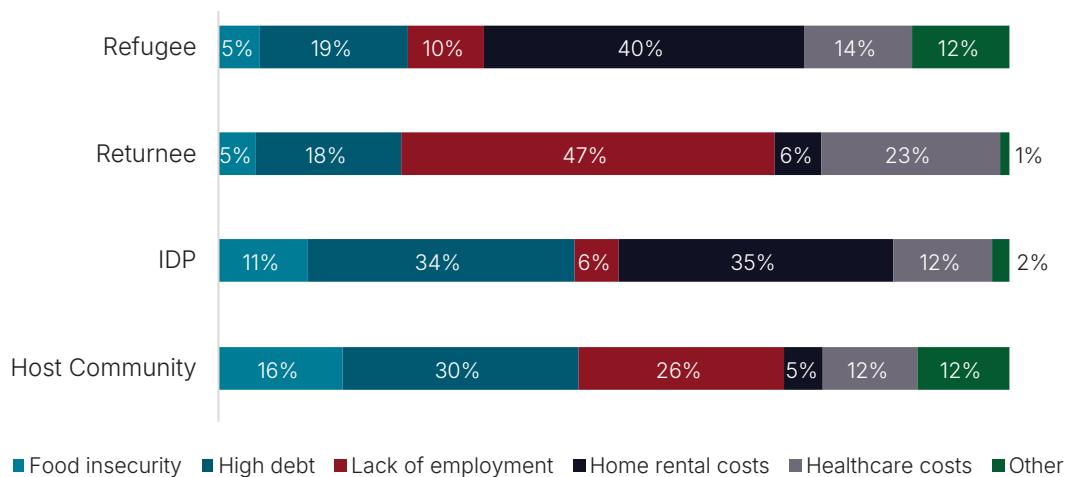
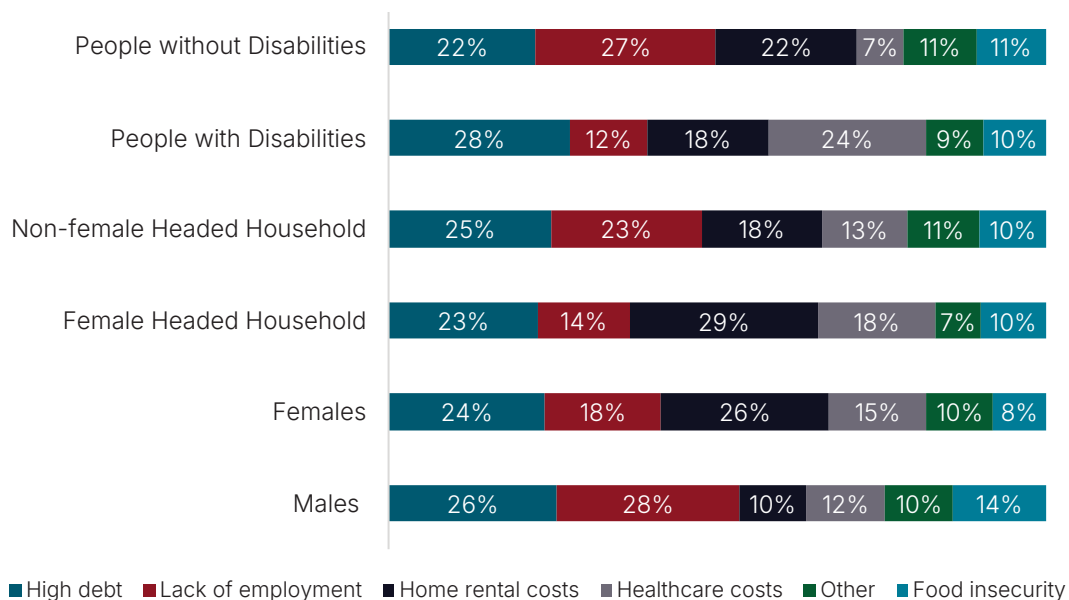


Figure 29 - Economic Challenges by Gender, Household Type and Disability Status (n=1,380)



Changes in Economic Challenges – Pre and Post CVA

Before receiving CVA, 82% (n=1,134) of respondents report experiencing similar economic challenges. Given that 97.5% (n=1,346) now report facing one or more economic challenges, this reflects a **15.5% increase in the number of households experiencing economic hardship**. This trend highlights the persistence — and in some cases, the escalation — of economic challenges even after receiving CVA support.

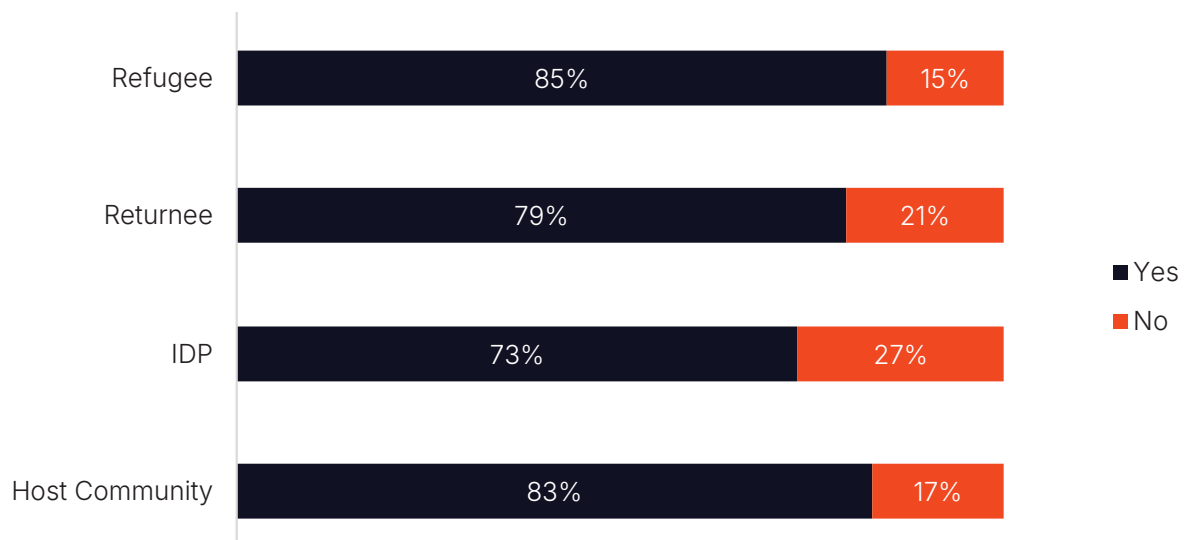
The majority of households **across all DAC groups** faced similar economic challenges before receiving CVA (see Figure 30). **Refugees** (85%) and the **host community** (83%) report the highest levels of pre-existing economic challenges, while **returnees** (79%) and **IDPs** (73%) indicate slightly lower frequencies. Notably, **IDPs** report the highest proportion of households (27%) that did not face the same challenges prior to receiving CVA, suggesting some variability in their economic situation before support.

A closer analysis of the 15.5% (n=231) of CVA recipients who did not report economic challenges before but experienced them after receiving CVA reveals key demographic patterns. The majority are women (71%), with 58% aged 31-45 years, followed by 20% in the 18-30 age group. Most are married or living with a partner (72%), and 21% of these households

are female-headed. On average, households include **6 people**, with approximately **3 children under 18**. 40% of respondents are from the host community, while 58% are composed of refugees, returnees, and IDPs. The majority of respondents originate from Syria (21%), Iraq (19%), and Jordan (16%).

- **Education:** Most respondents have primary education (39%) or secondary education (26%), with limited proportion of participants having attained a university-level qualifications (17%).
- **Employment Status:** In these households, **30% report that no one in the HH is working**, underscoring their economic vulnerability. Among those who do have work, **employment is largely informal (28%)**, with **36% identifying as homemakers**. Meanwhile, **35% say other adult family members are working**, while **34% indicate they are the sole earners** in their households.
- **Debt:** A significant **67%** of households currently have debt, which exacerbates financial challenges.
- **Housing:** While **39%** own their homes, a substantial **32%** live in rented housing, and **20%** reside in temporary shelters, reflecting housing insecurity.
- **Health:** Around **40%** of respondents report that they or a household member have a **disability or chronic illness**, adding further pressure on resources and limiting income-earning opportunities.

Figure 30 - Pre-CVA Economic Challenges: Frequency of Similar Challenges Faced by DAC Groups (n= 1,380)



The worsening economic challenges faced by CVA recipients, particularly **women** and families from Syria, Iraq, and Jordan, stem from a combination of factors including **ongoing conflict**, **inflation-driven cost of living increases**, and **limited employment opportunities**, especially for refugee households. **Women**, who make up the majority of those reporting increased economic hardship, face distinct and compounding challenges. Despite **17% of these women holding university degrees** and **78% being of working age (18-45 years)**, many still struggle to access stable employment. This highlights systemic issues such as **barriers to female labor force participation**, **lack of available jobs**, and the **disproportionate caregiving responsibilities** often placed on women.

Many women must balance **childcare and household responsibilities** alongside attempts to seek work, reducing the time they can dedicate to formal employment or income-generating opportunities. This reality is especially acute for **female-headed households**, which often consist of an **average of six family members, including three children**. Without the support of an additional income earner, these households face intensified financial strain. While **female-headed households experience heightened vulnerability**, the broader group of **women within households** also face similar burdens as they often serve as **primary caregivers** while navigating **limited access to decent work**.

For women as a whole, reliance on **informal, low-paying, and unpredictable employment** further increases their exposure to **economic shocks**.

Households with members who have **health issues or disabilities** face even greater financial pressures, as do those living in **precarious housing arrangements**, such as **rented homes or temporary shelters**.

These interconnected pressures demonstrate that while **CVA provides essential short-term relief**, it is not sufficient to address the **deeper, systemic issues driving economic vulnerability**. **Women**, particularly those with **caregiving responsibilities** or those **heading households alone**, require more **sustainable, long-term support**. Addressing the root causes of economic exclusion—such as **expanding access to decent work**, **affordable childcare**, and **social protection**—will be critical to fostering **lasting stability and economic resilience**.

“The main problems are renting housing, which probably takes up the largest part. And, of course, the food, which is very, very expensive here.”
(Ukrainian Refugee mother, based in Batumi, Georgia)

CVA's Contribution to Overcoming Challenges

The chart shows that **CVA helped alleviate economic challenges for 60% (n=829) of the entire sample “somewhat”** and for **35% (n=478) “significantly,”** while **5% (n=73) reported no improvement** (see Figure 31).

Figure 31 - Perceived Impact of CVA in Overcoming Economic Challenges, Overall and by Gender (n=1,380)

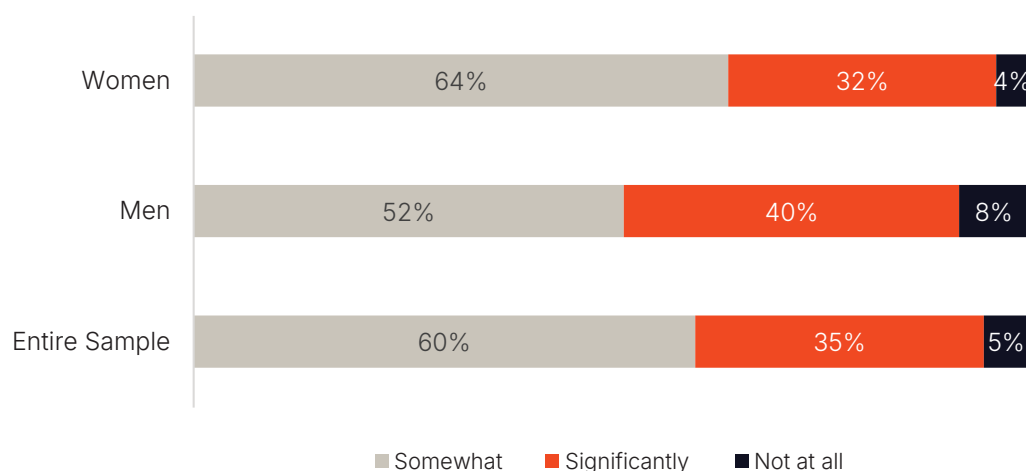
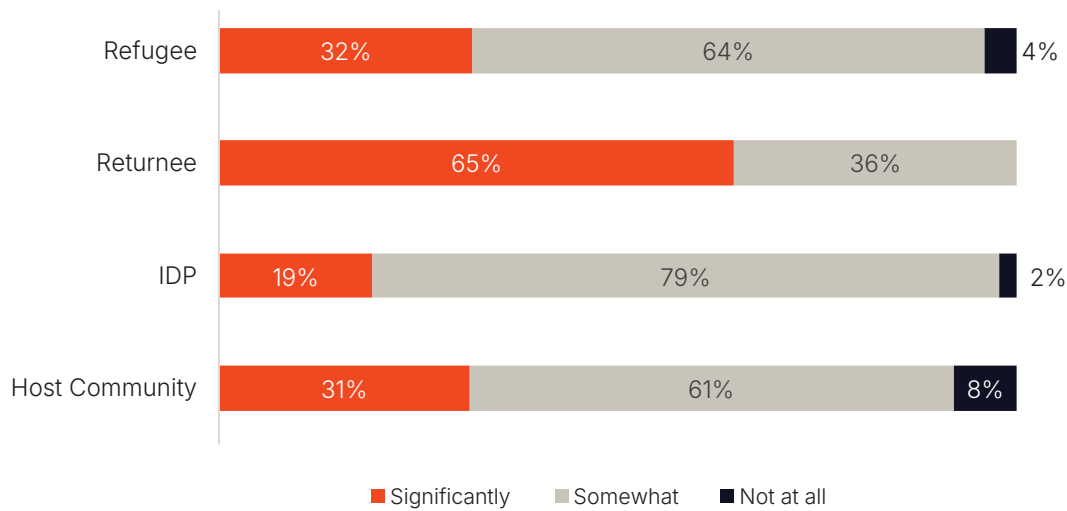


Figure 32 - Perceived Impact of CVA in Overcoming Economic Challenges by DAC Type (n=1,380)



When disaggregated by gender, women appear to have benefitted significantly less, with only **32% reporting significant improvement**, compared to **40% of men**. Conversely, a higher proportion of women (64%) reported that CVA only "somewhat" alleviated their challenges, compared to 52% of men. **These results highlight gender-based differences, suggesting that while CVA provided some relief for most recipients, its impact was less substantial for women.** One possible explanation is that women, in many contexts, may perceive their economic stability in relation to the well-being of other household members, such as children or extended family. As primary caregivers and often key managers of household resources, women might have higher expectations of what CVA should achieve, influencing their self-reported sense of benefit. Additionally, societal and cultural norms may lead women to prioritize the needs of others over their own, potentially resulting in more modest assessments of the relief received. These gendered dynamics, although subtle, could contribute to the lower proportion of women reporting significant improvement from CVA compared to men and highlight the need for thoughtful consideration in the design and targeting of CVA interventions.

CVA has helped **different DAC groups** overcome economic challenges to varying degrees (see Figure 32). Returnees report the most significant impact, with 65% stating that CVA has helped them "significantly," compared to just 32% of refugees and 31% of the host community. In contrast, IDPs overwhelmingly state that CVA has helped them "somewhat" (79%), with only 19% reporting significant impact. Refugees and host community groups also reflect a moderate

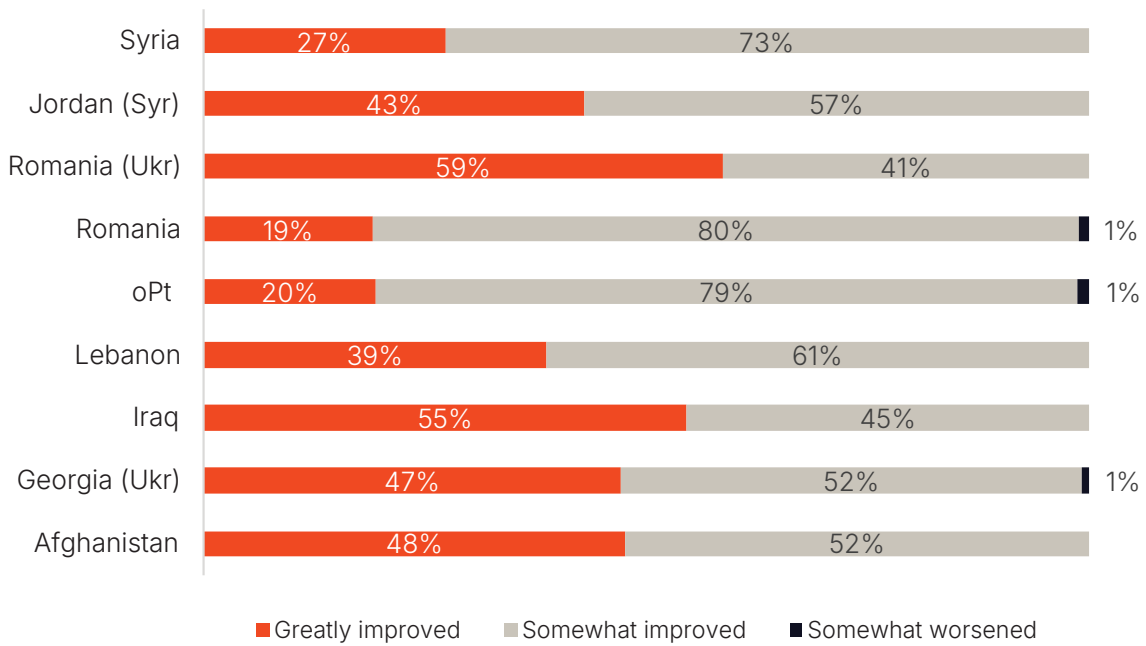
level of "somewhat" effectiveness, at 64% and 61%, respectively. Notably, the proportion of respondents reporting "not at all" remains highest among the host community (8%), followed by refugees (4%) and IDPs (2%).

How does CVA Impact Livelihood Resilience?

The quantitative data shows a clear **positive impact on household economic stability** after receiving CVA. Of the **1380 respondents**, **89%** (n=1,231) reported changes in their economic stability, which in this context refers to their ability to meet basic household needs without having to deprioritize them for other purposes, such as long-term investments. Among them, **58%** (n=709) described their situation as **somewhat improved**, while **42%** (n=519) reported it **greatly improved**. Only a small **0.2%** (n=3) noted a slight worsening of their situation. These findings highlight a significant improvement in economic resilience for most households following CVA support.

The findings show notable differences in how economic changes are perceived **across countries** after receiving CVA (see Figure 33). **Romania** and **oPT** report the highest proportions of households experiencing **somewhat improved** economic stability, at **80%** and **79%** respectively, with a small **1%** reporting worsening conditions. In contrast, **Ukrainian refugees in Romania** and **Iraqi participants** have the highest share of households reporting their situation as **greatly improved** at **59%** and **55%** respectively. Countries like **Syria** and **Afghanistan** report more

Figure 33 - Changes in Household Economic Stability Post-CVA by Country (n= 1,231)



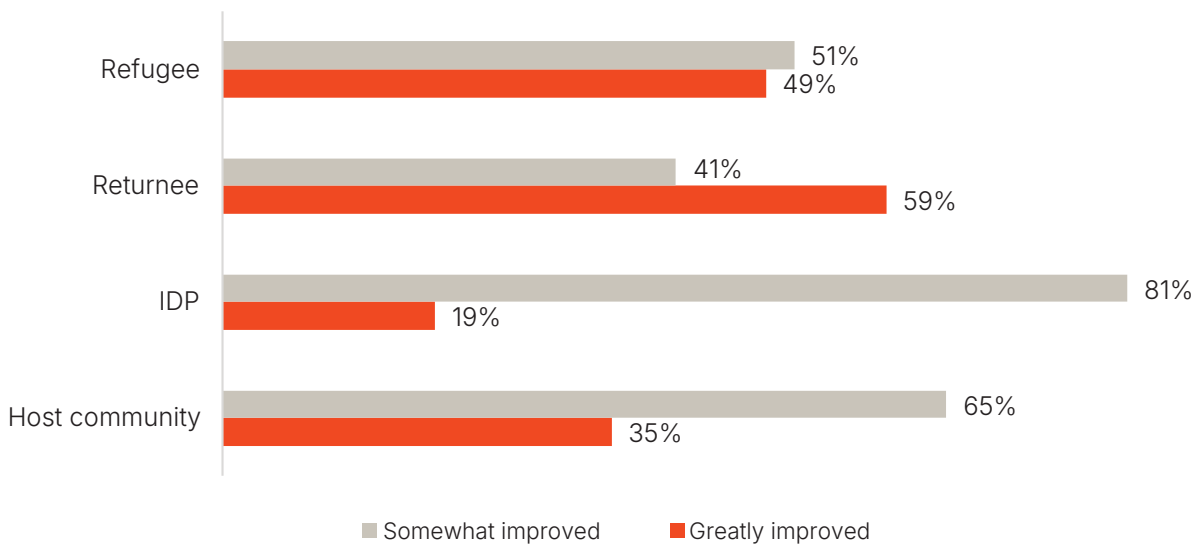
balanced outcomes, with economic changes split between **greatly improved** (27% and 48%) and **somewhat improved** (73% and 52%).

predominantly note moderate improvements. Negligible percentages in any group report worsened conditions (see Figure 34).

The analysis also reveals statistically significant differences in changes to household economic stability across DAC after receiving CVA. **Returnee HHs** report the most pronounced gains, with 59% indicating their economic stability "greatly improved." Refugee HHs follow, with 49% reporting substantial improvements, while IDPs (81%) and host community HHs (65%)

"The assistance has positively impacted family economies, daily life, and the future of the local people."
 (Afghan returnee mother, from Zinda Jan, Afghanistan).

Figure 34 - Impact of CVA on Household Economic Stability by DAC (n=1,231)



How does CVA Impact Income Diversification and Business Development?

Income Diversification

In relation to the income diversification of the respondents, the survey data shows that the proportion of households with **multiple income sources** increased significantly after receiving CVA, rising from **16%** (n=223) to **34%** (n=475). Conversely, households relying on a **single income source** decreased from **84%** (n= 1,157) before CVA to **64%** (n=883) after CVA. This indicates that CVA support may have played a role in enabling households to diversify their income streams, contributing to improved financial stability and resilience (see Figure 35).

A closer look at the profile of households (n=360) that transitioned from having one income source before CVA to multiple sources after CVA reveals several key trends. The majority of respondents are **female (70%)**, with an average age of **33 years**. Most are **married or living with a partner (60%)**, and households typically consist of **5 members**, including about **3 children under 18**. Geographically, the largest share comes from **Romania (27%)**, followed by **Syria (19%)** and **Romania (Ukrainian) (16%)**. Nearly half belong to the **host community (49%)**, while **39%** are refugees. **Debt** remains a challenge, with **54%** of households currently in debt, adding to their financial strain.

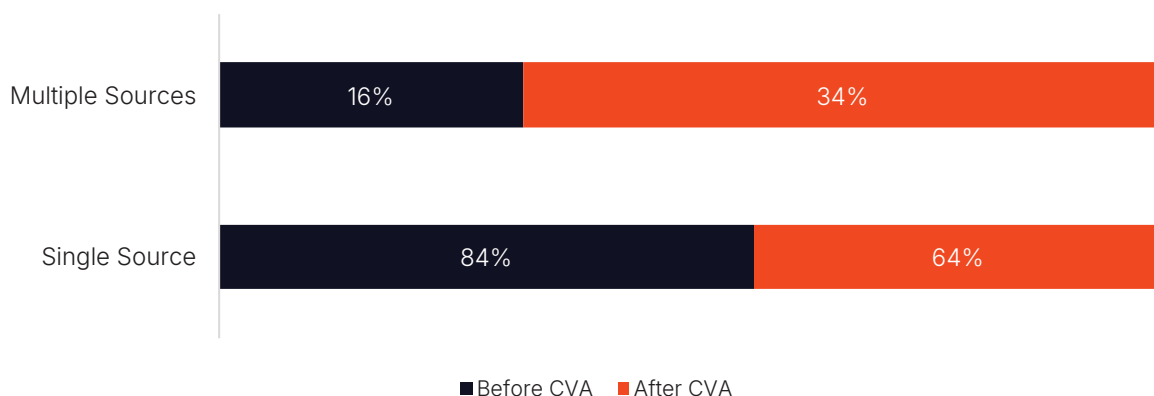
Additional profile highlights include:

- **Education:** The majority have **secondary education (44%)**, followed by **primary**

- **education (27%).** Only **20%** hold a university degree, and **6%** have no formal education.
- **Household Working Members:** **46%** report other adult family members working, while **27%** state they are the sole earners.
- **Employment:** **28%** are engaged in **informal work**, **16%** are homemakers, and **8%** are self-employed. Formal employment remains low at **3%**.
- **Sources of Income:** The main sources of income include **NGO support (58%)**, **informal employment (52%)**, and **income from children under 18 (32%)**. Other contributions come from **formal employment (26%)**, **remittances (18%)**, and **pensions or social security (14%)**.
- **Housing:** **33%** live in rented housing, **29%** own their homes, **21%** live with family or friends, and **17%** reside in temporary shelters.
- **Health:** **41%** of households report having a member with a **disability or chronic illness**, which can further limit income-earning opportunities and increase economic pressure.

The profile of CVA recipients who transitioned from having one income source to multiple sources highlights a group of **highly vulnerable households**, with several interlinked factors explaining this shift. Most respondents are **women**, who often bear disproportionate caregiving responsibilities, managing households of **five members on average**, including three children under 18. Compounding this burden is the **high prevalence of debt (54%)** and the fact that **41% of households include a member with a disability or chronic illness**, which further limits their income-generating opportunities. Additionally,

Figure 35 - Comparison of Single Vs. Multiple income Sources Before and After Receiving CVA (n=1,380)



39% of respondents are refugees, a group often excluded from formal employment, making families more reliant on precarious income sources. Notably, **32% of households rely on income from children**, underscoring the desperate need to diversify income streams to meet basic needs. In this context, **World Vision's CVA support**, reported as a primary source of income by **52% of respondents**, provides critical short-term relief, allowing households to stabilize temporarily. Beyond this, these families appear to rely heavily on **informal employment, income generated by children, remittances, and pensions or social security**, all of which reflect a fragile economic reality shaped by limited opportunities and significant vulnerabilities.

This finding suggests that **CVA plays a crucial role in helping highly vulnerable households bridge financial gaps and stabilize their income sources, at least temporarily**. The increase in multiple income sources does not necessarily indicate improved financial security but rather a need for households to piece together different, often unstable, revenue streams to survive. **This underscores the importance of effective targeting in CVA programming—ensuring support reaches those facing intersecting vulnerabilities (e.g., refugee status, female heads of household, chronic illness, debt burdens)**.

Furthermore, **CVA alone may not be enough to create sustainable financial resilience. Complementary interventions—such as livelihood programs, skills training, and pathways to formal employment—are necessary to reduce dependence on unstable**

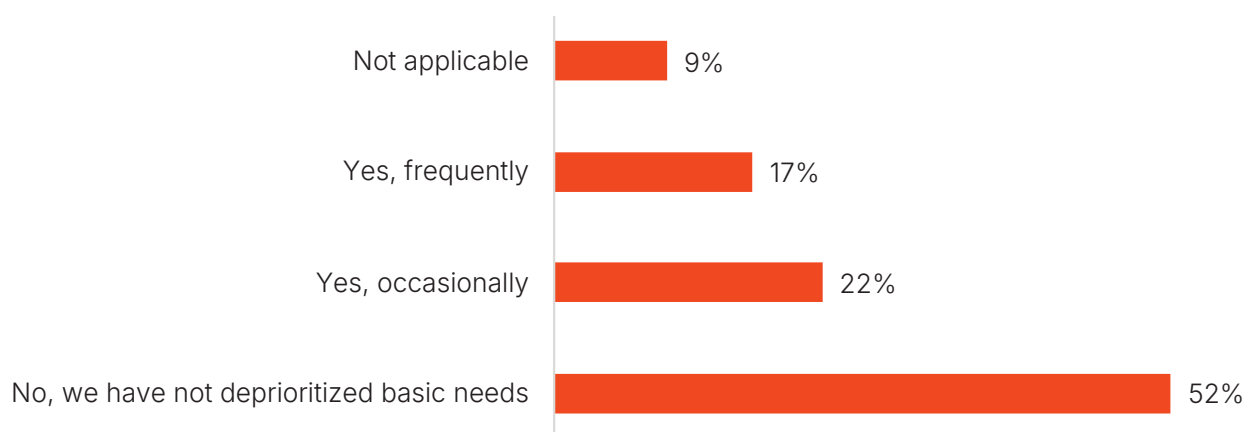
income sources like informal work and child labor. By integrating CVA with longer-term economic inclusion efforts, programs can better support families in moving toward lasting financial security.

Business Development

Disclaimer: The business development subsection is based on responses from the 223 survey participants who reported having multiple income sources before receiving CVA assistance. This includes questions on the frequency of deprioritizing basic needs for larger investments, the types of trade-offs made, the sustainability of investments. Findings should be interpreted within this context.

One aspect to explore under the CVA impact on the Business Development theme is **how households balance immediate needs with long-term investments**. The findings reveal that **52% of respondents (n=115)** are able to meet their basic needs without having to deprioritize larger investments, highlighting the role of CVA in stabilizing household finances (see Figure 36). However, **22% (n=22)** report occasionally having to choose between essential expenses and saving for investments, while **17% (n=37)** frequently face this difficult trade-off. These results underscore that while CVA helps alleviate financial pressures for many households, a significant proportion still struggles to manage competing demands, often prioritizing necessities such as household supplies, medicines, and debt repayment.

Figure 36 - Impact of CVA on Household Choices: Balancing Basic Needs and Long-Term Investments (n=223)



The findings highlight notable **differences across countries** in how households balance immediate needs with long-term investments after receiving CVA (see Figure 37). In **Lebanon**, while **100%** of respondents occasionally deprioritize basic needs, this suggests households face moderate trade-offs despite CVA support. In contrast, in **Afghanistan**, **100%** of respondents report not deprioritizing basic needs, indicating CVA has stabilized household finances, at least as perceived three months after the program's conclusion. Afghanistan's unique result, where 100% of respondents report that CVA was sufficient to meet basic needs while also potentially pursuing sustainable investments, may stem from the relatively high value

of the one-off payment compared to the cost of living, cultural or crisis-driven spending priorities, or timing of the survey capturing only immediate stabilization effects. Further qualitative exploration is needed to confirm and contextualize these findings. **Iraq** shows the highest strain, with **46%** frequently and **35%** occasionally having to make trade-offs between basic needs and larger investments. Participants from **Syria** (32%) and **Ukrainian refugees in Georgia** (47%) also report significant challenges, while **Romanian participants** (90%) and **Syrian refugees in Jordan** (78%) demonstrate stronger financial stability, with the majority able to meet basic needs without sacrificing long-term investments.

Figure 37 - Balancing Basic Needs and Long-Term Investments: Differences by Country (n=223)

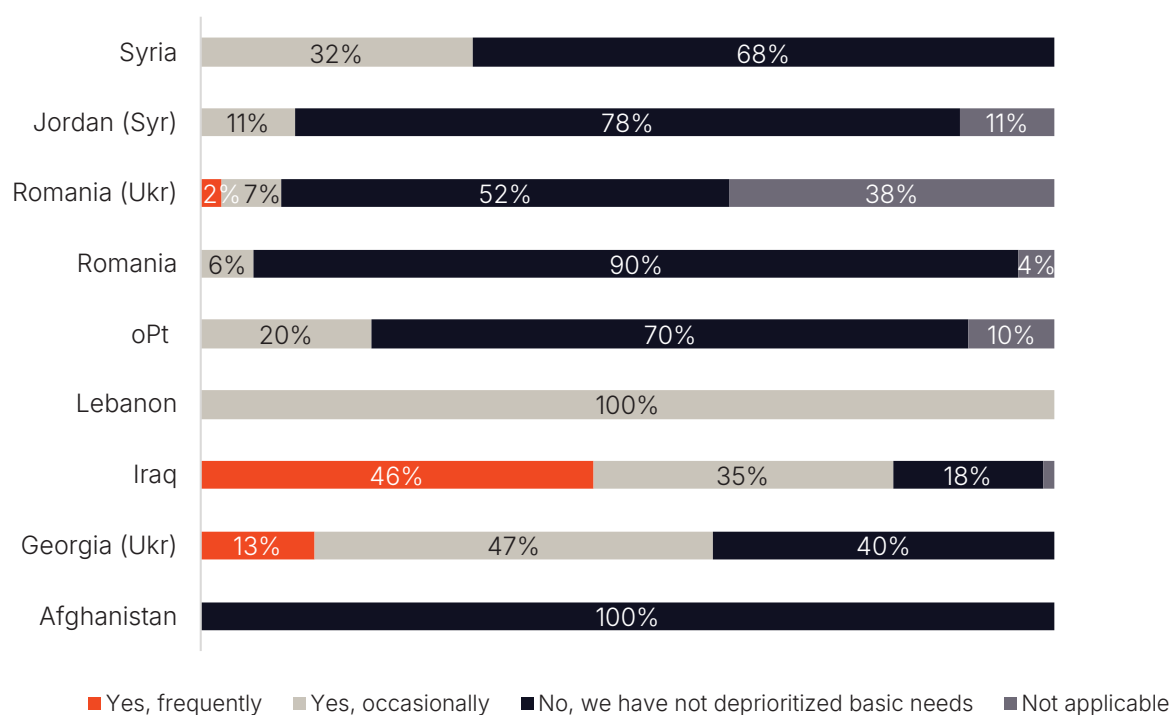
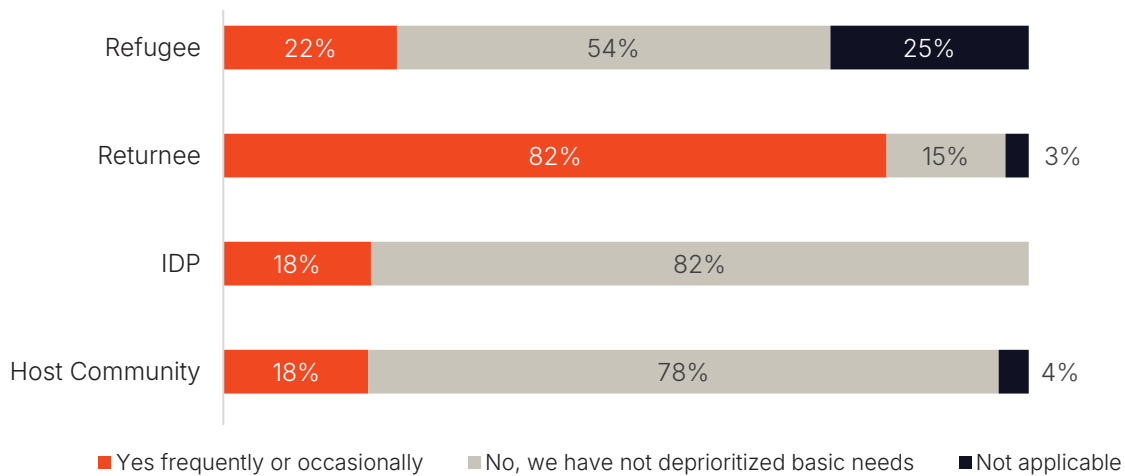


Table 8 - Focus Box: Meeting Basic Needs in the oPt

In the oPt, recipients used the assistance to address basic needs, such as purchasing clothes and other non-food essentials. Some women in Qalqilya also used the funds to repay debts, with one explaining, *"The money I would have spent on food was saved and used to pay off a debt."* While a small number of participants attempted to reinvest savings from the assistance into small business ventures, the overall support was insufficient for meaningful business expansion. As one father from Qalqilya noted, *"I started a project, but its income is small, not enough to meet the household needs. If I had more capital, I could expand my work, buy more materials, and produce more to increase my income."*

Figure 38 - Frequency of Deprioritizing Basic Needs to Save for Larger Investments by DAC (n=223)



The analysis also highlights notable **differences across DAC** in how households balance immediate needs with long-term investments after receiving CVA. **Returnees** are the most affected, with **82%** reporting they frequently or occasionally face this choice, compared to only **18%** among **IDPs** and the **host community**. **Refugees** report a slightly higher frequency at **22%**, though **54%** indicate they have not deprioritized basic needs, and **25%** find this question not applicable (see Figure 38).

Furthermore, the findings also highlight notable differences in prioritization between basic needs and investments among **households who report having members with disabilities and female-headed households** compared to their counterparts. Households with disabled members are more likely to frequently prioritize immediate needs over investments, with 21% reporting frequent trade-offs compared to 14% of households without disabilities. Similarly, female-headed households are also less likely (34%) to report no need for trade-offs compared to non-female-headed households (56%), reflecting heightened economic pressures among these vulnerable groups.

Different Types of Livelihood Investments

Disclaimer: Similarly to the business development sub-section, this section is also based on responses from the 223 survey participants who reported having multiple income sources before receiving CVA assistance. This includes questions about the extent to which these jobs contribute to household stability and resilience. Findings should be interpreted within this context.

Among those who had to **occasionally or frequently prioritize between basic needs and investments** 40% (n=35) invested in purchasing long-term assets, while 32% (n=28) chose to put their resources toward vocational or educational opportunities. Around 23% (n=20) used the assistance to start or expand a business.



"Given that family problems like debt repayment and meeting daily needs were resolved, we started a small investment with the remaining money." (Afghan returnee mother, Afghanistan)

When it came to **vocational or educational opportunities**, half CVA participants (52%, n=11) affirmed that CVA support had helped them retain a job, and another 33% (n=7) noted they found employment due to the assistance. For those who found or retained a job with the help of CVA, around 29% (n=2) reported they relied on this job daily to support their households, and an equal number quoted weekly, while 14% (n=1) said they relied on it monthly.



"Before the training, we lacked budgeting knowledge, but now we know how to organize our budget, especially since we run our own business." (Iraqi mother, host community, Anbar)

Regarding the sustainability of businesses started or expanded after receiving CVA, the majority (67%, n=37) reported that their businesses were now **“much more sustainable”** compared to before, while an additional 24% (n=13) noted a slight improvement in sustainability. This positive shift in business stability also appears to contribute to broader economic resilience. Specifically, among the 1% (18 individuals) from single-income households who either obtained (n=7) or retained (n=11) employment following CVA support, around 71% (n=5) of participants indicated that obtaining or retaining employment following CVA support had **greatly enhanced their household’s ability to cope with and adapt to economic shocks**, highlighting the program’s role in fostering both stability and resilience.

The findings reveal key trends in how households prioritize investments **across countries** after receiving CVA, with notable variations (see figure 39).

Syrian refugees in Jordan, Ukrainian refugees in Romania, and participants from oPT, all focused exclusively on vocational or educational opportunities, while participants from Lebanon prioritized long-term asset purchases (100%). Iraq shows a more diverse pattern, with households balancing investments in education (52%), business expansion (32%), and long-term assets (17%). Romania demonstrates an even split across different types of investments, while Ukrainian refugees in Georgia also reflect mixed priorities.

From the respondents who opt to start or expand a business or purchase long-term assets after receiving CVA, significant differences emerge at the **country level** in how they describe sustainability (see Figure 40). In Iraq, 74% describe their businesses or assets as “much more sustainable,” with an additional 26% noting them as “slightly more sustainable.” In contrast, respondents from Romania and Georgia report no change in sustainability, while those in Lebanon face challenges, with 100% describing their businesses as “less sustainable.” In the case of CVA participants in Iraq, the positive self-reported business sustainability can be attributed to the specific nature of the CVA intervention in Iraq. For example, agricultural initiatives such as drip irrigation and beekeeping enhance the sustainability of farming practices, making them more resilient to droughts and other climatic shocks. These interventions build long-term, asset-based resilience that allows farmers and entrepreneurs to recover more effectively and maintain economic stability.

While the data from other countries, such as Romania and Georgia, shows less significant change in sustainability, this difference may reflect variations in the type of CVA support provided, market conditions, and local resilience needs. The challenges faced by respondents in Lebanon, who reported their businesses as “less sustainable,” could be linked to the ongoing economic instability and external barriers that undermine the sustainability of small businesses in such environments.

Figure 39 - Distribution of Investment Choices Among Households Deprioritizing Basic Needs Post-CVA, by Country (n=87)

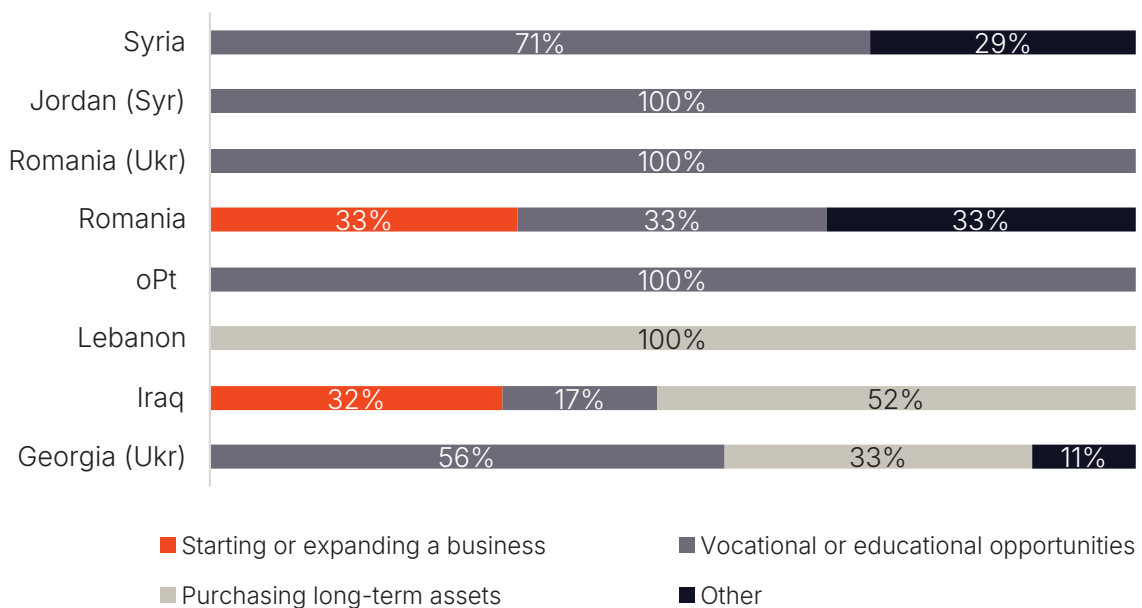
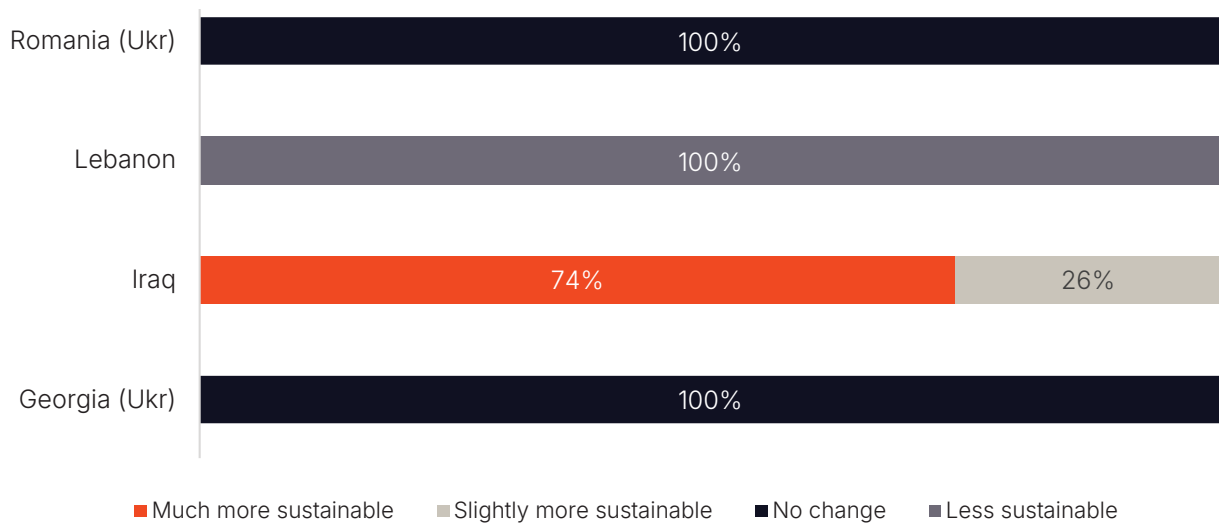


Figure 40 - Perceived Sustainability of Businesses and Long-Term Assets: by Country (n=55)



The higher reported sustainability of businesses in Iraq aligns with the program’s focus on building resilience through specific, long-term livelihood interventions, highlighting the impact of context-specific CVA programs in fostering more sustainable economic recovery.

The findings reveal key trends in how households prioritize investments **across DAC** after receiving CVA, with notable variations (see figure 41). **IDPs** exclusively prioritize **vocational or educational opportunities**

(100%), while **refugees** also focus heavily on this area (71%), though **21%** report purchasing long-term assets. **Returnees**, however, show a distinct pattern, with the majority (**55%**) prioritizing **purchasing long-term assets**, while **27%** invest in **starting or expanding a business**. In contrast, the **host community** demonstrates a more balanced distribution, with **36%** each investing in **vocational opportunities** or **starting a business**, and smaller portions focusing on **long-term assets (7%)** or **other choices (21%)**.

Figure 41 - Distribution of Investment Choices Among Households Deprioritizing Basic Needs Post-CVA, by DAC (n=87)

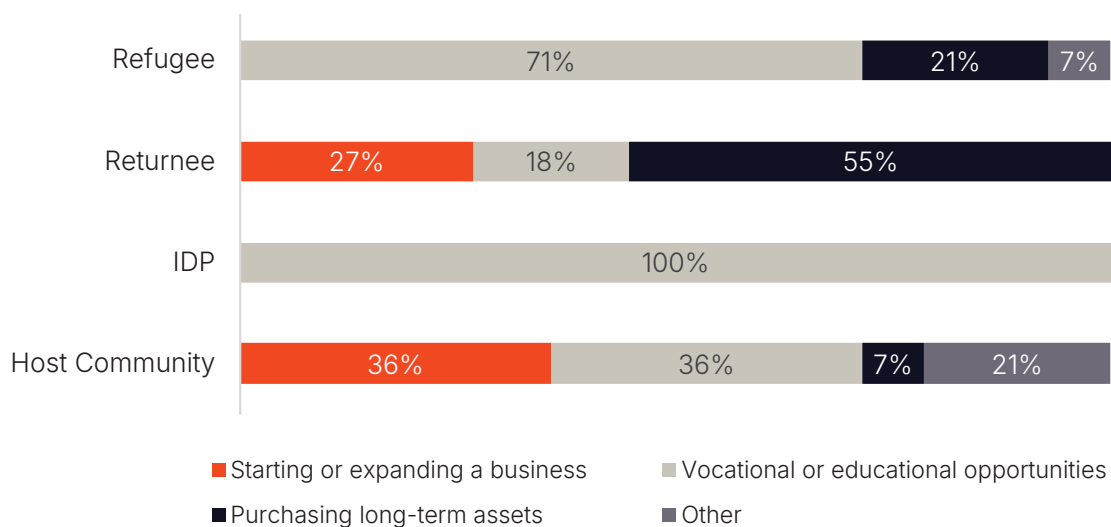
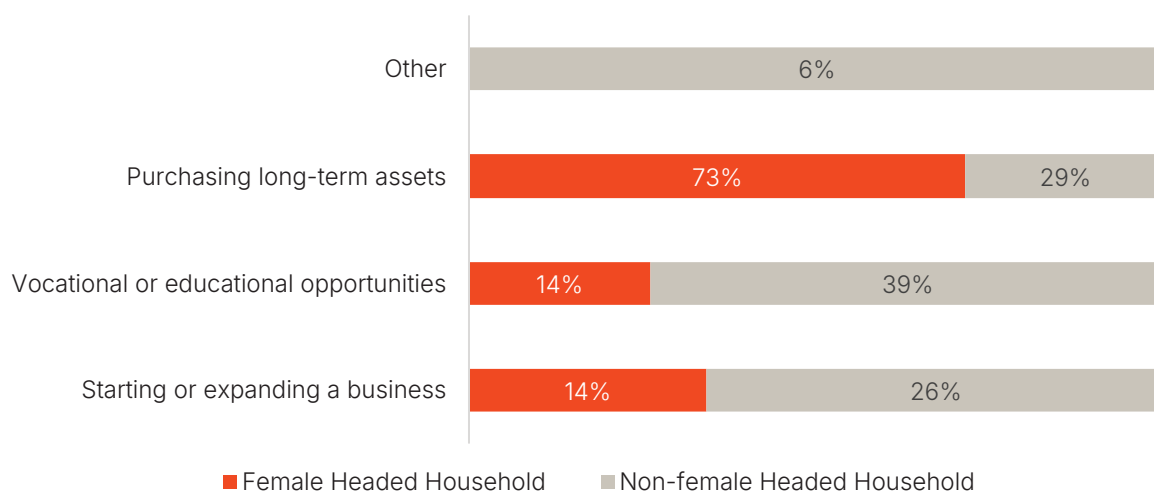


Figure 42 - Distribution of Investment Choices Among Households Deprioritizing Basic Needs Post-CVA: Female - vs Non-Female-Headed Households (n=87)

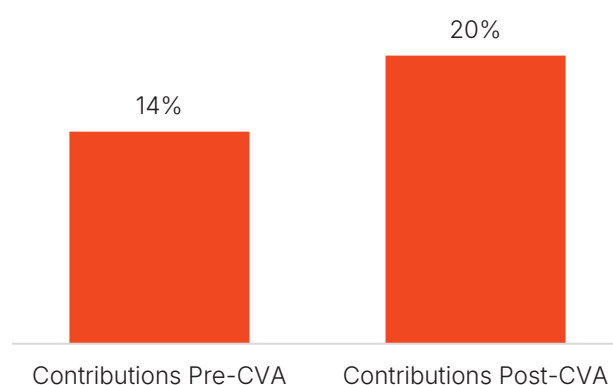


Significant differences emerge **between female-headed and non-female-headed households** in how they prioritize investments. Female-headed households overwhelmingly focus on purchasing long-term assets (73%), while non-female-headed households take a more balanced approach, allocating their investments across business expansion (26%), education or vocational opportunities (39%), and long-term assets (29%) (see Figure 42). These findings, underscore the heightened financial pressures and distinct priorities faced by female-headed households. This highlights the need for targeted CVA strategies to address these disparities, ensuring equitable support tailored to the unique challenges of female-led households.

How Are Women Transforming Household Economic Stability?

The findings reveal a clear increase in women's economic contributions to household income following CVA support, as shown in Figure 43. Prior to receiving CVA, only 14% of households (199 families) reported a woman engaged in income-generating activities, such as running a business or providing community services, compared to 20% (270 families) post-CVA. Among families with women contributing post-CVA, 51% (n=138) noted somewhat improved economic resilience, while 47% (n=126) observed significant improvements. In contrast, 80% of respondents (1110 families) still reported no female economic contributor post-CVA. This shift, although modest, highlights the positive role of CVA in enabling women to participate in household income generation and contribute to improving economic resilience for their families.

Figure 43 - Women's Economic Contributions in Households Pre and Post CVA Assistance (n=1,380)



A further breakdown of women's participation by household type, as shown in Figure 44, highlights that **female-headed households** experienced greater gains. Before CVA, women in female-headed households contributed to income generation at a rate of 24%, compared to 12% in non-female-headed households. After CVA, this increased to 28% in female-headed households and 17% in non-female-headed households. While both household types saw improvement, the data underscores the significant role of women in female-headed households, where their contributions are often critical for economic survival.

A deeper analysis of quantitative data highlighted a **significant gender difference** in perceptions of women's economic participation pre- and post-CVA. Women consistently report higher engagement in income-generating activities among women in their households compared to men, both before and after

Figure 44 Women’s Participation in Income Generation by Household Type (n=1,380)

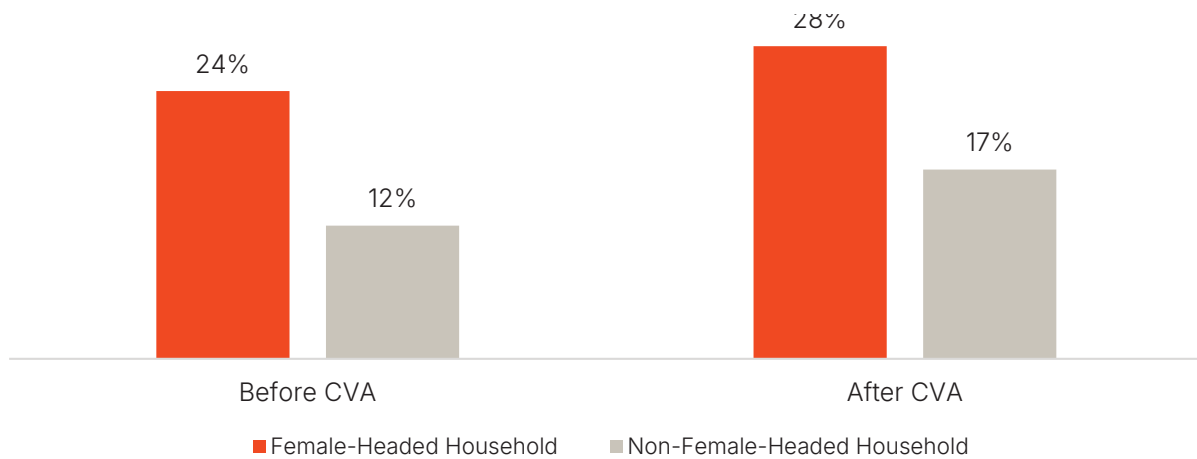
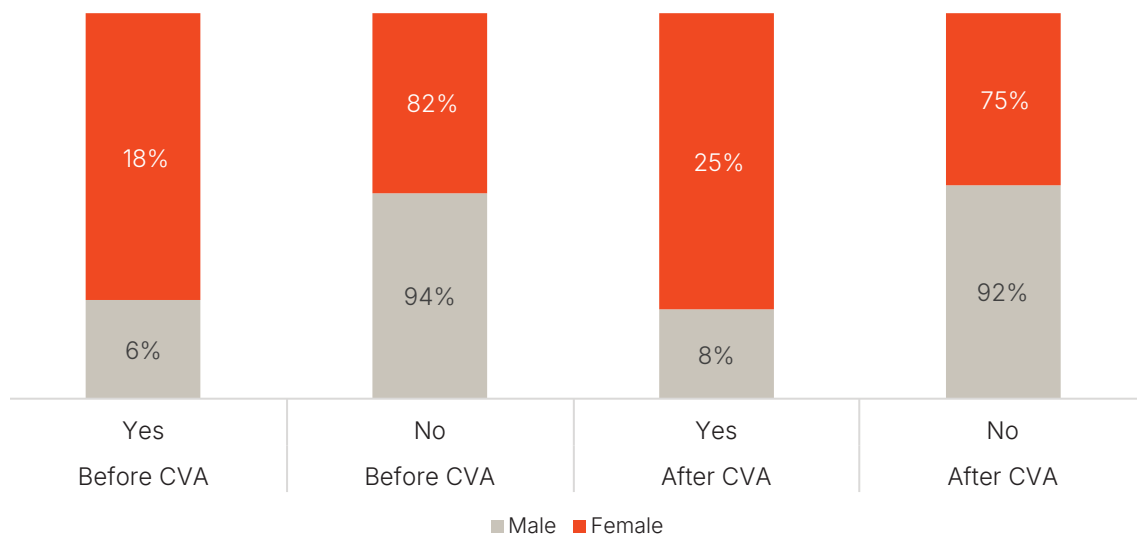


Figure 45 - Changes in Women’s Income Generation Before and After CVA: Perceptions by Gender (n=1,380)

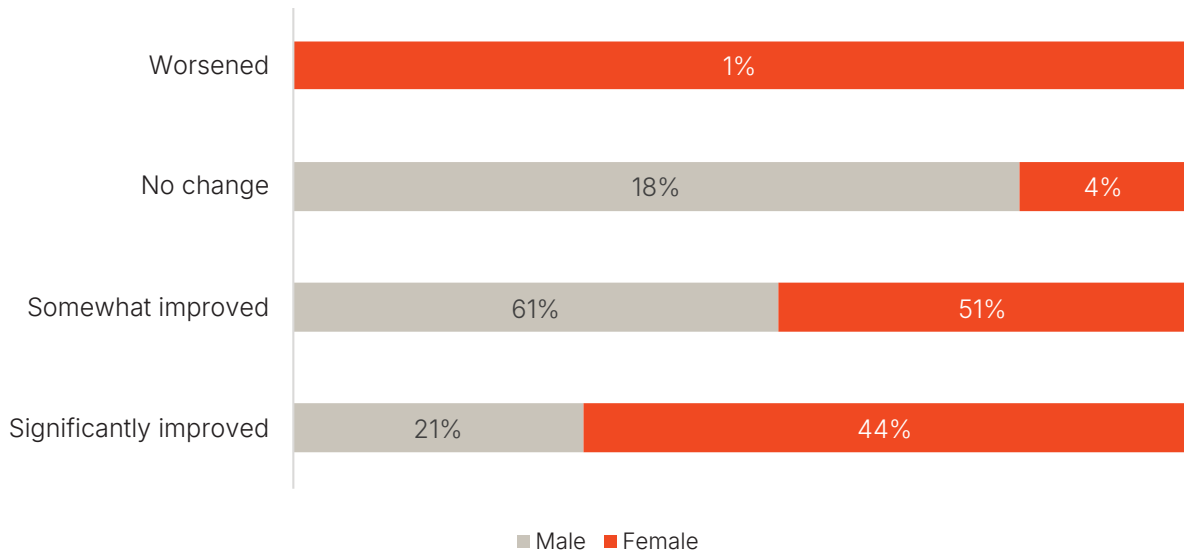


CVA (see Figure 45). Before CVA, **18% of women** reported women’s economic participation in their households, compared to only **6% of men**. After CVA, this gap persists, with **25% of women** reporting women’s participation, while only **8% of men** observed the same. This highlights a notable difference in gendered perceptions, suggesting that women are more aware of, or recognize, their contributions to household income generation more readily than men.

Additionally, women perceive greater economic improvements at the household level compared to men, underscoring the importance of gender-

responsive approaches in assessing and implementing CVA programs (see Figure 46). **44% of women** report that women’s contributions to household economic resilience have **“significantly improved”**, compared to only **21% of men**. Similarly, a higher proportion of women (**51%**) note that resilience has **“somewhat improved”**, compared to **61% of men**, who lean more toward modest improvements. In contrast, **18% of men** report **“no change”** in economic resilience, compared to only **4% of women**, with a small minority of women (**1%**) indicating a **“worsening”** situation.

Figure 46 - Women’s Contribution to Economic Resilience: Perceptions by Gender (n=1,380)



These findings demonstrate that women may be more aware of or inclined to report income contributions from female family members, whereas men might undervalue or overlook these roles. It may also reflect cultural or societal norms where women’s contributions are less recognized within households by male members. This highlights the need for CVA programs to integrate a gender lens, addressing cultural

norms that may undervalue women’s roles while promoting greater recognition of their contributions across households, when it comes to both, income generation, as well as domestic labour.

The analysis also reveals statistically significant differences in perceptions of women’s economic participation across **DAC types—host communities** (Figure 47).

Figure 47 - Women’s Contribution to Household Income Since Receiving CVA by DAC (n=1,380)

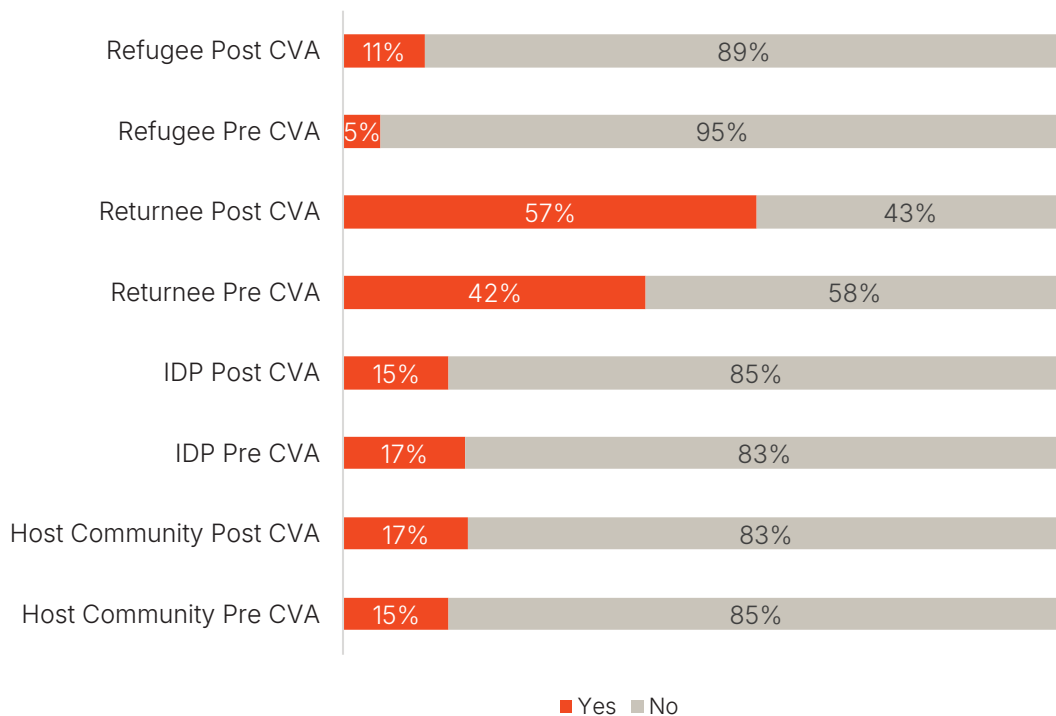
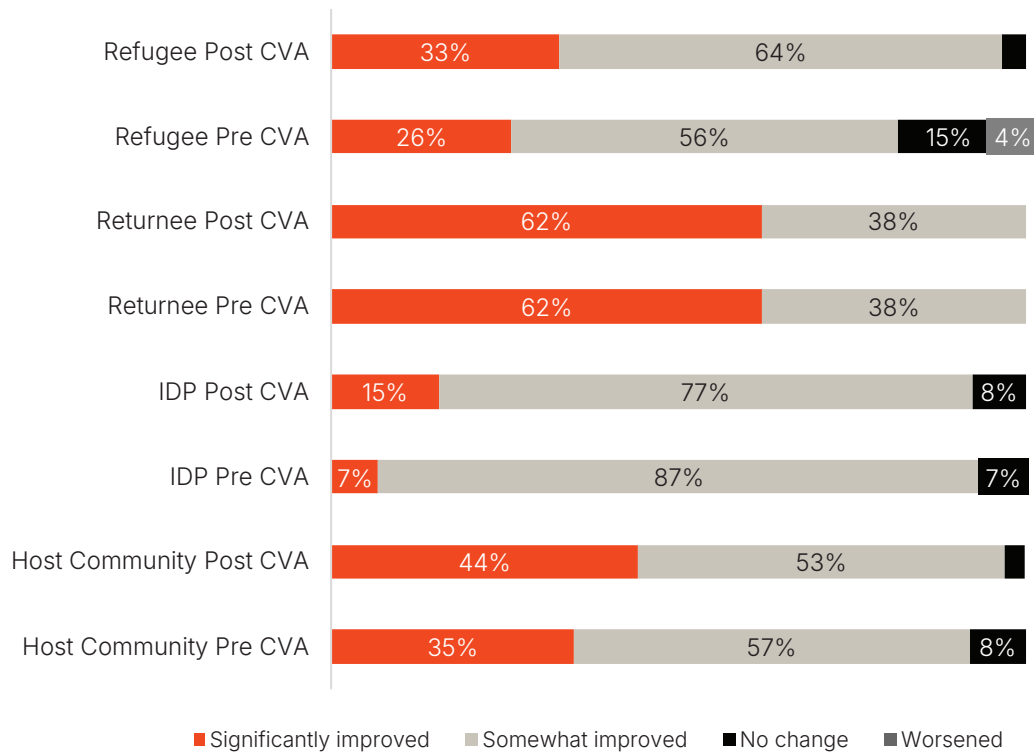


Figure 48 - Impact of Women's Income-Generating Activities on Household Resilience to Economic Shocks: Pre- and Post-CVA by DAC Type (n=1,380)



Returnees consistently report the highest levels of female involvement in income-generating activities, increasing from **42% before CVA to 57% after CVA**. This upward trend likely reflects returnees' pre-existing skills, familiarity with local markets, and access to supportive networks, enabling them to capitalize on CVA support.

In contrast, **refugees** show a more modest increase, rising from **5% pre-CVA to 11% post-CVA**, while **IDPs** experience a slight decline, moving from **17% pre-CVA to 15% post-CVA**. These figures highlight the systemic challenges faced by refugees and IDPs, including **instability, limited access to resources, and economic exclusion**, which constrain the transformative potential of CVA. Host community households, on the other hand, show relatively stable participation levels, with a small increase from **15% to 17%**, suggesting that while CVA provides some support, existing economic structures may already offer moderate opportunities for women's involvement.

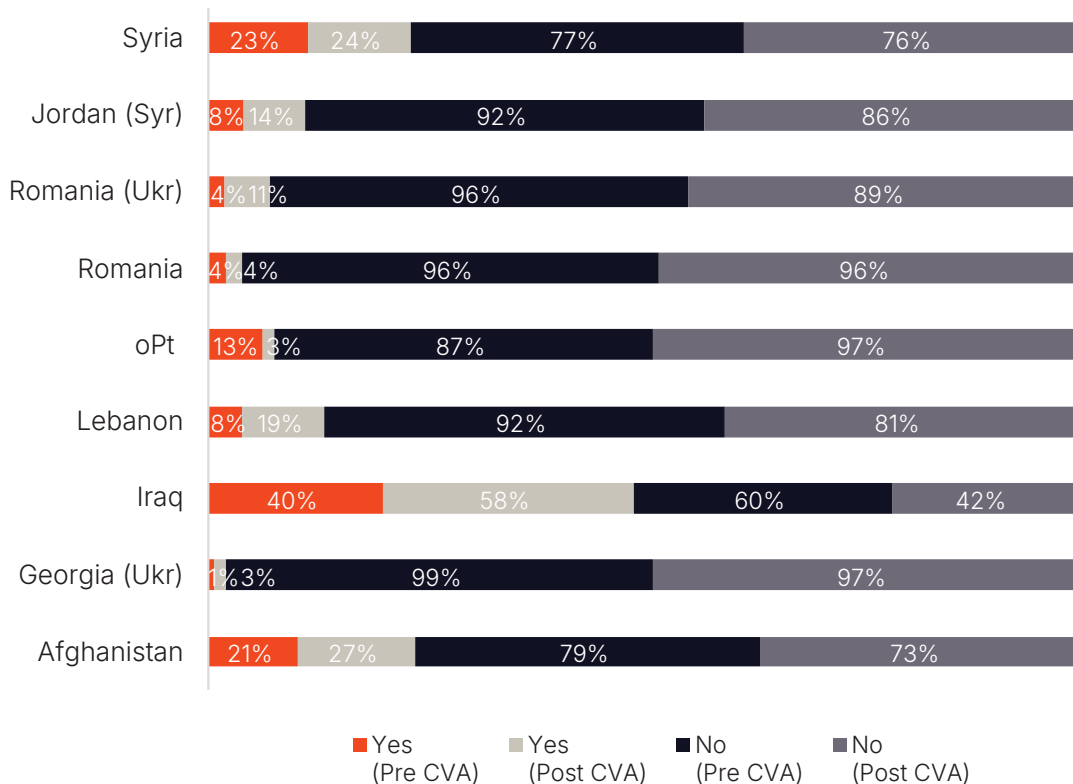
The findings also reveal notable differences in how women's income-generating activities **impacted household resilience to economic shocks** across DAC types, both before and after receiving CVA support (see Figure 48).

Returnee households report the highest proportion of significant improvements, maintaining a consistent **62%** pre- and post-CVA, suggesting that their pre-existing skills and familiarity with local economic systems allowed them to effectively leverage CVA support. In contrast, **refugee households** show a notable increase in significant improvements, rising from **26% pre-CVA to 33% post-CVA**, alongside a reduction in those reporting no change (15% to 3%). This highlights a positive, though modest, transformation for refugees, despite the systemic challenges they face.

IDP households, however, show limited progress, with significant improvements rising only slightly from **7% pre-CVA to 15% post-CVA**, while the majority (**77% post-CVA**) report only somewhat improved resilience. This indicates persistent challenges for IDPs in fully capitalizing on CVA to achieve substantial economic gains. Similarly, among **host community households**, significant improvements rose from **35% pre-CVA to 44% post-CVA**, with most households (**53%**) reporting somewhat improved resilience, reflecting moderate but stable benefits.

The findings also highlight significant **country-level variations** in the impact of women's income-generating

Figure 49 - Impact of Women's Income-Generating Activities on Household Resilience to Economic Shocks: Pre- and Post-CVA by Country (n=1,380)



activities on household resilience to economic shocks before and after receiving CVA (see Figure 49).

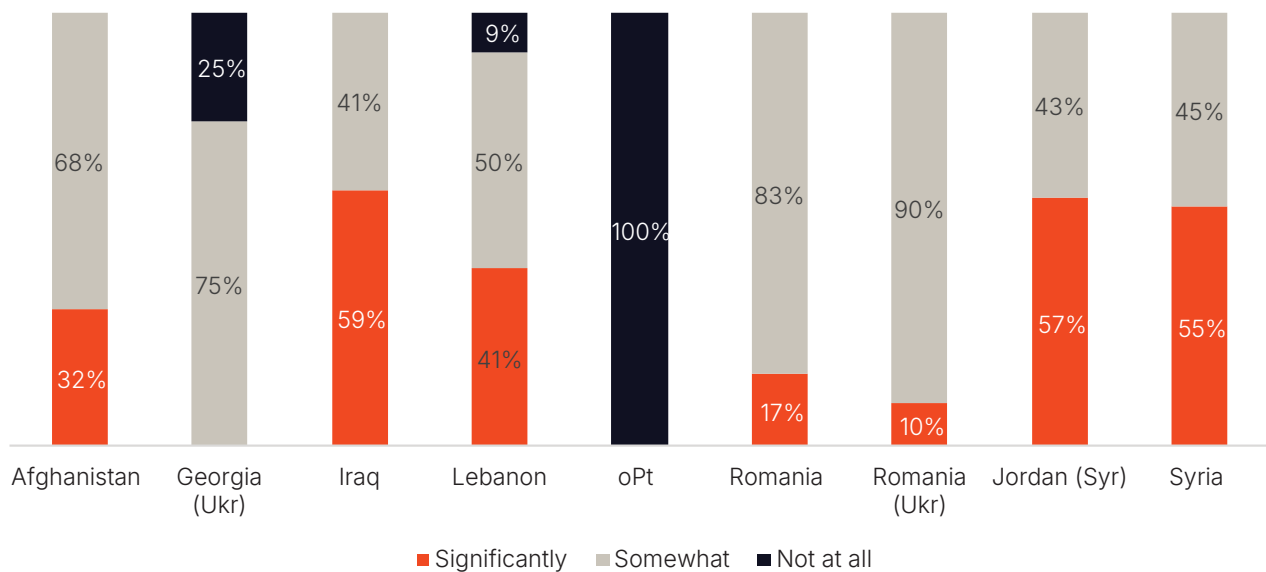
Iraq shows the most notable improvement, with women's contributions increasing from **40% pre-CVA to 58% post-CVA**, indicating a clear positive impact. In contrast, countries such as **Romania, Syria, Jordan** (Syrian refugees), and the **Lebanon** show minimal change, with post-CVA contributions remaining low (11% or less), despite high pre-existing rates of non-participation. **Afghanistan** and **Romania** (Ukrainian refugees) report modest improvements, rising to **27% and 11% post-CVA**, respectively, but these increases remain far below Iraq's progress. Notably, Georgia shows the smallest improvement, with women's economic participation increasing only slightly from 1% to 3% post-CVA. Meanwhile, participation rates in the **oPt declined** from 13% pre-CVA to 3% post-CVA, likely reflecting the economic disruptions caused by the ongoing war in Gaza.

Furthermore, in terms of the impact of women's economic activities on household resilience to economic shocks, significant differences emerge across countries (see Figure 50). **Iraq** demonstrates the most substantial impact, with **59%** of households reporting that women's new businesses or services

have **significantly improved** their capacity to cope and adapt, while an additional **41%** report a **somewhat improved** impact. Similarly, Syrian refugees in **Jordan** (57%) and participants in **Syria** (55%) report high levels of significant improvement, highlighting the positive role of women's economic contributions in these contexts. In contrast, countries such as **Romania** (17%) and **Romania** (Ukrainian refugees) (10%) show limited significant improvement, with the majority of households reporting only **somewhat improved** resilience (**83%** and **90%**, respectively).

Notably, **Lebanon** demonstrates a balanced improvement, with **41%** reporting significant progress and **50%** somewhat improved resilience. However, Ukrainian refugees in **Georgia**, while **75%** report some improvement, **25%** indicate no impact, reflecting limited transformative outcomes. The **West Bank (oPt)** stands out, with **100%** of households reporting no improvement, likely due to the ongoing economic disruptions caused by the war in Gaza. These findings underscore that while women's economic activities play a critical role in enhancing household resilience, the extent of their impact is heavily influenced by contextual factors, such as stability, market access, and systemic challenges within each country.

Figure 50 - Impact of Women's New Businesses or Services on Household Resilience to Economic Shocks: Country-Level Analysis (n=1,380)



Summary of Key Findings

High Debt, Unemployment, and Housing Costs Are the Most Pressing Economic Challenges

Nearly all CVA recipients (97.5%) reported facing at least one economic challenge, with high debt (24%), lack of employment (21%), and home rental costs (21%) being the most common. Healthcare costs (14%) and food insecurity (10%) also emerged as significant concerns. Economic hardships varied by country—unemployment was the primary challenge in Afghanistan, Iraq, and Romania, while housing costs were the most pressing issue for Ukrainian refugees in Georgia and Romania. Lebanon reported the highest incidence of debt, while food insecurity was most severe in oPt (33%). Differences were also notable by displacement status—returnees faced the highest unemployment rates (47%), while refugees struggled most with rental costs (40%). Additionally, female-headed households were more likely to cite rental costs as their primary challenge (29%), whereas non-female-headed households reported high debt (25%) and unemployment (23%) as greater concerns. Households with members with disabilities faced heightened economic strain, with debt (28%) and healthcare costs (24%) being key challenges.

Economic Hardships Persist Despite CVA Support, Particularly Among Women and Vulnerable Groups

Before receiving CVA, 82% of respondents reported facing economic challenges, a figure that has since risen to 97.5%, reflecting a 15.5% increase in economic hardship post-CVA. The highest levels of pre-existing challenges were reported among refugees (85%) and host communities (83%), while IDPs reported the lowest (73%). Notably, among those who did not experience challenges before but now do, 71% are women, 21% are female-headed households, and 67% are in debt, further highlighting gendered economic vulnerabilities. The majority of this group comes from Syria, Iraq, and Jordan (Azraq camp), and struggles with unstable employment (30% report no one in the household working), precarious housing (32% in rental housing, 20% in temporary shelters), and caregiving burdens. Women face systemic barriers to labor force participation, balancing household responsibilities with limited job opportunities, often relying on informal, low-paying, and unpredictable employment. Households with members experiencing disabilities or chronic illnesses are under even greater strain. While CVA provides short-term relief, these findings highlight the need for long-term solutions such as expanded access to employment, affordable childcare, and social protection to build lasting economic resilience.

CVA Provided Relief for Most, But Impact Was Less Substantial for Women and Certain Groups

CVA helped alleviate economic challenges for 95% of recipients, with 60% reporting “somewhat” improved conditions and 35% experiencing significant relief. However, gender differences are evident—only 32% of women reported significant improvement, compared to 40% of men, while a higher proportion of women (64%) felt CVA only somewhat eased their challenges. This may reflect women’s caregiving roles, prioritization of household needs, and differing economic expectations, highlighting the need for gender-sensitive programming. The impact of CVA also varied by displacement status. Returnees reported the highest level of significant improvement (65%), whereas IDPs (79%), refugees (64%), and host communities (61%) primarily reported moderate relief. Host community respondents were most likely to say CVA had no impact (8%), underscoring the need for more tailored interventions to effectively support vulnerable groups.

CVA Strengthens Household Economic Stability

The vast majority (89%) of respondents reported improvements in household economic stability after receiving CVA, with 42% experiencing significant gains and 58% noting moderate improvements. Economic resilience varied by country, with Ukrainian refugees in Romania and Iraqi participants seeing the highest levels of substantial gains, while Romanian and oPT households predominantly reported moderate improvements. Returnee households reported the most pronounced improvements, followed by refugee households. Negligible percentages reported worsening conditions, underscoring CVA’s role in enhancing economic resilience across diverse displacement contexts.

CVA Facilitates Income Diversification but Economic Vulnerabilities Remain

Following CVA support, the proportion of households with multiple income sources more than doubled, rising from 16% to 34%, while reliance on a single income source declined from 84% to 64%. This shift was particularly evident among female respondents (70%), larger households (five members on average), and those carrying significant financial burdens, such as high debt levels (54%) and caregiving responsibilities for family members with disabilities (41%). While CVA provided critical financial relief, many households continue to rely on unstable income streams, including informal work (52%), NGO assistance (58%), and even child labor (32%), particularly among refugees (39%). These findings highlight the need for integrated interventions that combine CVA with livelihood programs and pathways to formal employment to ensure sustainable financial resilience.

CVA Supports Financial Stability for Over Half of Households

CVA played a stabilizing role in household finances, with 52% of respondents able to meet basic needs without deprioritizing larger investments. However, 39% still faced occasional or frequent trade-offs between immediate expenses and long-term investments, particularly in Iraq, Syria, and among Ukrainian refugees in Georgia. In contrast, Afghanistan reported no such trade-offs, likely due to the relative value of CVA in the local context. Returnees faced the highest financial strain (82% reporting trade-offs), while IDPs and host communities reported fewer difficulties. Female-headed households and those with disabled members were more likely to prioritize immediate needs over investments, highlighting increased financial vulnerability.

CVA Enables Diverse Livelihood Investments, but Sustainability Varies by Context

CVA allowed recipients to invest in various livelihood opportunities, with 40% allocating funds to long-term asset purchases, 32% to vocational or educational opportunities, and 23% to business expansion. Investment patterns varied by context—Syrian refugees in Jordan, Ukrainian refugees in Romania, and participants from oPT prioritized education and vocational training, while Lebanese participants focused on asset accumulation. Iraq displayed a balanced mix of investments, with 74% reporting greater business sustainability. In contrast, economic instability in Lebanon hindered sustainability, with 100% of respondents describing their businesses as less stable. IDPs and refugees prioritized vocational training, while returnees focused on asset-building. Female-headed households were more likely to invest in long-term assets (73%), whereas non-female-headed households distributed investments more evenly across education, business expansion, and asset purchases.

CVA Expanded Women's Economic Contributions, Strengthening Household Resilience

CVA increased women's participation in income generation, with households reporting a rise from 14% pre-CVA to 20% post-CVA. This shift was more pronounced in female-headed households, where women's contributions rose from 24% to 28% compared to a smaller increase in non-female-headed households (12% to 17%). Despite these gains, 80% of households still reported no female income earners post-CVA, highlighting persistent barriers to women's economic participation. Women perceived greater economic improvements than men, with 44% reporting significant improvements in household resilience compared to 21% of men, pointing to gendered differences in recognizing economic contributions.

Returnees saw the highest gains, with female participation in income generation increasing from 42% to 57%, while refugees and IDPs experienced more limited progress (5% to 11% and 17% to 15%, respectively), potentially pointing to systemic economic challenges. At the country level, Iraq showed the strongest impact, with women's contributions rising from 40% to 58% post-CVA, while participation remained low in Romania, Syria, among Syrian refugees in Jordan, and participants in Lebanon. The oPT saw a decline in women's participation (13% to 3%), likely due to economic disruptions caused by conflict. Women's economic contributions were most transformative in Iraq, Jordan, and Syria, where over 55% of households reported significant improvements in resilience, while Romania (17%) and Georgia saw minimal change.

Actionable Recommendations

The findings highlight both **the critical role of CVA in stabilizing household finances and the persistent economic vulnerabilities** that many recipients continue to face, particularly **women, returnees, refugees, and households with high debt burdens**. While CVA contributed to **improved economic stability for 89% of respondents**, challenges such as **unemployment, high debt, and housing costs** remain widespread. Additionally, **income diversification increased post-CVA**, yet many households still rely on **informal, unstable, or low-paying income sources**.

Given these findings, the following recommendations focus on **enhancing the long-term economic impact of CVA** by integrating **livelihood opportunities, gender-responsive interventions, and financial inclusion strategies**. A key priority is ensuring that **CVA programs transition from short-term financial relief to sustainable economic empowerment**, with **multi-year, flexible funding to support evolving needs**. These recommendations aim to **strengthen economic resilience, create pathways to formal employment, and ensure that the most vulnerable—especially women and female-headed households—can fully benefit from economic opportunities**.

For implementing agencies

- **Adopt a Phased Approach for Economic Self-Reliance:** Implement multi-stage programming that combines short-term CVA for basic needs with longer-term livelihood opportunities, ensuring that participants transition toward economic self-sufficiency over time.
- **Ensure Adaptive and Flexible CVA Design:** Build-in contingencies and flexibility to switch back to emergency support in fragile contexts like Lebanon and oPT, where economic instability may undermine progress toward financial resilience.
- **Enhance Debt Relief and Financial Literacy Support:** Address high debt burdens (24%), particularly among households in Lebanon, oPT, and those with disabilities, through structured repayment assistance, financial education, and household budget planning integrated within CVA interventions.

- **Expand Employment Pathways for Women and Refugees:** Given widespread unemployment (21%)—especially among returnees, refugees, and female-headed households—scale up livelihood interventions, vocational training, and job placement initiatives while supporting advocacy for safe, quality employment where workers' rights are protected.
- **Improve Housing Assistance for Displaced Populations:** Address housing cost burdens (21%), particularly among refugees (40%) and female-headed households (29%), through rental subsidies, social housing programs, and targeted shelter support integrated into CVA strategies.
- **Strengthen Access to Healthcare and Nutrition Support:** Given that 14% of CVA recipients struggle with healthcare costs, introduce health-sensitive CVA programming that subsidizes medical expenses and nutrition-related interventions, particularly for IDPs and households with chronic illnesses or disabilities.
- **Bridge Gaps in Women's Economic Participation:** CVA led to a modest increase in women's participation in income generation (from 14% to 20%), yet 80% of households still lack female earners. Implement gender-responsive livelihood initiatives, targeted cash-for-work programs, and business grants for female entrepreneurs to enhance economic inclusion.
- **Integrate CVA with Formal Employment Pathways:** While CVA contributed to income diversification (16% to 34%), many still rely on informal work, NGO support, and even child labor. Develop CVA-to-employment pathways, skills certification programs, and employer-supported models that create sustainable job opportunities.
- **Consider Alternative Livelihood Entry Points:** Beyond individual income support, explore livelihood interventions that strengthen small businesses and employers, ensuring broader community benefits by expanding hiring capacity and promoting local economic recovery.
- **Prioritize Targeted Support for Female-Headed Households:** Female-headed households were more likely to prioritize long-term assets (73%) over business expansion or education. Design tailored financial inclusion programs and asset-building assistance to enhance their economic security.
- **Ensure Gender-Sensitive CVA Design and Impact Measurement:** Women reported lower perceived economic improvement (32%) compared to men (40%), and men were less likely to recognize women's income contributions. Embed gender-sensitive targeting, intra-household decision-making support, and longitudinal impact assessments to ensure equitable economic benefits.

For Donors

- **Commit to Multi-Year, Flexible Funding for Sustainable Impact:** Donors should provide long-term, adaptable funding mechanisms to allow implementing agencies to sustain livelihoods programming, respond to changing needs, and ensure economic resilience for vulnerable populations.
- **Reassess Program Impact Over Longer Durations:** Given the 15.5% increase in economic hardship post-CVA, conduct follow-up assessments after economic shocks to understand the durability of economic gains and refine CVA strategies accordingly.

THEME IV

Community Cohesion (CC)

In what ways do CVA programs contribute to community cohesion, and how can they be tailored to optimise their impact?

The sections that follow examine the role of CVA in fostering trust, social harmony, and collaboration in communities affected by conflict, poverty, and climate crises.

The analysis begins with an overview of the importance of community cohesion in fragile settings, framing the discussion within the broader context of social stability. Quantitative findings on trust levels

and perceptions of social harmony are presented, with comparisons between host and displaced populations where relevant. Inferential analyses are used to explore potential correlations between CVA and reduced community tensions, alongside variations in perceptions of cohesion by gender, age, and displacement status. Cross-country comparisons highlight unique social dynamics and tailored support needs within specific contexts. The theme concludes with a synthesis of findings, linking insights on community cohesion to actionable recommendations that enhance CVA's potential to promote broader social stability and unity.



A resident of an earthquake-affected community receives cash assistance under the DEC project.
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Table 9 - Definition of Key Terms - CC

Community Cohesion: Refers to the sense of unity, trust, and mutual support within a community, characterized by individuals feeling a sense of belonging and acceptance regardless of their background. It emphasizes horizontal relationships among community members, addressing localized issues such as neighborhood trust, mutual aid, and the responsiveness of local governance, while fostering peace, collaboration, and inclusivity.

Community Cohesion: a Driver of Resilience in Crisis Contexts

Community Cohesion (CC) refers to trust, solidarity, and collective action within and between diverse groups, which fosters mutual support and societal stability. This concept plays a crucial role in reducing social tensions, enhancing resilience, and building governance structures, especially in crisis-affected regions (World Bank, n.d.). Key dimensions of CC include civic engagement and equity in resource distribution. Income inequality, for example, significantly impacts civic engagement by reducing participation among disadvantaged groups. Szewczyk and Crowder-Meyer (2020) highlight that social trust is essential for bridging these divides, fostering collective action, and enhancing community resilience despite economic disparities. Additionally, equity in resource distribution ensures fair access to economic, social, and political opportunities across diverse groups, which is fundamental for strengthening community cohesion (CALP Network, 2020). Together, these dimensions underscore the importance of fostering inclusive and equitable communities to support long-term stability and resilience.

CC is particularly vulnerable in contexts of conflict, poverty, and displacement, where systemic inequalities and competition for resources exacerbate social fragmentation. Armed conflicts in Iraq, the oPT, Lebanon, and Syria have displaced millions, intensifying tensions between host and displaced populations over limited housing, employment, and public services (Amnesty International, 2024). In Gaza, the combination of economic challenges and prolonged conflict has significantly undermined CC, highlighting the need for equitable and transparent interventions to rebuild trust (Oxfam, 2022). Economic

instability further compounds these issues, particularly in Lebanon, where rising poverty and unemployment have contributed to a lack of trust in institutions, leading to social fragmentation. In these environments, individual survival often takes precedence over collective recovery efforts, further straining community cohesion (UNESCWA, 2021). Moreover, in regions experiencing rapid economic collapse, such as Lebanon following the 2019 financial crisis, systemic inequalities exacerbate competition for resources and deepen social divides, thereby weakening social bonds and community resilience (CALP Network, 2020).

CC is a critical component of resilience and recovery in humanitarian and development contexts. Cohesive communities are better equipped to collectively respond to challenges such as food insecurity, natural disasters, or displacement, enhancing their overall resilience (CALP MENA, 2023). Successful interventions demonstrate the importance of CC in fostering stability and trust. For example, in Gaza, cash-based interventions supporting 95,000 families have helped mitigate socio-economic disparities and strengthened trust within communities (Oxfam, 2022). Similarly, inclusive cash and voucher assistance (CVA) programs in Lebanon have reduced host-refugee tensions, fostering mutual understanding and solidarity between different groups (CALP Network, 2020). These examples underscore the vital role of community cohesion in strengthening the ability of communities to overcome crises and recover effectively.

CVA plays a critical role in promoting and rebuilding CC in fragile settings by addressing both immediate and systemic challenges. One of the key benefits of CVA is its ability to reduce intergroup tensions. By meeting basic needs and strengthening informal social protection systems, CVA contributes to greater social stability in crisis contexts. Additionally, CVA mechanisms empower vulnerable households by enabling them to address their specific needs. Moreover, integrating CVA with mental health and psychosocial support (MHPSS) services has proven to strengthen community ties. In oPT, such integrated programs not only supported survivors of gender-based violence (GBV) but also improved psychological well-being, further fostering resilience and stability within affected communities (UNFPA, 2021). Through these approaches, CVA demonstrates its vital role in rebuilding CC and supporting long-term recovery in crisis-affected areas.

What Impact does CVA have on Community Cohesion?

CVA has a significant impact on improving relationships within communities, with **68%** (n=937) of respondents reporting that their relationships had either “significantly” or “somewhat improved” since receiving assistance. However, 32% (n=436) of respondents noted no change in their community relationships (see Figure 51). Qualitative findings provide valuable context, as many participants highlighted how CVA helped them pay off debts, reducing tensions and fostering stronger ties with their neighbours.



“Paying off our debts to neighbours has made us both happy and strengthened our relationships.”
(Afghan female, host community)

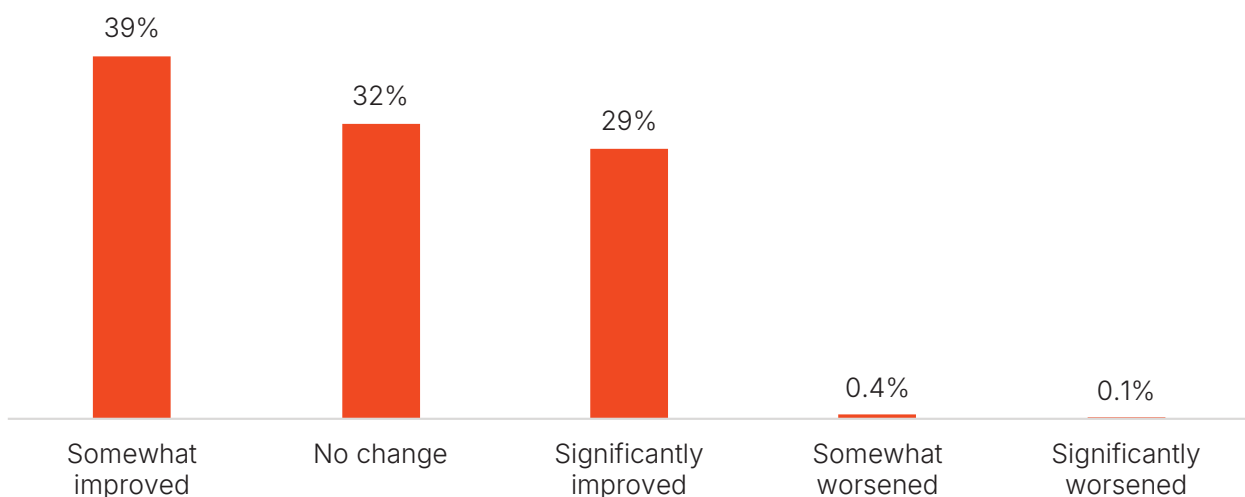
Gender dynamics revealed statistically significant differences in how CVA influenced relationships. Males were more likely to report “significant improvements” (34%) compared to females (27%), while females were more likely to report “somewhat improved” relationships (41% compared to 34% of males). These findings highlight how men and women may experience the benefits of CVA differently, with men perceiving more immediate improvements and women reporting moderate but positive changes.

Female-headed households (FHoH) also reported distinct experiences. These households were slightly more likely to report “somewhat improved” relationships compared to non-FHoH, who were more likely to report “no change.” This difference was statistically significant, highlighting how the unique challenges faced by FHoH may shape their community interactions and the way they benefit from CVA.

Among different **DAC groups**, the benefits of CVA varied significantly. Returnees experienced the greatest improvement, with half (50%) reporting “significantly improved” relationships and 46% reporting “somewhat improved” relationships. This suggests that CVA might play a role in helping returnees reintegrate and rebuild community ties. IDPs also reported notable improvements, with the majority experiencing stronger relationships following CVA. In contrast, refugees were the least likely to report improvements, with nearly half (45%) indicating no change in their relationships. Host community members reported mixed results, with some experiencing improvements but others seeing no change. These findings, supported by a statistically significant, emphasise the differing degrees to which CVA fosters community cohesion across groups, with returnees and IDPs benefiting most and refugees facing more barriers to integration.

Country Level Differences: In Syria, an overwhelming 99% of respondents reported “Significantly or Somewhat Improved” relationships, the highest rate across all regions (see Figure 52). CVA enabled recipients to attend events and repay debts, improving

Figure 51 - Overall Impact of CVA on Community Relationships (n=1,380)



their standing within the community. **Afghanistan and Iraq** followed closely, with 96% of respondents in both countries noting improved relationships, reflecting a strong positive impact of CVA on social dynamics. Similarly, in **Afghanistan**, CVA has strengthened community cooperation and participation in social and professional activities. Women from Zinda Jan and Dehram, Ghoryan, and men from Herat spoke about the positive impact on social networks, with neighbors and friends expressing happiness. CVA also facilitated the formation of new business connections.



“After receiving cash assistance, I have an improvement in my psychology, and I love gatherings and attending events. People treated me better because I was able to fulfil promises related to repaying the debt, which increased people’s confidence”. (Syrian female, host community, Aleppo)

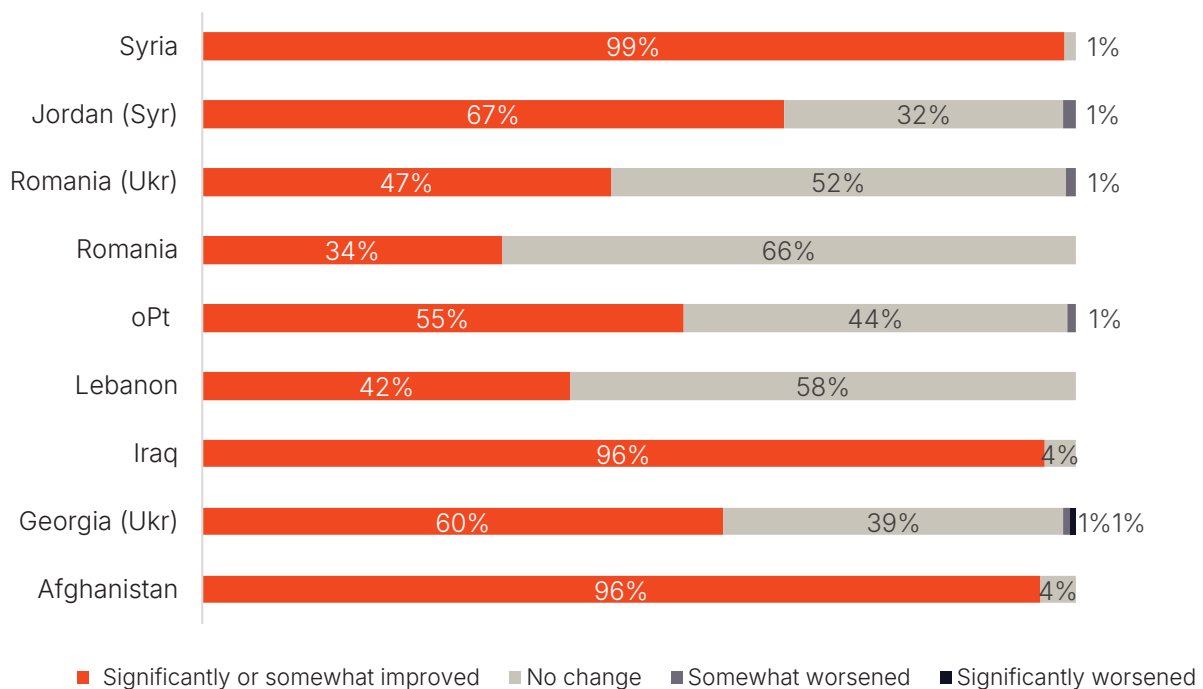


“Purchasing a sewing machine allowed me to meet new customers and improve my business based on their feedback”. (Afghani woman, host community, Zinda Jan)

Among **Syrian refugees in Jordan**, 67% reported improvements in community relationships, while 31% noted no change, and 1% experienced a slight decline, indicating some challenges despite overall positive outcomes.

Ukrainian refugees in Georgia reported mixed experiences with CVA, with some highlighting increased social support and connections, while others noted no significant change. CVA facilitated opportunities for participants to form new relationships and engage in shared activities, such as through the “Happy Space” center, where women developed close bonds and provided emotional support to one another. Additionally, some participants built support networks while redeeming vouchers in retail shops, fostering a sense of community through shared experiences. However, challenges were raised regarding the fairness and accessibility of the CVA selection process. Participants expressed concerns over the

Figure 52 - Community Relationship Changes Post-CVA by Country (n=1,380)



short registration period, which disproportionately affected female-headed households with childcare responsibilities, preventing many from accessing the support they needed. This highlighted the need for more inclusive and flexible registration processes to ensure equitable access to assistance.

“Through these vouchers, we all know each other now.” (Ukrainian refugee woman, Batumi, Georgia)

What Impact does CVA have on Community Support Dynamics?

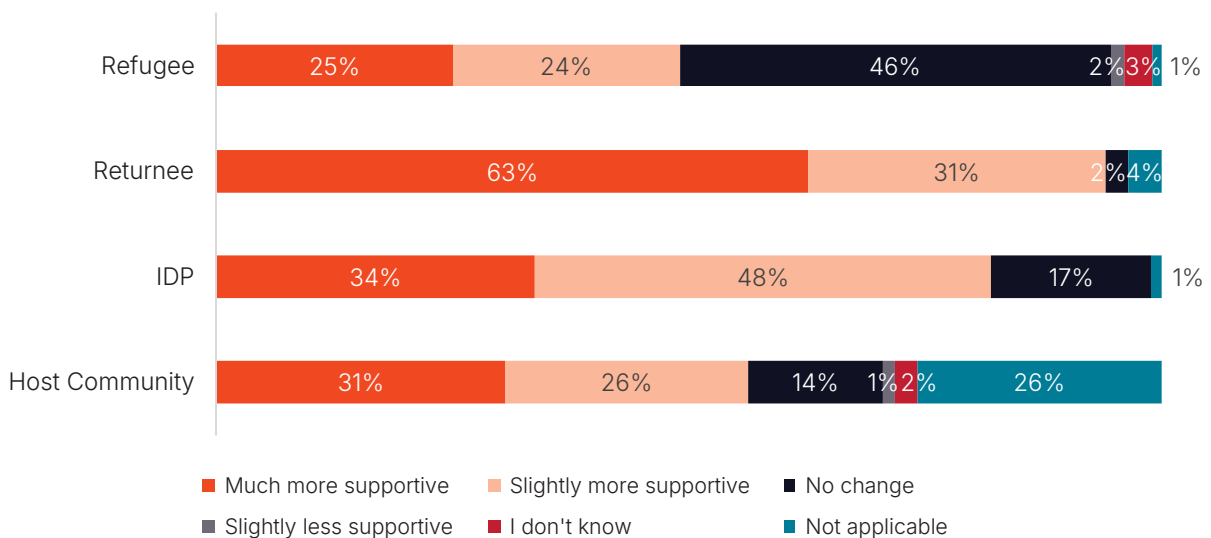
The results indicate that the majority of respondents (59%, n=823) reported that their relationships within the community became more supportive after receiving CVA, with 32% (n=447) describing their relationships as “much more supportive” and 27% (n=376) as “slightly more supportive.” Meanwhile, 25% (n=347) noted no change in their relationships, and 12% (n=164) considered the question not applicable to their circumstances. These findings highlight the positive social impact of CVA in fostering community support and cohesion.

Significance at the level of DAC: findings suggest that returnees and IDPs tend to experience the most significant improvements in both perceived community support and frequency of interaction, while refugees report fewer changes in these areas (see Figure 53). This indicates that refugees may face greater challenges in receiving support from their community compared to other groups.

Frequency of Interaction or Receiving Support: Returnees and IDPs were the most likely to experience more frequent interaction or support from their community after receiving CVA, with 65% of returnees and 64% of IDPs reporting increased interaction. Host community members showed moderate levels of increased interaction, with 46% reporting more frequent interaction. However, refugees were the least likely to report an increase in interaction, with only 19% indicating more frequent interaction and the majority (65%) reporting that interaction remained the same.

Significance at the level of disability: The findings reveal that 63% of households with disabilities reported improved community support post-CVA, slightly higher than the 58% of households without disabilities, indicating a stronger positive perception among the former group. While 27% of households with disabilities experienced no change in community support compared to 23% of those without disabilities, a small percentage of households who have members with disabilities (2%) perceived their community as “Slightly less supportive,” compared to just 0.5% of households without disabilities .

Figure 53 - Perceived Changes in Community Supportiveness Post-CVA by DAC Group (n=1,380)



How Has CVA Impacted the Ability to Meet Social Obligations ?

The majority of respondents reported an improvement in their ability to meet social obligations after receiving CVA, with **56%** (n=761) indicating they were either "Somewhat more able" (37%, n=505) or "Significantly more able" (19%, n=256) to fulfill these obligations, reflecting an **overall positive impact on social participation for more than half of the surveyed population**. Social obligations, as explored in the survey, refer to culturally and socially significant events such as attending weddings, funerals, or other family gatherings. These activities often represent important opportunities to maintain familial and community bonds, which are central to social cohesion and emotional well-being. Meanwhile, 35% (n=483) stated there was "no change" in their ability to meet social obligations, suggesting that for over a third, the CVA had no noticeable effect. A smaller portion, 9% (n=121) selected "Not applicable," likely indicating a lack of relevant social obligations, while only 1% (n=15) reported being "Less able" to meet obligations, pointing to a minimal decline for a few individuals. Overall, the data highlights that CVA predominantly supported or maintained individuals' capacity to engage in social activities.

Significance at the level of gender: Both males and females reported positive impacts of CVA on their ability to meet social obligations, with 54% of males and 56% of females indicating they were "somewhat more able" or "significantly more able." Females reported slightly higher positive impacts, driven by a greater proportion selecting "somewhat more able," while males were more likely to report "no change" (39% vs. 33%). These gender-based differences are statistically significant, highlighting meaningful variations in experiences.

Significance at the level of DAC: Returnees reported the most positive impact of CVA on fulfilling social obligations, with 90% indicating improvements, followed by IDPs at 74% (see Figure 54).

Host communities showed more modest gains at 58%, while refugees reported the least benefit, with only 38% experiencing positive changes and a notable 21% selecting "not applicable." These differences are statistically significant, emphasizing variation in CVA's impact across groups.

Significance at the level of countries: The analysis reveals significant regional differences in the impact of

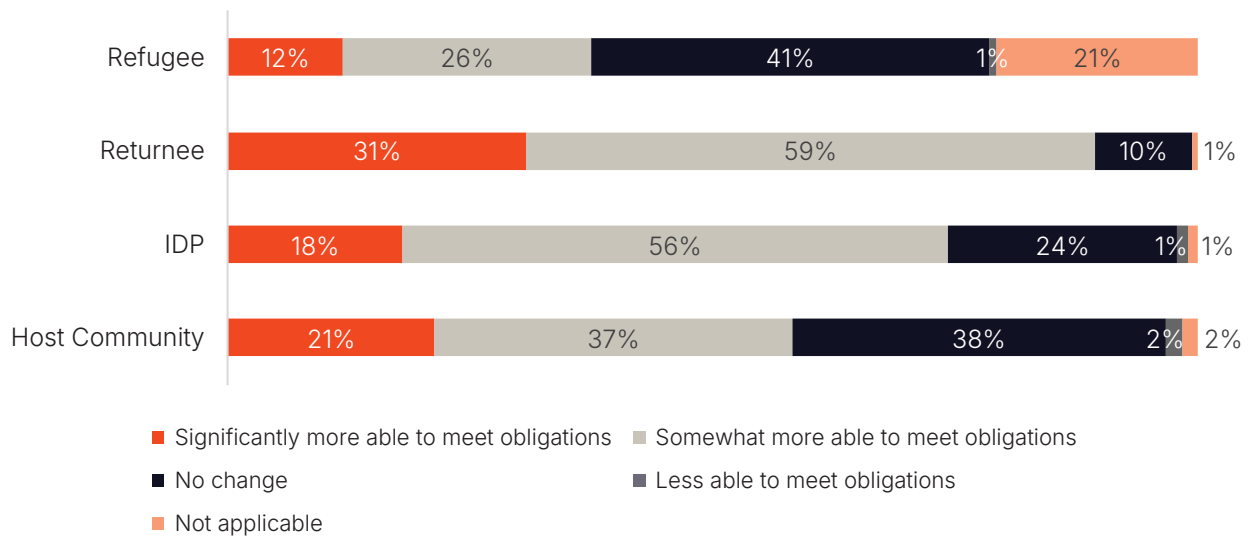
CVA on meeting social obligations. Syria showed the highest positive effect, with 95% reporting improved ability, followed by Iraq (90%) and Afghanistan (77%). In Jordan, 73% of Syrian refugee households noted positive changes, while other regions displayed more mixed results. In the oPT and Romania, only 42% and 32%, respectively, reported improvements, with the majority noting no change. Participants in Lebanon (22%) and Ukrainian refugees in Georgian (36%) respondents showed similarly limited benefits, while Ukrainian refugees in Romania reported the lowest improvements (15%). These statistically significant findings underscore the varying effectiveness of CVA across regions when it comes to social cohesion.

How Has CVA Impacted Engagement in Community Activities?

Overall, CVA has positively influenced community participation, with 62% (n=863) of respondents reporting increased involvement in activities or meetings. Female-headed households demonstrated a statistically significant increase in community participation compared to non-female-headed households, with 48% participating "somewhat more" versus 41% of their counterparts. This suggests that CVA may empower female-headed households by providing the financial stability needed to engage more actively in their communities. Similarly, individuals in early marriages reported significantly higher increases in participation, with 28% participating "much more" compared to 22% of those not in early marriages, further emphasizing the role of CVA in fostering inclusion among vulnerable groups.

Significant differences emerged across demographic groups and regions as well. Returnees reported the highest increases in community participation, with 92% engaging more actively, followed by IDPs and host community members. Refugees reported the lowest increase, with the majority indicating no change, reflecting potential structural or integration barriers. At the country level, Syria, Afghanistan, and Iraq showed the strongest positive impacts, with over 90% of respondents reporting increased participation, while countries like Lebanon, the oPT, and Romania displayed more modest effects, with higher proportions noting no change. These findings highlight the need for tailored CVA strategies that address structural barriers and context-specific challenges to enhance participation in community activities for all demographic groups.

Figure 54 - Impact of CVA on Meeting Social Obligations by DAC (n=1,380)



Summary of Key Findings

CVA Strengthens Community Cohesion, with Notable Variations Across Groups

CVA played a significant role in fostering community relationships, with 68% of recipients reporting improved ties within their communities. Debt repayment emerged as a key driver, easing financial tensions and strengthening social bonds. However, 32% of respondents noted no change, highlighting that CVA's impact on social cohesion is not universal. Gender dynamics revealed that men were more likely to perceive significant improvements (34%) than women (27%), while female-headed households were slightly more likely to report moderate improvements compared to non-female-headed households. Among displacement groups, returnees benefited the most, with 50% reporting significantly improved relationships, followed by IDPs, while refugees saw the least impact, with 45% noting no change. At the country level, Syria, Afghanistan, and Iraq reported the strongest gains in social cohesion due to CVA, while Ukrainian refugees in Georgia and Syrian refugees in Jordanian experienced more mixed results. Qualitative findings highlighted CVA's role in enabling community participation, social gatherings, and business networking, yet also pointed to challenges such as fairness in selection processes and accessibility barriers for female-headed households.

CVA Enhances Community Support, Particularly for Returnees and IDPs

CVA strengthened community support for the majority of recipients, with 59% reporting improved relationships, including 32% who found their communities "much more supportive." However, 25% noted no change, and 12% considered the question not applicable. Displacement status played a key role in shaping experiences—returnees and IDPs reported the highest increases in community interaction and support, while refugees saw the least improvement, with 65% noting no change. Households with disabilities experienced slightly greater perceived support (63%) than those without (58%), though a small fraction (2%) reported a decline. These findings highlight CVA's role in strengthening social ties but also indicate that refugees and certain vulnerable groups may require additional community integration support.

CVA Enhances Ability to Fulfil Social Obligations, Particularly for Returnees and IDPs

CVA improved recipients' ability to meet social obligations for 56% of respondents, with 19% reporting significant improvement and 37% experiencing moderate gains. Social obligations, such as attending weddings, funerals, and family gatherings, are key to maintaining community bonds and emotional well-being. However, 35% saw no change, and 9% considered the question not applicable. Gender differences were statistically significant—women were slightly more likely to report improvements, while men more often noted no change. Returnees and IDPs experienced the highest positive impact, while refugees reported the least benefit. Country-level variations were pronounced—Syria, Iraq, and Afghanistan saw the strongest effects, while Romania, Lebanon, and Ukrainian refugees in Romania reported the lowest improvements. These findings highlight CVA's role in strengthening social engagement but suggest that refugees and certain communities may require additional support to fully participate in social life.

CVA Strengthens Community Participation, Particularly for Returnees and Vulnerable Groups

CVA positively impacted community engagement for 62% of respondents, with female-headed households and individuals in early marriages reporting statistically significant increases in participation. Female-headed households were more likely to engage in activities "somewhat more" (48%) compared to non-female-headed households (41%), suggesting that financial stability through CVA may empower greater social involvement. Returnees experienced the most substantial increases in community participation, followed by IDPs and host community members, while refugees saw the least change, likely due to structural and integration barriers. At the country level, Syria, Afghanistan, and Iraq showed the highest levels of increased participation (over 90%), whereas Lebanon, the oPT, and Romania reported more modest improvements.

Actionable Recommendations

The findings highlight that while CVA has played a significant role in strengthening community cohesion, fostering social support, and improving recipients' ability to meet social obligations, its impact has not been uniform across all groups. Returnees and IDPs experienced the most pronounced benefits, while refugees and female-headed households faced greater challenges in community integration. Debt repayment emerged as a key factor in improving social ties, yet economic pressures continue to strain relationships in some contexts. Gender differences also shaped experiences, with men perceiving more immediate improvements in community relationships, while women and female-headed households reported more moderate gains. To maximize CVA's potential in strengthening social cohesion, targeted interventions are needed to enhance inclusion, address financial burdens, and create opportunities for meaningful community engagement. The following recommendations outline strategies for implementing agencies and donors to design more inclusive, conflict-sensitive, and gender-responsive CVA programs that foster stronger, more supportive communities.

For Implementing Agencies

- **Design CVA to Strengthen Community Cohesion:** Intentionally structure CVA programs to foster positive interactions within and between communities, such as through self-help groups, community spaces, and peer-support initiatives that promote shared experiences.
- **Ensure Conflict Sensitivity Across the Program Cycle:** Integrate conflict-sensitive approaches throughout CVA assessments, design, implementation, and MEAL processes, with a particular emphasis on gender dynamics and displacement-related tensions.

- **Support Debt Management to Reduce Social Strain:** Recognize the role of debt in community tensions and design CVA interventions that incorporate financial literacy, debt relief mechanisms, or repayment support to alleviate socio-economic pressure and prevent negative coping strategies.
- **Address Barriers to Refugee Social Inclusion:** Since refugees reported the least improvements in community cohesion and support, invest in tailored interventions that promote co-existence and minimize host community tensions, including facilitated social gatherings and networking initiatives.
- **Enhance Accessibility for Female-Headed Households:** Address the barriers faced by female-headed households in CVA access and community engagement by ensuring inclusive registration processes and offering tailored support that enables their participation in social and economic activities.
- **Leverage CVA to Strengthen Social Participation:** Recognizing the role of CVA in improving recipients' ability to meet social obligations (weddings, funerals, gatherings), incorporate additional support mechanisms to facilitate participation, particularly for displaced populations facing integration challenges.
- **Expand Community Support Networks:** Build upon CVA's role in strengthening community ties by integrating social cohesion components—such as facilitated community events, trust-building activities, and local partnerships—to ensure that vulnerable groups, including IDPs and female-headed households, experience greater inclusion.

For Donors

- **Provide Flexible Funding for Community-Building Initiatives:** Ensure that CVA programming has the flexibility to incorporate social cohesion objectives, allowing for tailored approaches that address barriers to inclusion, particularly for refugees and vulnerable populations.
- **Invest in Long-Term Social Integration Strategies:** Support multi-year funding streams that allow for sustained investments in community engagement activities, fostering more durable improvements in social ties beyond the immediate relief provided by CVA.
- **Strengthen Gender-Sensitive CVA Approaches:** Ensure funding mechanisms require gender-responsive programming that specifically addresses the barriers women face in community participation and economic inclusion.

THEME V

Mental Health and Psychological Well-Being (MHPWB)

How does CVA impact MHPWB, and how can it be optimized for deeper impact?

The sections that follow explore the influence of CVA on MHPWB, highlighting the ways in which CVA can alleviate stress, enhance coping mechanisms, and promote social support structures. The analysis addresses the mental health needs of vulnerable populations, focusing on displaced communities, gender differences, and other demographic factors that shape the impact of CVA on well-being.

This section of the report begins with an overview of the relevance of MHPWB in the context of CVA, setting the stage for a deeper exploration of quantitative findings. Descriptive statistics are presented to illustrate mental health outcomes across demographics, with specific attention to differences by gender, displacement status, and household size. Inferential analyses are used to identify significant relationships between CVA support and coping mechanisms, highlighting which groups experience the most notable improvements in well-being. Qualitative



Azzam and his family live in one of the camps for displaced persons in Northern Iraq. ©World Vision

insights from KIIs, FGDs, and IDIs provide a richer understanding of the barriers to accessing mental health support and the role of CVA in fostering social connections. Testimonies from CVA recipients shed light on the preferred types of support, such as cash for mental health services or in-kind assistance that reduces stress linked to financial insecurity.

Cross-country comparisons underscore the variability of mental health outcomes, identifying differences in well-being across contexts and emphasizing the need

for tailored approaches in CVA programming. The analysis concludes with a synthesis of key findings, linking evidence on mental health and coping to actionable recommendations aimed at optimizing CVA interventions for improved psychosocial outcomes.

Table 10 presents definitions of key terms which will be used throughout the presentation of the findings.

Table 10. Definition of Key Terms in MHPWB

Term	Definition
Mental Health and Perceived Well-Being	<p>Mental health is defined as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.</p> <p>Psychosocial well-being refers to the interrelation of social factors and individual thought and behavior. It encompasses the emotional, social, and psychological aspects of a person's life, contributing to their overall mental health.</p>
Subjective Well-Being	Refers to all of the various types of evaluation, both positive and negative, that people make of their lives. It includes reflective cognitive evaluations, such as life satisfaction and work satisfaction, interest and engagement, and emotional reactions to life events, such as feelings of joy or sadness.
Functioning	The ability to carry out essential activities for daily living, which will differ according to factors such as culture, gender and age.
Coping	Ability of people with mental health and psychosocial problems to cope with problems (for example, through skills in communication, stress management, problem solving, conflict management or vocational skills).
Psychological Resilience	Refers to: 1) the ability to bounce back from adversity; 2) the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands. A number of factors contribute to how well people adapt to adversities, predominant among them (a) the ways in which individuals view and engage with the world, (b) the availability and quality of social resources, and (c) specific coping strategies. Psychological research demonstrates that the resources and skills associated with more positive adaptation (i.e., greater resilience) can be cultivated and practiced, also called psychological resilience.
Social Connectedness and Participation	Referring to the quality and number of connections an individual has (or perceives to have) with other people in their social circles of family, friends and acquaintances. Social connections may also go beyond one's immediate social circle and extend, for example, to other communities.

Term	Definition
Self-Efficacy	An individual's subjective perception of their capability to perform in a given setting or to attain desired results, proposed by Albert Bandura as a primary determinant of emotional and motivational states and behavioral change. Also called perceived self-efficacy. (APA, Dictionary of Psychology, updated 2023)
Family Emotional Climate	This term encompasses the overall emotional atmosphere within a family, including the collective feelings, interactions, and emotional tone shared among family members. It reflects how family members influence each other's emotions and the general emotional environment of the household.
Accessibility	Accessibility in this context refers to both availability and affordability of mental health services or psychosocial support activities

Mental Health and Psychosocial Well-Being in Crisis Contexts: The Role of CVA in Alleviating Psychological Distress

Mental health, encompassing emotional, psychological, and social well-being, enables individuals to realize their own potential, cope with the normal stresses of life, work productively, and contribute to their community (World Health Organization, 2004). Furthermore, psychosocial well-being—defined as the interplay between psychological and social factors—is crucial for managing stress and fostering community engagement.

In crisis-affected regions, disruptions, including displacement, poverty, and limited access to basic services intensify mental health challenges, with financial instability often driving mental health problems e.g., anxiety, depression, and chronic stress (Murali & Oyebo, 2018). CVA addresses these challenges by directly alleviating financial stress allowing individuals to meet essential needs while preserving autonomy and dignity.

Research highlights CVA's potential to reduce psychological stress and enhance social and community connectedness in addition to economic relief in fragile settings (Bastagli et al., 2016). For instance, unconditional cash transfers in Kenya significantly improved psychological well-being by alleviating financial strain (Haushofer & Shapiro, 2016), while voucher programs in Palestine reported 97% of recipients experiencing positive psychological

impacts (UNFPA, 2021). CVA-supported cash-for-work programs in Iraq have shown to contribute to reduced community tensions and fostered collaboration by integrating social and economic objectives (Quattrochi et al., 2022).

Building on this existing body of knowledge, the findings of this study aim to contribute further by examining the links between CVA and self-reported mental health and well-being outcomes across multiple countries and displacement types. This chapter focuses specifically on adults' MHPWB, while findings related to children's mental health—reported by adults—are discussed separately in the **CWB theme II**. This distinction ensures a focused exploration of how CVA supports MHPWB in diverse contexts while addressing children's experiences through the perspectives of caregivers.

How does CVA impact subjective well-being?

Triangulated findings indicate that **CVA has significantly enhanced overall well-being and mental health**, with **94%** (n=1,294) of recipients reporting a **positive impact** on their mental health and well-being after receiving CVA. Qualitative insights further support this finding, with both men and women sharing how the assistance has eased stress, lowered debt, and enabled them to meet basic needs. Across various countries, CVA also positively impacted children by **reducing household tension, conflict, and aggression**, leading to noticeable improvements in family mood and stability.

“When I receive financial assistance, I feel less anxious and more secure because I don’t have to worry about running out of money.” (Ukrainian refugee child, Batumi, Georgia)

While CVA has significantly contributed to improvements in overall well-being and mental health among recipients, the impact **varies across gender and DAC types**, with **women experiencing slightly greater improvements than men**. Specifically, 41% of female respondents reported a “greatly improved” sense of well-being, compared to 38% of males, and notably, no female respondents reported a decline. Statistical analysis reveals these gender differences as significant, indicating that **gender is associated with the benefits of CVA on well-being**. Women, in particular, highlighted how CVA enabled them to address their children’s needs, including food and healthcare, while men emphasized the relief of being able to support their families.

“The cash assistance gave me an opportunity that didn’t exist before—to buy medicine for my child...and purchase healthy food.” (Syrian male, host community, Azaz)

When examining well-being across **DAC types**, **results show that returnees experienced the highest levels of improvement**; 49% of returnees noted a “great improvement” in well-being, followed by refugees (44%) and the host community members (36%). IDPs were less likely to report major improvements, though 71% still saw “somewhat improved” well-being. These variations, confirmed by the chi-squared test highlight displacement status as a key factor in determining CVA’s effectiveness. FGDs provide additional context, illustrating how CVA helped individuals restore a sense of stability and reduced financial stress in households.

How does CVA influence the sense of safety and security?

CVA has had a significant positive impact on recipients’ sense of security and stress levels, with 93% (n=1,284) of respondents reporting feeling

“slightly” or “much more secure.” Qualitative insights further illustrate this impact. A Syrian refugee in Jordan described how receiving CVA provided newfound freedom in daily life, allowing them to take their children to the market and purchase items that brought them joy, reinforcing a sense of security and normalcy. Similarly, a male respondent from Afghanistan highlighted how the aid enabled families to prioritize education over child labor, significantly reducing household worries and improving overall well-being. Children, too, experienced a greater sense of security and relief following CVA support. Across different country contexts, they observed improved family stability, reduced stress, and a newfound ability to meet basic needs.

“I feel less worried and more secure... there is no longer such anxiety.” (Ukrainian refugee girl, Georgia)

Gender-based analysis reveals a nuanced response, with **females experiencing a greater sense of security** overall. Specifically, 47% of female respondents reported feeling “much more secure” compared to 42% of males. Similarly, fewer females (5%) reported no change in security compared to 11% of males. Qualitative insights suggest that women particularly valued CVA for its role in fulfilling their children’s needs, which in turn provided emotional relief and reduced stress. A Palestinian mother described how receiving a clothing voucher brought joy to her children, something she would not have been able to afford otherwise. Men, meanwhile, emphasized the role of CVA in covering essential expenses such as rent or medical bills.

“It helped me pay my house’s rent.” (Male participant, Lebanon)

Analysis by **DAC groups** further highlights how **CVA support impacts security and stress reduction differently across various displacement categories**. Returnees showed the highest levels of perceived security, with 54% feeling “much more secure,” while refugees also reported significant gains, with 49% feeling “much more secure.” Conversely, IDPs were less likely to report high levels of security improvement; only 32% felt “much more secure,”



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although the majority (66%) still felt “slightly more secure.” These status-based differences are statistically significant, pointing to **displacement status as a key factor in determining CVA’s effectiveness in alleviating security concerns.**

The findings reveal that **participants in Syria** experienced the most significant improvements across both overall well-being and sense of safety, with **100%** of respondents reporting positive changes in both areas. This suggests that CVA had a universally beneficial impact on individuals in Syria, enhancing both mental well-being and a greater sense of security. Other participants from **Afghanistan, Iraq, and Romania (Ukrainian refugees)** also reported strong positive effects from CVA. These respondents indicated improvements of **99%** to **98%** in both overall well-being and security, demonstrating substantial benefits in these areas. However, some countries experienced more modest gains. **Romanian participants** and those from **oPt** reported higher proportions of “no change” in their well-being and sense of security. Specifically, **19%** of participants from **Romania** and **15%** from **oPt** showed no change in well-being, while **25%** of participants from **oPt** and **17%** from **Romania** reported no change in their sense of security.

Programmatic Considerations

The positive outcomes observed in **Syria** and **Iraq** suggest that the type of assistance, transfer amount, and delivery mechanisms could be key contributing factors to the reported improvements in well-being and sense of safety. Both countries, classified as “early recovery” contexts, implemented micro-credit CVA programs with substantial transfer values—USD 800 in Syria and USD 850 in Iraq. In Syria, the assistance was distributed monthly in USD 100 instalments over eight months, while in Iraq, it was provided as a one-time lump sum of USD 850. The use of hard cash distribution in both countries likely minimized logistical barriers, such as travel to financial service providers, reducing stress and allowing access to assistance more efficiently.

In Iraq, the program’s linkage to livelihoods through micro-credit tied to business plans, coupled with an established history of implementation over five years, may have further contributed to the observed benefits. The predictability of support in Syria and the meaningful size of the one-time transfer in Iraq likely provided financial relief, contributing to a sense of stability and improved mental health. These programmatic features could explain why 100% of

Syrian respondents and 99% of Iraqi respondents reported significant improvements in both well-being and security.

In contrast, Afghanistan and Romania provided CVA under more fragmented, emergency-focused conditions. Afghanistan's assistance involved a one-time payment of USD 340 via financial service providers, a sum likely meaningful given average income levels in the country. Meanwhile, Ukrainian refugees in Romania received smaller and more diverse support packages, including USD 120 per month for two to three months, a USD 50 food voucher, and a hygiene kit, along with occasional cash-for-protection payments. These smaller, short-term transfers may have been less impactful, particularly given Romania's higher living costs. The nature of displacement—refugees in Romania versus IDPs in Afghanistan—also likely influenced the psychological stress levels and overall outcomes. As a refugee, adapting to a new country, culture, language, and way of life is often significantly more stressful than the experience of an internally IDP, who relocates within their own country where the language, customs, and systems are relatively familiar.

While the findings from Afghanistan and Romania still highlight significant positive impacts, with 98-99% of respondents reporting improved well-being and security, the differences in transfer type, amount, and duration appear to have shaped the extent of the impact. This underscores how program design—including assistance modality, value, and contextual alignment—can play a crucial role in determining the effectiveness of CVA in enhancing mental health and well-being.

In the oPT, although many recipients expressed positive sentiments about CVA, such as Palestinian respondents from the West Bank who shared that CVA “relieved a big burden because it came at the right time” and “felt like a lifeline, easing some of the accumulated pressures,” some also reported frustrations that may help explain the higher proportions of individuals feeling no change in their overall outcomes. Several CVA recipients voiced concerns, particularly regarding vendors contracted to accept vouchers. These respondents highlighted issues such as **price inflation** and **exploitation**, which undermined the intended benefits of the assistance. This dissatisfaction was echoed in **both male and female FGDs** across **Tubas** and **Qalqilya**, where specific vendors were identified for inflating prices.

In addition to price manipulation, some recipients reported receiving inaccurate receipts, with vendors issuing receipts showing lower prices than what they were actually charged. This exploitation of voucher users has become a major source of stress for both male and female recipients in the oPT. These frustrations with the process may contribute to the higher proportions of oPT participants reporting “no change” in their well-being and sense of security, as the expected relief provided by CVA was diminished by these negative experiences.



“Instead of buying a blouse for 50 shekels, we're forced to pay 170. We buy children's jeans for 50 shekels, but at the [contracted store], they're priced at 120 or 150, and those with coupons don't get discounts like others do.” (Palestinian male, host community, Qalqilya West Bank)

While the overall effects of CVA were overwhelmingly positive, some respondents did report minor negative outcomes. In **Lebanon**, **0.86%** of participants reported worsened well-being, and similarly, in the security category, **Georgia** and **Romania (Ukrainian)** showed small percentages of participants feeling slightly less secure (**0.67%** and **0.53%**, respectively). These findings indicate that, although the impact was generally positive, there were a few instances where individuals did not experience the expected benefits or, in rare cases, felt their situation had slightly worsened.

In **Lebanon**, the small percentage of those who reported “worsening well-being” can be partially explained by challenges faced in cash-for-work initiatives. Syrian refugees—both men and women—along with a few Lebanese men from the **Bsarma** area, felt misled about the nature and scope of the work, contributing to frustration and psychological distress. Additionally, delays in payment were highlighted as a significant stressor, particularly among Syrian refugees. Some emphasized the financial strain caused by delayed or perceived inadequate compensation, while others noted that the assistance provided did not align with the effort required. These challenges likely contributed to the small percentage of respondents in Lebanon who felt their well-being had worsened, despite the general positive effects of CVA in the region.



“The help destroyed us psychologically. We were promised one thing but got another. I was registered as a painter but ended up doing all kinds of work due to a shortage of registered workers.”
(Lebanese male, host community, Bsarma)



“Sometimes I needed money to take my son to the doctor, so I asked my neighbour, who trusted that I would repay him from the assistance.”
(Syrian refugee male, Azraq camp, Jordan)

How Does CVA Strengthen Coping, Resilience, Social Connectedness and Participation?

Social support networks and community engagement emerged as primary coping mechanisms for recipients of CVA, with nearly half of respondents (49%, n=681) relying on family and friends. Community participation also played a significant role, with 36% (n=494) of respondents attending community events as part of their coping strategy. Notably, 28% (n=389) of respondents indicated that they did not require additional coping mechanisms, while 10% (n=140) accessed local mental health services. These findings highlight the central role of personal and community relationships in managing the challenges faced by CVA recipients.

Qualitative data further reinforces these findings, with Syrian refugee participants from **Azraq camp in Jordan** emphasizing the **significance of informal support networks**, particularly their reliance on family and friends. Syrian men in the camp, for instance, spoke of turning to neighbors for financial help during emergencies. Examples from **Syria** further illustrate how participation in CVA activities, such as savings groups, facilitated the development of new friendships and a stronger sense of community. Similarly, in **Georgia**, Ukrainian refugee women praised the **“Happy Space”** center, a social support hub that allowed individuals to form close bonds and offer emotional support to one another. This underscores the need for both informal and formal spaces where people can build social support networks, which play a crucial role in helping individuals navigate the challenges they face.

Receiving CVA significantly influenced recipients’ **confidence in managing their daily lives and planning for the future**. Nearly half of respondents (50%, n=687) reported that their confidence had “slightly increased,” while 41% (n=561) stated that it had “greatly increased.” In contrast, 9% (n=131) reported no change, and less than 1% (n=1) felt their confidence had “slightly decreased.”

CVA had a marked positive impact on recipients’ **ability to carry out daily activities and responsibilities**. The majority of respondents (57%, n=706) reported that their ability had “somewhat improved,” while 34% (n=412) indicated it had “greatly improved.” In contrast, 9% (n=108) experienced no change, and less than 1% (n=3) reported a “somewhat worsened” ability to perform daily activities.

CVA has significantly helped recipients in **fulfilling their roles within their family or community**. Nearly half of the respondents (49%, n=672) stated that CVA support helped them “somewhat,” while 40% (n=547) reported it helped them “significantly.” However, 12% (n=161) indicated that there was no change in their ability to fulfill these roles.

CVA positively influenced recipients’ **social connections and participation in community activities**. Thirty-nine percent of respondents (n=536) reported that their social connections “slightly increased,” while 32% (n=448) experienced a “significant increase.” In contrast, 29% (n=394) noted no change, and less than 1% (n=2) reported a “slight decrease” in social connections and participation.

Based on the above findings, CVA strengthens coping mechanisms and resilience by alleviating financial stress, enabling recipients to focus on daily responsibilities, and fostering a sense of agency in managing their lives. It also plays a pivotal role in enhancing social connectedness and community participation by creating opportunities for individuals to engage with and rely on their personal and communal networks. This underscores the dual role of CVA as both a tool for immediate financial relief and a catalyst

for building social and emotional resilience, which are essential for navigating challenges in crisis contexts.

How does access to mental health support differ by region and displacement status?

Understanding the accessibility of MHPSS services is critical to assessing the impact of CVA on mental health outcomes. While CVA can alleviate financial barriers that hinder access to these services, such as transport costs, consultation fees, or medication expenses, its effectiveness is influenced by the availability and accessibility of these services in the first place. **“Accessibility”** in this context refers to both availability and affordability of mental health services or psychosocial support activities. This question was included to explore the contextual factors shaping how CVA recipients might access and benefit from MHPSS, shedding light on gaps and opportunities for linking CVA with broader support systems.

Overall, 47% (n=653) of respondents found these services ‘somewhat accessible,’ and 27% (n=376) rated them as “very accessible,” with notable disparities, as regions like Syria, Lebanon, and Romania report high accessibility, while OPT, Georgia, and Afghanistan face significant challenges in service availability (see Figure 55).

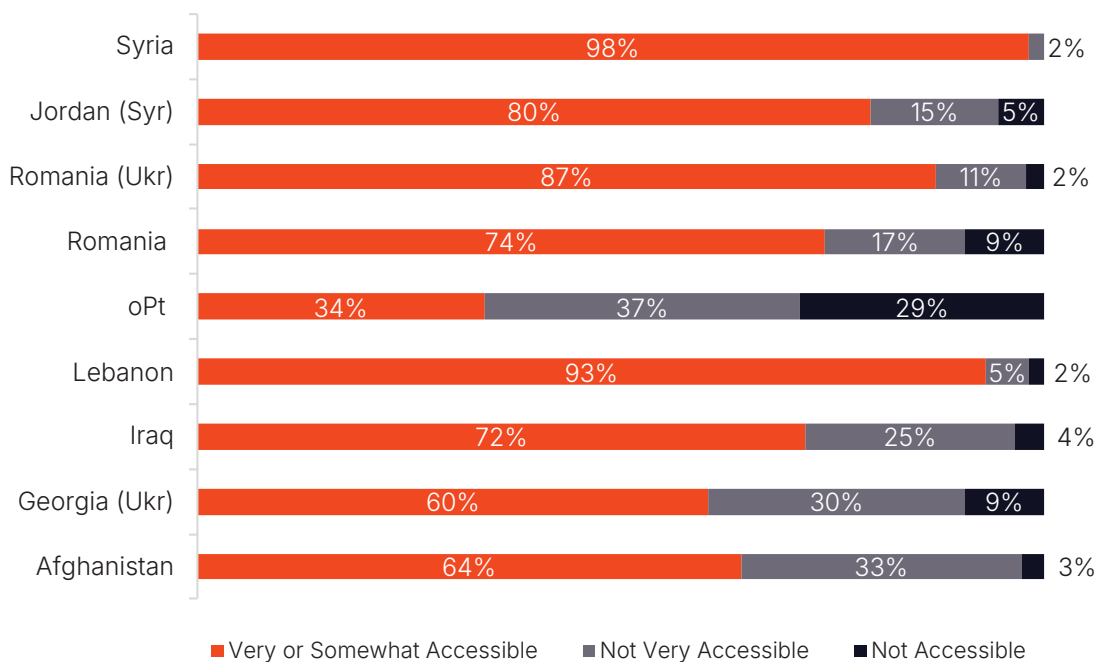
These quantitative findings are reinforced by qualitative insights from the participants in oPT and Ukrainian refugees in **Georgia**, which highlight significant barriers to accessing mental health services. Respondents in the oPT, particularly Palestinian women from Tubas and Qalqilya, emphasized the lack of clinics and specialized psychological support in their areas. They noted that the limited support available often comes through local municipal efforts rather than dedicated mental health services. These responses underscore the critical gap in accessible and specialized mental health resources in these communities.



“No, they don’t exist at all. There are only psychological support workshops, but no clinics.”
 (Palestinian woman, host community, Tubas West Bank)

Similarly, **Ukrainian refugee women in Batumi, Georgia** expressed their frustration with the limited availability of formal social support groups, relying instead on family members for emotional support. One woman remarked on the absence of psychological support since their arrival, further illustrating the lack of formal services. However, despite the scarcity of formal services, as mentioned earlier, some

Figure 55 - Accessibility of Mental Health Services Across Countries (n=1,380)



respondents praised the “Happy Space” center, a social support hub where individuals could form close bonds and offer emotional support to each other, reflecting the critical need for community-based alternatives in the absence of formal mental health services.

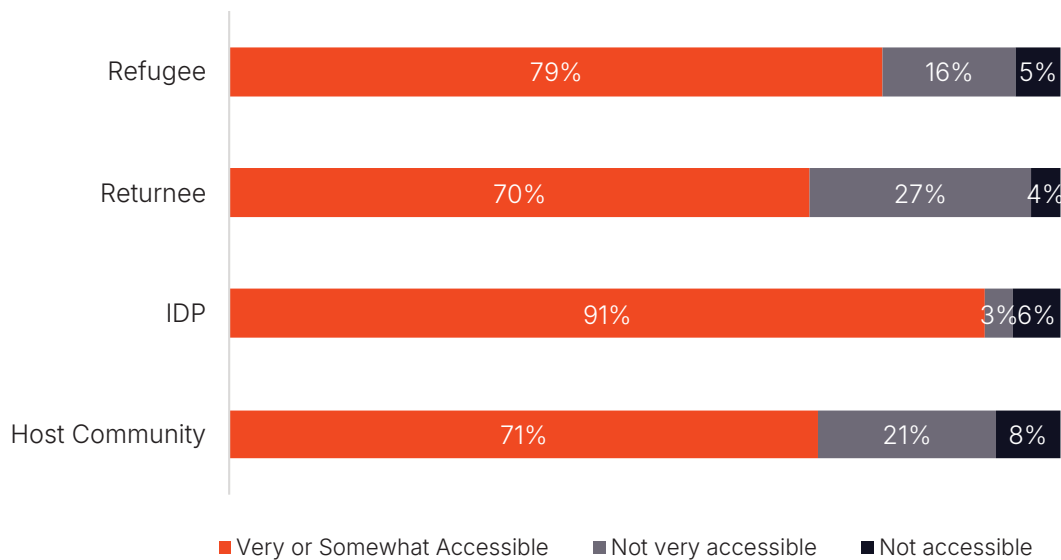
Differences in accessibility were statistically significant across certain demographic groups, especially in female-headed households (FHoH). Among these households, 26% reported “very accessible” services, and 39% found them “somewhat accessible.” In contrast, **non-female-headed households reported higher accessibility** overall, with 28% describing services as “very accessible” and 50% as “somewhat accessible.” The chi-squared test highlights a significant difference between these groups, suggesting that **female-headed households face greater barriers in accessing mental health services**. These quantitative insights are further reinforced by qualitative findings, particularly from **IDIs and FGDs** with Ukrainian refugee women in **Georgia and Romania**, many of whom are FHoH. Participants from

both countries highlighted the challenges they have faced in accessing psychological support since their arrival. Across both contexts, respondents stressed the significant need for such services and expressed a strong willingness to utilize them if they were more readily available.

The findings further indicate that accessibility **decreases with age**, with older respondents (61+) encountering the **greatest challenges**. Similarly, individuals **with higher education report better access**, whereas those with vocational training or no formal education face more significant barriers.

Accessibility of mental health services also varied by **DAC Type**, IDPs reporting the highest level of accessibility (91%), followed by refugees (79%), host communities (71%) and returnees (70%) (see Figure 56). Notably, host community members also reported the highest percentage of mental health services being ‘not accessible’ (8%), compared to other groups.

Figure 56 - Accessibility of Mental Health Services by DAC Type (n=1,380)



Summary of Key Findings

CVA Improves Subjective Well-Being, with Greater Gains for Women and Returnees

CVA significantly enhanced overall well-being and mental health, with 94% of recipients reporting positive impacts. The assistance eased stress, reduced debt, and enabled households to meet basic needs, leading to improved family stability and reduced tension. Women reported slightly higher improvements than men, with 41% experiencing “greatly improved” well-being compared to 38% of men, highlighting the gendered impact of financial relief. Returnees saw the highest well-being gains (49% reporting great improvement), followed by refugees (44%) and host community members (36%), while IDPs were less likely to experience major improvements. These findings underscore the role of CVA in reducing financial anxiety and fostering a sense of security, particularly for displaced and vulnerable populations.

CVA Strengthens Sense of Security, with Greater Gains for Women and Returnees

CVA significantly improved recipients’ sense of security, with 93% reporting increased feelings of safety and reduced stress. The assistance allowed families to prioritize essential needs, easing financial worries and fostering a sense of normalcy. Women experienced slightly greater security gains (47% feeling “much more secure” vs. 42% of men), largely due to CVA’s role in meeting their children’s needs. Returnees reported the highest sense of security improvement (54%), followed by refugees (49%), while IDPs experienced more moderate benefits. These findings underscore CVA’s role in enhancing emotional and financial stability, particularly for displaced populations and female recipients.

CVA Strengthens Coping, Resilience, and Social Connectedness

CVA played a critical role in strengthening recipients’ coping strategies, resilience, and social engagement. Nearly half (49%) relied on family and friends for support, while 36% participated in community events as a coping mechanism. Social connections increased for 71% of recipients, with CVA fostering participation in networks like savings groups and support centers, such as the “Happy Space” for Ukrainian refugees in Georgia. Additionally, CVA significantly boosted recipients’ confidence in managing daily life (91% reporting increased confidence), enhanced their ability to fulfill family and community roles (89%), and improved their capacity to perform daily responsibilities (91%). These findings highlight CVA’s dual function—providing immediate financial relief while strengthening social and emotional resilience through reinforced community ties and participation.

Access to Mental Health Support Varies by Region and Displacement Status

CVA helped alleviate financial barriers to mental health services, yet significant disparities in accessibility persist. Nearly half (47%) of respondents found mental health services “somewhat accessible,” while 27% rated them as “very accessible.” Syria, Lebanon, and Romania reported high accessibility, whereas oPT, Georgia, and Afghanistan faced severe service shortages, with Palestinian women in the West Bank and Ukrainian refugees in Georgia highlighting a lack of specialized support. Female-headed households faced greater barriers, with lower reported accessibility compared to non-female-headed households. Accessibility also declined with age and was higher among those with formal education. By displacement status, IDPs reported the highest accessibility (91%), followed by refugees (79%), while host community members had the highest proportion (8%) reporting no access. These findings highlight the need for targeted interventions to address regional gaps, particularly for refugees, female-headed households, and older individuals facing compounded barriers.

Actionable Recommendations

The findings demonstrate that while CVA plays a crucial role in reducing financial stress, enhancing well-being, and fostering a sense of security, its impact is not uniform across all groups. Women, returnees, and those with strong social support networks reported the highest improvements, while refugees, female-headed households, and individuals in regions with limited mental health services faced persistent barriers. To maximize CVA's effectiveness, programs must go beyond immediate financial relief by integrating strategies that address structural vulnerabilities, promote psychosocial resilience, and enhance access to essential services. The following recommendations outline key actions for implementing agencies and donors to strengthen the design, delivery, and sustainability of CVA interventions, ensuring they contribute not only to financial stability but also to long-term emotional and social well-being.

For implementing agencies

- **Ensure Transfer Values and Duration Reflect Recipient Needs:** Align CVA transfer values and duration with the specific needs, context, and program objectives. Clearly communicate the level and scope of support to recipients, enabling them to make informed decisions about prioritizing immediate needs or investing in longer-term strategies.
- **Embed Debt Analysis in Needs Assessments:** Given the role of financial strain in mental health, systematically assess household debt levels to tailor interventions that help break debt cycles, improve psychosocial well-being, and enhance long-term financial resilience.
- **Enhance Gender-Responsive Programming:** Women reported greater well-being improvements due to CVA's role in meeting their children's needs. Ensure gender-sensitive design, addressing women's caregiving responsibilities and financial stressors while integrating childcare-friendly approaches to economic inclusion.
- **Leverage CVA to Strengthen Coping and Resilience:** Recognizing that social support and community networks are key coping mechanisms, integrate CVA with community engagement initiatives, peer support groups, and psychosocial programming to foster emotional and financial resilience.
- **Improve Mental Health and Psychosocial Support (MHPSS) Integration:** Strengthen referral pathways between CVA programs and mental health services, ensuring recipients can access support beyond financial assistance. Where services are limited, establish community-based mental health initiatives to complement CVA.
- **Increase Accessibility for Displaced and Vulnerable Groups:** Ensure that displaced populations, female-headed households, and older individuals—who face the highest barriers to MHPSS—receive tailored support, such as mobile services, outreach programs, and community-based psychosocial care.
- **Prioritize Multi-Purpose Cash Transfers:** To maximize flexibility and reduce implementation costs, prioritize unrestricted cash over vouchers or cash-for-work, ensuring recipients can allocate funds based on their most pressing needs.

For Donors

- **Fund Multi-Year CVA for Sustainable Mental Health and Well-Being Outcomes:** Long-term funding is essential for CVA to transition from short-term financial relief to a tool that fosters sustained psychosocial stability and economic resilience.
- **Invest in Holistic, Case-Management Approaches:** Rather than treating CVA as purely transactional, ensure funding allows for recipient-centered case management models that integrate financial, mental health, and social support services.
- **Support Regional Mental Health Accessibility Strategies:** Prioritize funding for MHPSS services in regions with the lowest accessibility (e.g., oPT, Georgia, and Afghanistan), while supporting community-led initiatives that fill service gaps where formal mental health care is unavailable.
- **Promote Gender-Sensitive and Inclusive Funding Mechanisms:** Ensure that funding frameworks require gender-responsive and disability-inclusive approaches, ensuring that female-headed households and individuals with disabilities receive equitable access to CVA and complementary mental health services.

INTER-RELATIONSHIPS BETWEEN THEMES

This section examines the relationships between the Demographic **Vulnerability Score** and the thematic outcome areas, including the **Livelihood Resilience Vulnerability Score**, **MHPWB Vulnerability Score**, **Community Cohesion Vulnerability Score**, **Women's Empowerment Score**, **Gender-Related Protection Risks Score**, and **CWB Vulnerability Score**. By analyzing these relationships, the section aims to identify key patterns and correlations that reveal how different aspects of vulnerability intersect with specific outcomes.

Following this analysis, the report will **highlight the connections and explore the implications of any**

existing inter-relationships to inform **CVA program optimization**. Understanding these linkages can provide valuable insights into which areas require targeted interventions and how CVA can be adapted to address the interconnected challenges faced by individuals and households. This approach ensures that programs are better tailored to promote long-term resilience, well-being, and empowerment.

Why Composite Scores?

Composite scores provide a holistic and integrated perspective on the complex, multi-dimensional factors affecting vulnerability and outcomes among CVA



Ruba* examining one of the reports before the archiving process. ©World Vision

participants. While analyzing each variable separately highlights specific trends, composite scores allow us to understand how diverse indicators interact and contribute to broader outcomes. This approach helps to identify underlying patterns and relationships that may not be apparent when variables are viewed in isolation. By aggregating and correlating these scores, we gain actionable insights that inform more targeted, efficient, and impactful CVA interventions, ensuring a comprehensive response to interconnected challenges such as resilience, well-being, and empowerment.

What does Each Theme Consist Of?

Demographic Vulnerability Score: The Vulnerability Score includes questions that evaluate the demographic and socioeconomic characteristics of households. This section covers age, gender, marital status, employment status, household size (specifically children under 18), education level, sources of income, and housing situation. It also addresses specific vulnerabilities, such as the presence of debt or members with disabilities or chronic illnesses, to assess the overall vulnerability level of the household.

Livelihood Resilience-Vulnerability Score: This composite score focuses on economic stability and adaptability. Questions assess changes in household income, financial stability, and the ability to balance basic needs and investments since receiving CVA. It includes inquiries about vocational and educational opportunities, reliance on jobs retained through CVA support, and the capacity to address financial shocks or economic challenges.

MHPWB-Vulnerability Score: The MHPWB score examines the mental health and psychosocial impacts of CVA on recipients. It includes questions on stress reduction, confidence, daily activities, and access to mental health services. Respondents are also asked about coping mechanisms, roles within the family and community, and changes in social connections.

Community Cohesion-Vulnerability Score: This score evaluates the impact of CVA on community relationships and participation. Questions explore changes in relationships with others, community support, frequency of interactions, and participation in community activities or events. Additional inquiries assess how CVA has influenced communication and conflict resolution within households.

Women's Empowerment-Vulnerability Score:

The Women's Empowerment Score measures how CVA has impacted women's economic and social empowerment. It includes questions on women's involvement in generating income, the effect of their contributions on household stability, and their participation in decision-making processes. The score also addresses gender-related challenges, including financial conflicts within households.

Gender-Related Protection Risks-Vulnerability Score:

This theme focuses on the risk of financial or psychological coercion related to CVA. Questions examine whether recipients have faced pressure or violence from family members regarding the use of CVA funds and how such pressure has influenced decision-making.

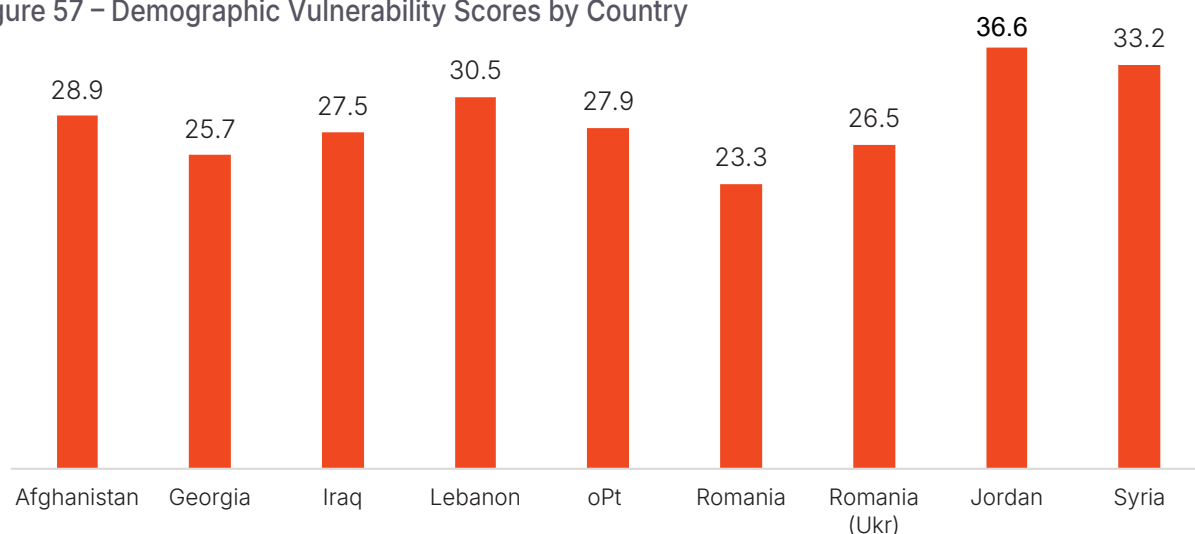
Children's Well-Being-Vulnerability Score: This composite score assesses the well-being of children in households receiving CVA. Topics include improvements in health, nutrition, emotional well-being, school attendance, and educational resources. It also explores how financial strain affects children's access to healthcare, education, and nutritious food, as well as their emotional stability.

What is the demographic vulnerability score of CVA participants?

The Demographic **Vulnerability Score**, with a mean of **29 (56%)**, suggests that the group of respondents as a whole faces **moderate to high levels of vulnerability**, with some households faring significantly better and others much worse. Given that **lower scores indicate better outcomes**, a mean score closer to the midpoint of the range (13 to 51) indicates that, on average, respondents are experiencing a notable level of socio-economic and demographic risks.

The **range of scores**—from **13 (lowest, indicating better outcomes)** to **51 (highest, indicating worse outcomes)**—highlights the diversity in vulnerability levels within the group. While some respondents have managed to achieve better outcomes, a significant proportion remain highly vulnerable. The **standard deviation (SD) of 6** indicates moderate variation around the mean, suggesting that while some respondents cluster closer to the average level of vulnerability, there are still outliers who face either very low or extremely high risks.

Figure 57 – Demographic Vulnerability Scores by Country



As a whole, the group demonstrates considerable vulnerability, with the majority of respondents experiencing moderate challenges. However, the presence of households scoring at the higher end of the range (close to 51) reflects a subset of respondents facing severe risks and compounding challenges. This distribution underscores the need for **targeted interventions** to address the specific vulnerabilities of high-risk households while continuing to support those closer to the average to improve their overall resilience. The variability across the group also suggests that interventions must be tailored to account for different levels of need and risk.

The **Vulnerability Scores by Country** reveal notable differences in the levels of risk and challenges faced by respondents across contexts (see Figure 57). **Jordan** reports the **highest vulnerability score at 36.6**, followed by **Syria at 33.2** and **Lebanon at 30.5**, indicating that respondents in these countries experience the greatest socio-economic and demographic challenges. These higher scores may reflect factors such as ongoing conflict, displacement, economic instability, and limited access to resources.

In contrast, **Romania** has the **lowest score at 23.3**, suggesting relatively better outcomes for respondents, followed by **Georgia at 25.7** and **Romania (Ukraine) at 26.5**, where vulnerability levels remain comparatively lower. This could point to more stable living conditions, better access to services, or fewer compounded risks in these contexts.

Countries such as **Afghanistan (28.9)**, **Iraq (27.5)**, and the **oPt (27.9)** show moderate levels of vulnerability, reflecting ongoing challenges but slightly better conditions than those observed in Jordan, Syria, and Lebanon.

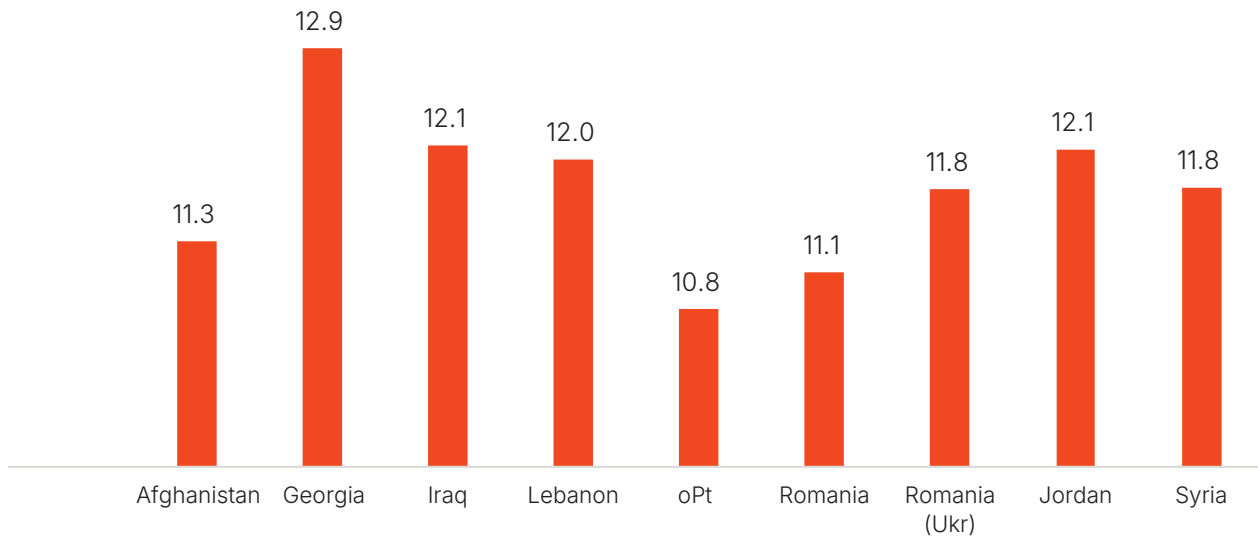
What is the Livelihood Resilience Vulnerability Score Among CVA participants?

The **Livelihood Resilience Vulnerability Score**, with a mean of **12 (45%)**, suggests that respondents face **moderate to low levels of livelihood resilience**, indicating ongoing financial challenges. Given that lower scores reflect better outcomes, a mean score of 12—closer to the midpoint of the range (**4 to 26**)—demonstrates that economic stability remains fragile for many households, with limited capacity to absorb shocks or adapt to changing circumstances.

The **range of scores—from 4 (lowest, indicating better outcomes) to 26 (highest, indicating worse outcomes)**—highlights the spectrum of livelihood resilience within the group. While some households report relatively strong economic conditions, a notable proportion remain at the higher end of the range, reflecting significant financial strain. The **standard deviation (SD) of 2** indicates that scores are **tightly clustered around the mean**, showing limited variation across respondents. This suggests that economic challenges are widespread, with most households experiencing similar levels of financial vulnerability.

Overall, the results point to a **consistent pattern of limited livelihood resilience** across the group. While a few households report better outcomes, the majority face ongoing economic hardship, signalling the need for **interventions focused on strengthening livelihoods, reducing debt, and enhancing access to stable income opportunities** to improve resilience and financial security.

Figure 58 - Livelihood Resilience Vulnerability Score by Country



The **Livelihood Resilience Vulnerability Scores** by country show notable variations, reflecting differing levels of economic stability and challenges faced by respondents (see Figure 58). **Georgia** reports the **highest score at 12.9**, indicating the weakest economic resilience among the surveyed countries, as higher scores reflect worse outcomes. This highlights significant economic challenges and limited ability to cope with financial shocks. In contrast, the **oPT (Occupied Palestinian Territory)** reports the **lowest score at 10.8**, suggesting relatively better economic resilience compared to other contexts, though challenges remain. Countries like **Iraq (12.1)**, **Jordan (12.1)**, and **Lebanon (12.0)** also show higher scores, reflecting persistent economic pressures likely linked to ongoing conflict, displacement, and economic instability.

Meanwhile, countries such as **Afghanistan (11.3)**, **Romania (11.1)**, and **Romania (Ukrainian refugees) (11.8)** report slightly better outcomes, though still reflecting moderate levels of economic vulnerability. **Syria** and **Afghanistan** have similar scores of **11.8** and **11.3**, pointing to shared challenges amidst economic crises and recovery efforts.

Interpretation: The results highlight that economic resilience remains a significant concern across all countries, with scores clustering closely around the 11–12 range, reflecting moderate levels of vulnerability. The notably higher score in **Georgia** suggests systemic barriers to economic stability, while the relatively lower score in the **oPT** indicates better coping mechanisms despite ongoing challenges. These findings emphasize the need for **context-specific interventions** to address

economic vulnerability, with a focus on income generation, debt reduction, and access to sustainable livelihoods.

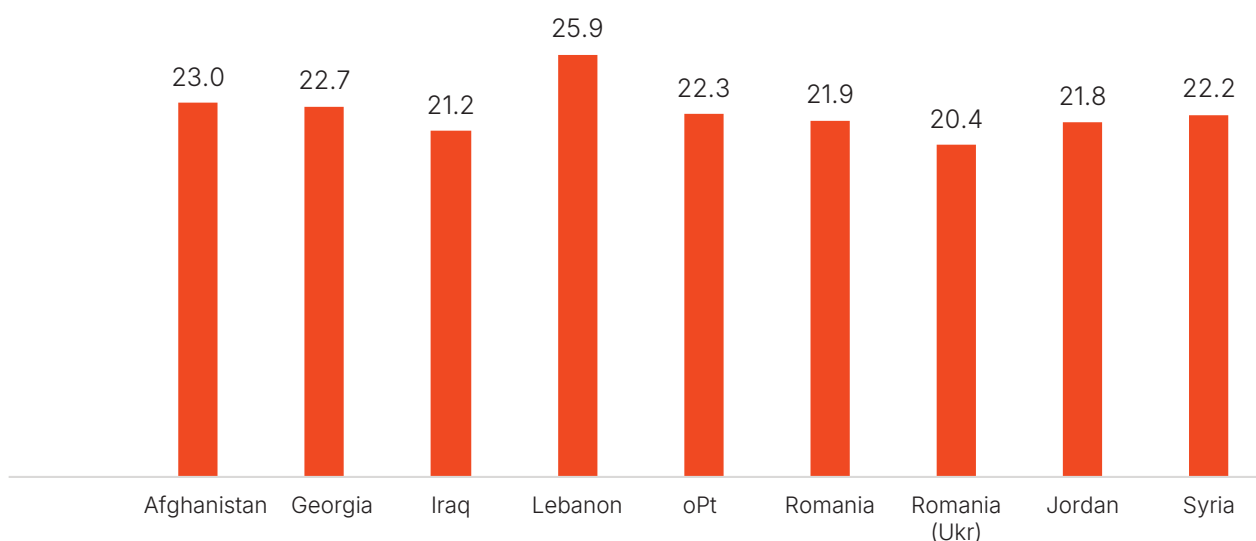
What is the MHPWB Vulnerability score among CVA participants?

The **MHPWB Vulnerability Score**, with a mean of **22 (60%)**, reflects **significant challenges** in mental health and psychosocial well-being for most respondents. Given that lower scores indicate better outcomes, a mean score of 22—positioned closer to the upper end of the range (**11 to 37**)—suggests that poor mental health remains a widespread concern.

The **range of scores—from 11 (lowest, better outcomes) to 37 (highest, worse outcomes)**—demonstrates substantial variability in mental health experiences among respondents. While some households report better psychosocial outcomes, a large portion remain concentrated at the higher end of the range, reflecting significant distress and challenges. The **standard deviation (SD) of 4** indicates **moderate spread**, suggesting that mental health outcomes vary meaningfully within the group.

Overall, the findings highlight that **mental health and psychosocial well-being** remain a pressing issue for many respondents, requiring **targeted interventions such as psychosocial support programs, counseling services, and community-based mental health initiatives** to reduce stress and improve outcomes.

Figure 59 - MHPWB Vulnerability Score by Country



The **MHPWB Vulnerability Scores** by country reveal considerable variation, with **higher scores indicating worse outcomes** and greater vulnerability (see Figure 59). **Lebanon** reports the **highest score at 25.9**, indicating the most significant challenges in mental health and psychosocial well-being among respondents, likely exacerbated by ongoing economic instability, social fragmentation, and prolonged crises. In contrast, **Romania (Ukraine)** has the **lowest score at 20.4**, suggesting comparatively better psychosocial outcomes, potentially linked to more stable environments or access to support systems.

Countries like **Afghanistan (23.0)**, **Georgia (22.7)**, and **Syria (22.2)** report moderately high scores, reflecting persistent mental health challenges driven by conflict, displacement, and socio-economic hardship. Similarly, **Jordan (21.8)**, **oPt (22.3)**, and **Iraq (21.2)** fall in the middle range, indicating that while outcomes are somewhat better compared to Lebanon, substantial challenges remain. **Romania (21.9)** and the **overall average score of 21.3** reflect moderate vulnerability levels, with respondents in these countries experiencing a mix of psychosocial challenges and coping mechanisms.

Interpretation: The findings highlight that **Lebanon** faces the most acute mental health challenges, requiring urgent psychosocial interventions to address stress, anxiety, and well-being. While **Romania (Ukrainian refugees)** reports the lowest scores, suggesting relatively better outcomes, other countries, particularly those affected by ongoing conflict and economic crises, continue to struggle. The moderate variability across countries underscores the need for

targeted mental health support tailored to the unique challenges of each context, particularly in fragile and crisis-affected settings.

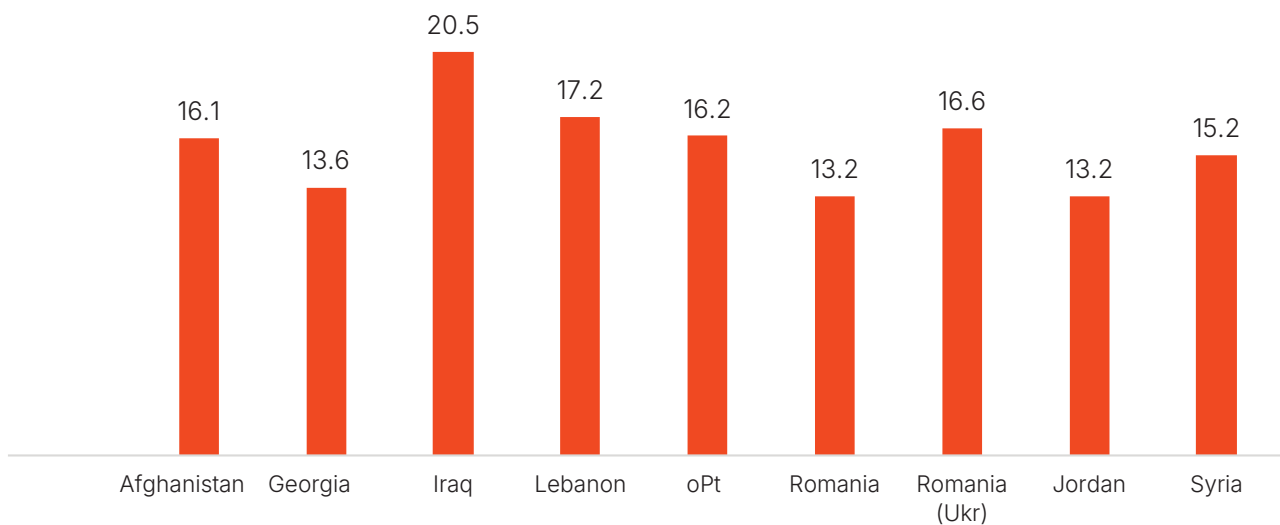
What is the Community Cohesion Vulnerability Score among CVA participants?

The **Community Cohesion Vulnerability Score**, with a mean of **15 (59%)**, indicates **moderate levels of community connection and support** among respondents. Lower scores reflect stronger cohesion, and a mean of 15—positioned in the middle of the range (**5 to 26**)—suggests that while some households experience strong community ties, many others face challenges in this area.

The **range of scores—from 5 (lowest, better outcomes) to 26 (highest, worse outcomes)**—highlights the diversity in community cohesion. Some respondents report strong relationships and support within their communities, while others experience isolation or fragmentation. The **standard deviation (SD) of 4** reflects moderate variability, indicating differences in the degree of community cohesion across households.

Overall, the findings reveal that while some respondents benefit from strong community ties, **significant gaps remain for others**, particularly in fragile or conflict-affected settings. Efforts to **strengthen social networks, promote inclusivity, and build community trust** are critical to fostering greater cohesion and resilience.

Figure 60 - Community Cohesion Vulnerability Score by Country



The **Community Cohesion Vulnerability Scores** by country show significant variation, reflecting differing levels of social connection and support across contexts (see Figure 60). **Iraq** reports the **highest score at 20.5**, indicating the greatest challenges in community cohesion, which may stem from ongoing conflict, displacement, and social fragmentation. This highlights limited social networks and weaker community ties among respondents in Iraq.

In contrast, **Romania** and **Jordan** have the **lowest scores at 13.2**, followed closely by **Georgia (13.6)**, suggesting comparatively stronger community cohesion in these contexts. The lower scores indicate better outcomes, with respondents reporting greater social connection and a sense of support within their communities.

Countries such as **Lebanon (17.2)**, **oPt (16.2)**, **Afghanistan (16.1)**, **Romania (Ukrainian refugees) (16.6)**, and **Syria (15.2)** fall in the middle range. These scores suggest moderate challenges in building and maintaining cohesive communities, with factors such as economic pressures, displacement, and conflict likely contributing to fragmentation and weakened social ties.

Interpretation: The results highlight that **Iraq** faces the most pressing issues regarding community cohesion, with respondents experiencing weaker social connections and support networks. By contrast, countries like **Romania**, **Jordan**, and **Georgia** demonstrate stronger community ties, which can play a critical role in resilience and collective support. The scores across the middle range, particularly in fragile or crisis-affected settings, underscore the need for **programs that promote social inclusion, trust-**

building, and community engagement to strengthen cohesion and foster a greater sense of belonging.

What is the Women's Empowerment Score among female CVA participants?

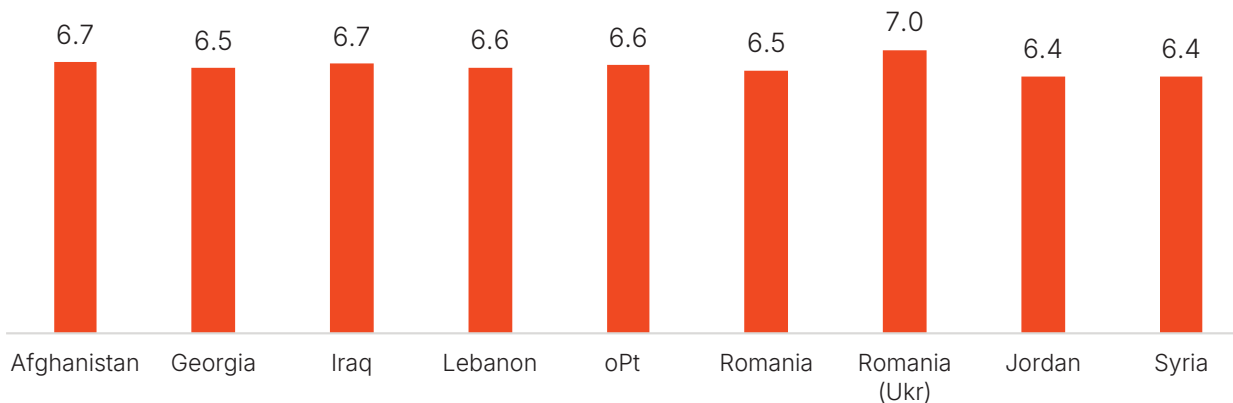
The **Women's Empowerment Score**, with a mean of **6.61 (55%)**, reflects **modest and consistent empowerment outcomes** for women across the sample. Given that lower scores indicate better outcomes, a mean score of 7—toward the lower end of the range (**5 to 11**)—suggests that empowerment challenges are **not extreme but remain persistent**.

The **range of scores—from 5 (lowest, better outcomes) to 11 (highest, worse outcomes)**—indicates that while some women report higher levels of empowerment, a notable subset faces limited opportunities for participation, agency, and access to resources. The **standard deviation (SD) of 0.79** highlights **low variability**, showing that women's empowerment outcomes are relatively consistent across the sample.

Overall, the findings suggest that while some progress has been made, women's empowerment remains **modest and limited**, requiring sustained efforts to **improve access to education, employment, and decision-making opportunities** to ensure meaningful empowerment and gender equality.

The **Women's Empowerment Scores** by country reveal relatively limited variation across contexts,

Figure 61 - Women's Empowerment Vulnerability Score by Country



with higher scores indicating greater challenges in achieving empowerment (see Figure 61). **Romania (Ukraine)** reports the **highest score at 7.0**, indicating the greatest barriers to women's empowerment among the surveyed countries. This suggests that Ukrainian women in Romania face more challenges related to access, participation, and decision-making opportunities.

In contrast, **Jordan**, and **Syria** report the **lowest scores at 6.4**, indicating comparatively better outcomes for women in these contexts. While challenges persist, lower scores suggest modest progress toward empowerment, with women likely experiencing slightly better access to opportunities or support.

Countries such as **Georgia (6.5)**, **Romania (6.5)**, **Syria (6.4)**, **Lebanon (6.6)**, and **OPT (6.6)** fall within a narrow middle range. These scores suggest consistent challenges across these countries, with women's empowerment outcomes remaining modest but relatively stable.

Interpretation: The findings highlight that women's empowerment is **consistently limited across all countries**, with scores clustered tightly between 6.4 and 7.0. While **Romania (Ukraine)** faces the most pronounced challenges, other countries, particularly conflict-affected settings like **Iraq**, **Syria**, and the **oPt**, also report persistent barriers to empowerment. The scores indicate that interventions aimed at improving **education, economic participation, and decision-making opportunities** for women are needed across all contexts, with a focus on addressing systemic barriers and promoting gender equality.

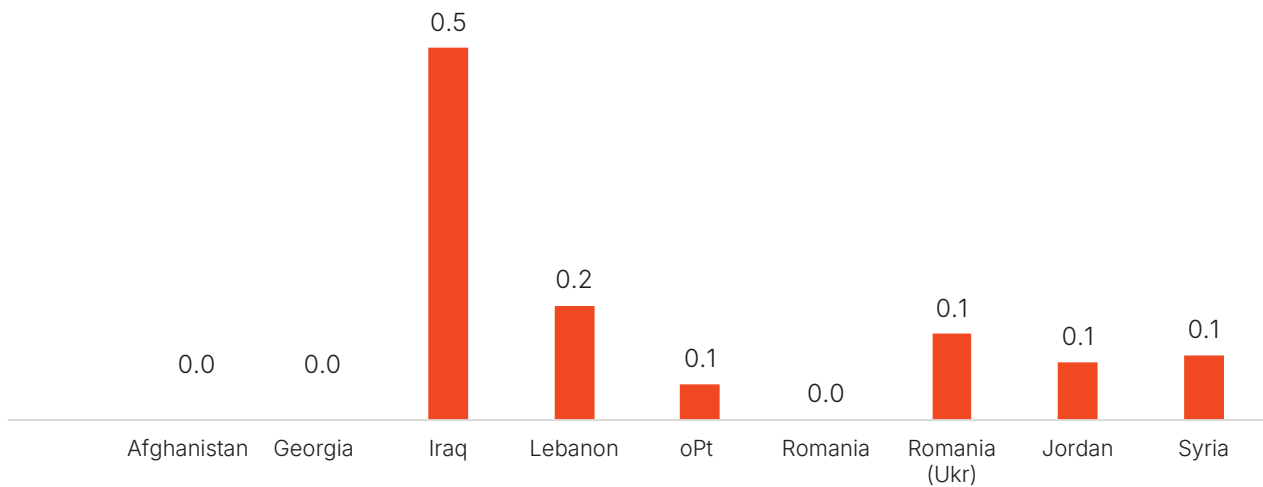
What is the Gender-Related Protection Risks Score among CVA participants?

The **Gender-Related Protection Risks Score**, with a mean of **0 (1%)**, suggests that gender-related risks are **rarely reported** across the sample. A mean score of 0—at the lowest end of the range (**0 to 9**)—indicates that, for most respondents, protection risks such as violence, harassment, or exploitation are either minimal or not captured. However, the **range of scores—from 0 (lowest, better outcomes) to 9 (highest, worse outcomes)**—and the **SD of 1** show that a **small subset of respondents** experiences significant protection risks. These outliers highlight localized vulnerabilities or underreporting, which may obscure the true scale of the issue.

Overall, while gender-related protection risks appear minimal for most respondents, the presence of extreme scores suggests the need for **targeted monitoring and interventions** to identify and support the most vulnerable individuals.

The **Gender-Related Protection Risks** scores by country show extremely low reported levels overall, with **higher scores indicating greater risks** (see figure 62). **Iraq** stands out with the **highest score at 0.5**, suggesting that respondents in Iraq experience the greatest gender-related protection challenges, such as risks of violence, harassment, or exploitation. This reflects the ongoing impact of conflict, displacement, and limited protection mechanisms for vulnerable groups, particularly women.

Figure 62 - Gender-Related Protection Risks Vulnerability Score by Country



In contrast, **Afghanistan**, **Georgia**, and **Romania** report scores of **0.0**, indicating no reported gender-related risks. While this may reflect better outcomes, it could also suggest **underreporting**, or a lack of data capture related to sensitive gender issues in these contexts.

Other countries, including **Lebanon (0.2)**, **oPT (0.1)**, **Romania (Ukrainian refugees) (0.1)**, **Jordan (0.1)**, and **Syria (0.1)**, report marginal risks. The low scores across these countries suggest that gender-related protection risks are not widely reported or recognized among respondents, though isolated incidents likely persist, particularly in fragile or conflict-affected settings.

Interpretation: The findings reveal that while **gender-related protection risks** appear minimal overall, the **higher score in Iraq** highlights specific vulnerabilities that require targeted interventions to strengthen protection mechanisms. The near-zero scores in other countries may indicate a combination of **better outcomes** and **underreporting**, particularly given the sensitivity of gender-related risks. These results emphasize the importance of **proactive monitoring and engagement** to identify and address protection challenges, particularly for vulnerable groups such as women and girls in high-risk contexts.

What is the Children's Well-Being Vulnerability Score among CVA participants?

The **Children's Well-Being Vulnerability Score**, with a mean of **6 (22%)**, reflects **limited but variable outcomes** for children. Lower scores indicate better outcomes, and a mean score of 6—closer to the lower

end of the range (**0 to 26**)—suggests that while some households report positive outcomes, many others face significant challenges in ensuring children's well-being.

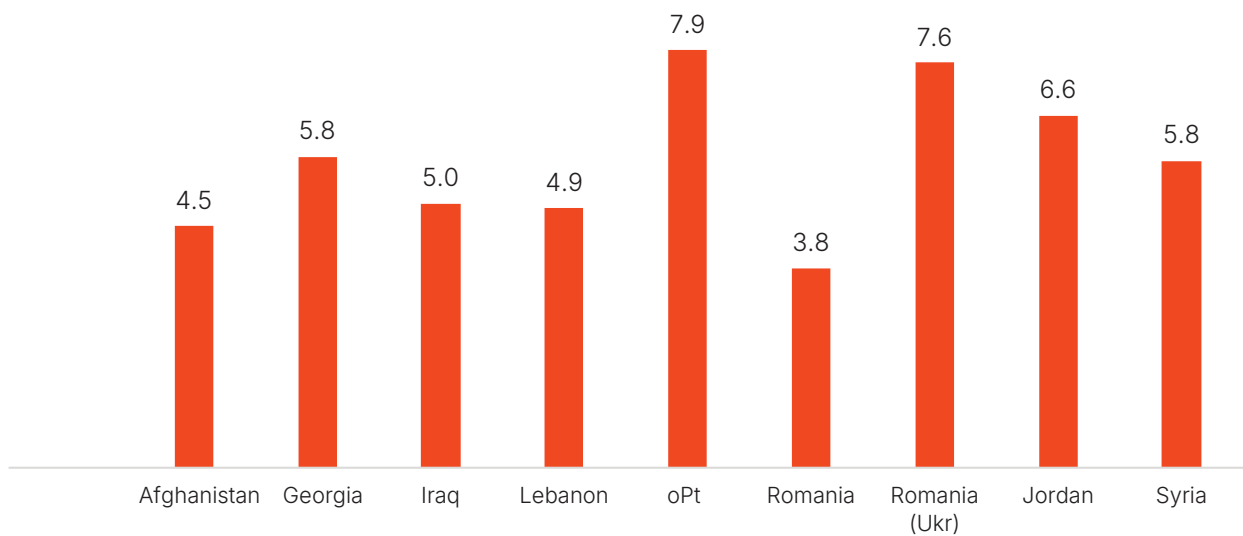
The **range of scores—from 0 (lowest, better outcomes) to 26 (highest, worse outcomes)**—demonstrates substantial variation, with some children thriving while others experience poorer outcomes related to health, education, or overall development. The **standard deviation (SD) of 5** highlights significant variability, indicating that experiences differ widely among households.

Overall, the findings suggest that while a portion of households report strong outcomes for children, many still struggle to ensure their well-being. Targeted investments in **education, health services, and child protection** are essential to address these disparities and improve outcomes for children.

The **Children's Well-Being Vulnerability Scores** by country reflect notable disparities, with **higher scores indicating greater challenges** in children's health, education, and overall development (see Figure 63). The **oPT (Occupied Palestinian Territory)** reports the **highest score at 7.9**, followed closely by **Romania (Ukrainian refugees) at 7.6**, indicating the most significant challenges to children's well-being. These elevated scores suggest that children in these contexts face severe vulnerabilities, likely stemming from ongoing conflict, displacement, and limited access to essential services.

In contrast, **Romania** has the **lowest score at 3.8**, suggesting relatively better outcomes for children, with stronger access to services and improved well-being compared to other countries. **Afghanistan** also reports

Figure 63 - Children's Well-Being Vulnerability Score by Country



a lower score of **4.5**, reflecting comparatively better, albeit still fragile, outcomes for children's well-being.

Other countries fall within a moderate range, including **Lebanon (4.9)**, **Iraq (5.0)**, **Georgia (5.8)**, **Syria (5.8)**, and **Jordan (6.6)**. These scores indicate that while children's well-being remains a concern across these contexts, challenges vary based on specific country dynamics, such as economic instability, conflict, or displacement.

Interpretation: The findings highlight that children's well-being is particularly compromised in **oPt** and

among **Ukrainian refugees in Romania**, where vulnerabilities are exacerbated by conflict and displacement. Conversely, **Romania** and **Afghanistan** report the best outcomes, though challenges persist. The moderate scores in other countries reflect ongoing gaps in **health, education, and child protection** services. These results emphasize the need for **targeted investments** in child-focused programming to address vulnerabilities and ensure access to services that support children's long-term well-being and development.

What Relationships Emerge between Themes?

Focus Box

Interpretation Reminder: Higher composite vulnerability scores in LLH-R, GESI, CC, MHPWB, and CWB indicate poorer outcomes, while lower scores reflect stronger resilience and better outcomes. It's crucial to interpret these scores in context—lower scores are favorable. For instance, higher LLH-R scores reflect greater livelihood vulnerability (worse outcomes), while lower scores indicate stronger resilience. Similarly, in CWB analysis, higher vulnerability scores correlate with poorer child well-being outcomes, while lower scores indicate better well-being. The focus should be on interventions that lower the scores to reduce vulnerability and enhance resilience.

The correlation analysis between the Vulnerability Score and the other composite vulnerability scores reveals **weak but statistically significant relationships across most thematic areas**. These findings shed light on how households with higher vulnerability may experience different impacts from CVA. This approach helps highlight meaningful patterns and insights without overstating the relationships observed.

- **Overall Economic Resilience Vulnerability Score:** A **weak positive correlation** (Pearson correlation = **0.164**, p-value = **0.000**) was found between the Vulnerability Score and the Overall Economic Resilience Score. This suggests that more vulnerable households face greater economic challenges, which may affect their ability to fully benefit from CVA in building resilience.
- **Mental Health and Psychosocial Well-Being (MHPWB) Vulnerability Score:** A **weak negative correlation** (Pearson correlation = **-0.062**, p-value = **0.021**) shows that higher vulnerability is associated with slightly better MHPWB outcomes. While unexpected, this could indicate that the CVA has a disproportionately positive impact on mental health for highly vulnerable households, perhaps due to the relief of acute stressors.
- **Community Cohesion Vulnerability Score:** The results show a **weak positive correlation** (Pearson correlation = **0.133**, p-value = **0.000**), suggests that higher vulnerability is associated with slightly lower levels of community cohesion. This may reflect the strain on strong social networks and support systems in more vulnerable households.
- **Women's Empowerment Score:** A **weak negative correlation** (Pearson correlation = **-0.112**, p-value = **0.001**) suggests that higher vulnerability is linked to slightly better outcomes in women's empowerment. This could indicate that CVA interventions targeting the most vulnerable may have a stronger impact on empowering women, but additional factors likely influence these outcomes.
- **Gender-Related Protection Risks:** No significant correlation was identified (Pearson correlation = **0.035**, p-value = **0.191**), indicating that gender-related protection risks are not meaningfully associated with vulnerability levels in this sample.
- **Children's Well-Being Vulnerability Score:** A **weak positive correlation** (Pearson correlation = **0.066**, p-value = **0.014**) indicates that higher vulnerability is associated with slightly poorer outcomes in children's well-being. This suggests that children in more vulnerable households may face additional challenges, despite the benefits of CVA.

Interpretation: The findings suggest that while statistically significant, the relationships between the Vulnerability Score and most composite scores are **weak**, highlighting that vulnerability interacts with various dimensions (economic resilience, mental health, community cohesion, and children's well-being) but not strongly. Notably, gender-related protection

risks show **no correlation**, suggesting that vulnerability, as measured here, does not align directly with reported risks. These results underscore the complexity of vulnerability and its relationship to specific outcome areas, emphasizing the need for **targeted interventions** that address the multidimensional nature of vulnerability while recognizing that each area may be influenced by additional contextual factors.

The correlation analysis between the thematic composite scores reveals several statistically significant relationships, though all remain weak in strength. These relationships provide insights into how different outcome areas interact with one another, as outlined below:

Overall Economic Resilience Score:

- A **weak positive correlation** was observed with the **MHPWB Vulnerability Score** (Pearson correlation = **0.136**, p-value = **0.000**), suggesting that households with lower economic resilience tend to experience poorer mental health and psychosocial well-being outcomes.
- A **weak positive correlation** was also identified with the **Women's Empowerment Score** (Pearson correlation = **0.061**, p-value = **0.024**), indicating that households with lower economic resilience are slightly associated with lower levels of women's empowerment.

MHPWB Score:

- A **weak positive correlation** was found with the **Community Cohesion Score** (Pearson correlation = **0.188**, p-value = **0.000**), showing that poorer mental health outcomes are associated with weaker community cohesion.
- A **weak positive correlation** was observed with the **Women's Empowerment Score** (Pearson correlation = **0.229**, p-value = **0.000**), suggesting that mental health challenges tend to coincide with lower levels of women's empowerment.
- A **weak negative correlation** was identified with the **Children's Well-Being Score** (Pearson correlation = **-0.230**, p-value = **0.000**), indicating that poorer mental health outcomes are associated with slightly better well-being outcomes for children.

Community Cohesion Score:

- A **weak positive correlation** was found with

Gender-Related Protection Risks (Pearson correlation = 0.125, p-value = 0.000), suggesting that weaker community cohesion may align with higher perceived protection risks.

- A **weak negative correlation** was identified with the **Children's Well-Being Score** (Pearson correlation = -0.096, p-value = 0.000), meaning weaker community cohesion is slightly associated with better outcomes for children.

Women's Empowerment Score:

- A **weak negative correlation** was found with the **Children's Well-Being Score** (Pearson correlation = -0.171, p-value = 0.000), indicating that lower women's empowerment levels tend to align with better well-being outcomes for children.

Interpretation: The results highlight **weak but significant correlations** between the composite scores, pointing to the interconnected nature of vulnerabilities across economic resilience, mental health, community cohesion, women's empowerment, and children's well-being.

- Poor **economic resilience** is associated with challenges in **mental health** and **women's empowerment**, suggesting that financial instability affects both psychosocial outcomes and gender dynamics.
- Poor **mental health** outcomes align with weaker **community cohesion**, lower **women's empowerment**, and slightly better **children's well-being**, underscoring the ripple effect of psychosocial vulnerabilities on social and familial outcomes.
- **Community cohesion** plays a role in protection risks.
- Finally, weaker **women's empowerment** is associated with slightly better outcomes for **children's well-being**, emphasizing the trade-offs between women's empowerment and children's well-being..

These findings underscore the need for **holistic, multi-sectoral interventions** that address the interconnected challenges across economic, social, and psychosocial domains. Programs aimed at improving **economic resilience**, strengthening **mental health services**, and promoting **women's empowerment** are likely to yield broader positive impacts, particularly for **children's well-being** and community stability.



Samah* in her kitchen putting away the groceries she purchased after receiving financial support thanks to the project World Vision Syria Response is implementing in Syria. ©World Vision

The Influence of Vulnerability on Thematic Outcomes

The regression analysis reveals that the **Vulnerability Score** has a statistically significant but **weak influence** on all thematic composite scores. While the relationships are evident, the **low R-squared values** across all models indicate that vulnerability explains only a small fraction of the observed changes in economic resilience, mental health, community cohesion, women's empowerment, and children's well-being. This suggests that while vulnerability contributes to variations in these areas, **other external factors** such as social and market systems, conflict, access to services, and household dynamics play a more prominent role.

Key Findings:

- **Overall Economic Resilience: Vulnerability is weakly linked to a decline in economic resilience.** For every one-point increase in vulnerability, the economic resilience score rose by 0.16 points. This finding underscores the link between socio-economic risks and a household's ability to cope with financial challenges. However, vulnerability alone accounts for 3% of economic resilience, suggesting that external factors such as access to employment opportunities, debt, and inflation have a greater impact.
- **Mental Health and Psychosocial Well-Being: The relationship between vulnerability and mental health outcomes is weakly negative, with vulnerability slightly associated with better mental health outcomes.** However, the extremely low R-squared (0.4%) indicates broader contextual factors, such as conflict, displacement, and access to mental health services, are likely to be more influential in shaping mental health.
- **Community Cohesion: Vulnerability shows a weak positive relationship with community cohesion, where higher vulnerability correlates with lower levels of community cohesion.** The R-squared of 2% reflects that vulnerability is just one of many factors influencing social ties and community relationships. These findings highlight the need for targeted initiatives to strengthen community cohesion, particularly in fragile and resource-limited settings where vulnerability is more pronounced.
- **Women's Empowerment:** A weak negative relationship was found between vulnerability and women's empowerment, with higher vulnerability linked to slightly better empowerment scores. However, only 1% of this variation is explained by vulnerability, and other systemic factors such as cultural norms, access to education, and gender dynamics likely play a larger role. WE Subgroup Insights: Older women (61+) scored higher on WES, suggesting greater vulnerability in this group. Education, employment, and debt also influenced WES scores, with secondary education and seasonal employment linked to better empowerment. Women receiving micro-credit had better empowerment scores compared to those receiving cash assistance, indicating that tailored interventions may improve women's economic and social empowerment.
- **Children's Well-Being:** Vulnerability is weakly linked to poorer child outcomes, with the vulnerability score increasing slightly with poorer child outcomes. However, the low R-squared (0.4%) again suggests that factors such as access to education, child protection, and healthcare services are likely to be more influential in determining well-being outcomes for children.
 - Notable differences in child well-being outcomes across DAC groups: Refugees and IDPs showed better child well-being outcomes compared to host communities and returnees, indicating the need for tailored interventions for different groups.
 - While vulnerability is a factor influencing outcomes in these areas, it only explains a small part of the variation. Broader contextual and systemic factors, such as access to services, cultural dynamics, and socio-economic risks, play a more significant role in shaping these outcomes. The findings underscore the importance of adopting multi-sectoral, context-specific approaches to address vulnerability and improve outcomes in areas like mental health, economic resilience, and women's empowerment.

CONCLUSION

This study underscores the **transformative potential** of CVA as a multi-dimensional tool that goes beyond financial relief, influencing **household stability, gender equality, child well-being, mental health, and community cohesion**. The findings demonstrate that while CVA helps alleviate immediate financial burdens, its impact is **shaped by gender norms, household structures, displacement status, and broader socio-economic conditions**.

Across **different contexts**, CVA contributed to improved household communication and collaboration, reducing financial tensions and fostering shared decision-making. However, this progress was uneven—**female-headed households, refugees, and communities with entrenched gender norms** faced

greater challenges in achieving financial autonomy. While many women reported greater confidence and participation in financial decisions, **systemic barriers continued to limit their ability to translate financial support into sustained economic independence**. Encouragingly, CVA expanded women's economic contributions, but **participation in income generation remained low, with 80% of households still lacking female earners**. These insights highlight the **need for targeted support that enhances women's financial inclusion, leadership, and access to sustainable livelihood opportunities**.

For **children**, CVA played a vital role in improving well-being, enhancing school attendance, and reducing stress—but its effectiveness varied. In some contexts,



Distribution of winterization kits in Zaporizhzhia, Ukraine, about 30 kilometres from the frontlines. ©World Vision

financial relief enabled children to return to school, access nutritious food, and experience a more stable home environment. However, refugee children and those in high-vulnerability contexts, such as oPT and among Ukrainian refugees in Georgia, saw fewer improvements, highlighting persistent barriers to education and healthcare. Caregivers, particularly women, emphasized how CVA helped meet their children's basic needs, reinforcing the connection between financial security and emotional stability. To maximize impact, CVA should be paired with education-focused support, child protection initiatives, and psychosocial services to ensure long-term improvements in children's well-being.

At the level of **families**, findings show that CVA provided crucial short-term financial relief, allowing households to meet basic needs, reduce debt, and stabilize their economic situation. However, persistent economic vulnerabilities remain, particularly for women, refugees, and those in high-debt cycles. While livelihood resilience improved for 89% of recipients, financial hardship actually increased post-CVA, rising from 82% to 97.5%, underscoring the structural nature of economic precarity that cash assistance alone cannot resolve. Debt, unemployment, and housing costs emerged as the most pressing challenges, with refugees struggling most with rental costs (40%) and returnees experiencing the highest unemployment rates (47%). Women, particularly female-headed households, faced compounding constraints, balancing caregiving responsibilities with limited access to stable employment. To enhance livelihood resilience, future CVA interventions must move beyond immediate relief toward structured, long-term solutions that address systemic barriers to financial security, including job creation initiatives, financial literacy programs, debt relief mechanisms, and social protection schemes. Without these reinforcements, the most vulnerable households risk remaining trapped in cycles of financial instability despite the temporary support that CVA provides.

At the **community level**, CVA strengthened social ties for many recipients, reducing financial tensions and fostering mutual support networks. Debt repayment, in particular, emerged as a key driver of improved relationships, yet refugees were the least likely to experience stronger community connections, with 45% reporting no change. These findings point to structural barriers that hinder refugee integration and reinforce social exclusion. While many participants reported increased participation in community activities, particularly among female-headed households and early-married individuals,

more inclusive programming is needed to ensure that financial assistance translates into lasting social cohesion.

Mental health and psychosocial well-being were also significantly impacted by CVA, with 94% of recipients reporting positive effects. The financial relief provided a sense of stability and reduced anxiety, yet barriers to mental health services persisted, particularly in oPT, Georgia, and Afghanistan. Women were more likely to perceive improvements in their well-being, largely due to CVA's role in reducing financial stress and meeting their families' needs. However, without access to psychosocial support services, these improvements may be short-lived. Integrating CVA with mental health and social support mechanisms would ensure that recipients have the tools to sustain their emotional resilience beyond financial relief.

Ultimately, CVA is a powerful enabler of economic resilience, well-being, and social stability, but its impact is not automatic. Its effectiveness is shaped by gender norms, displacement status, financial pressures, and community dynamics. The findings emphasize that CVA alone is not enough—long-term empowerment requires complementary interventions, such as financial literacy, employment pathways, psychosocial services, and inclusive programming that addresses systemic barriers. By adopting multi-sectoral, context-sensitive approaches, CVA can evolve from a short-term coping mechanism into a sustainable pathway for dignity, stability, and long-term resilience.



Besmellah, one of the earthquake-affected residents, receives cash assistance. ©World Vision

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ANNEX

Technical Note: Construction of the Composite Vulnerability Scores

Composite Vulnerability Scores are a series of metrics encompassing the demographic profile of WV CVA participants and five outcome domains: Mental Health and Psychosocial Well-being (MHPWB), Livelihood-Resilience (LLH-R), Community Cohesion (CC), Gender Equality and Social Inclusion (GESI), and Child Well-being (CWB), derived from a total of 74 survey questions. The total number of CVA participants used to compute composite scores is 1380. Each CVA participant's profile includes six individual vulnerability scores, calculated as follows:

1. Demographic Vulnerability (DV) Score (14 questions)
2. Livelihood-Resilience Vulnerability (LLH-R) Vulnerability Score (9 questions)
3. Mental Health and Psychosocial Well-Being (MHPWB) Vulnerability Score (7 questions)
4. Community Cohesion (CC) Vulnerability Score (9 questions)
5. Gender Equality and Social Inclusion (GESI) Vulnerability (Score (10 questions))
 - a. Women's Empowerment Vulnerability Score (7 questions)
 - b. Gender-related Protection Risks Vulnerability Score (3 questions)
6. Children's Well-Being (CWB) Vulnerability Score (23 questions)

Higher vulnerability scores (in metrics like LLH-R, GESI, CC, MHPWB, CWB) indicate poorer outcomes, while lower scores reflect stronger resilience and better outcomes. It is important to interpret these in context, where **lower scores are favorable**. For example, higher LLH-R scores reflect greater livelihood vulnerability (worse outcomes), while lower scores indicate stronger resilience. Similarly, in CWB analysis, higher vulnerability scores correlate with poorer child well-being outcomes, while lower scores indicate better well-being. The focus of interventions should be on reducing these scores to decrease vulnerability and enhance resilience.

Steps for Composite Score Calculation

1. **Variable Selection:** Identify relevant variables contributing to each composite score.
2. **Answer Categorization:** Define correct and incorrect responses for nominal variables and adjust ordinal variables based on correct answers.
3. **Score Calculation:** Compute the overall score using the revised values of the selected variables.

Methodology Used in SPSS

1. *Transforming Variables:*
 - **Recode into Different Variables:** Recoded nominal and ordinal variables to define correct and incorrect responses.
 - **Compute Variables:** Calculated composite scores from the recoded values.
2. *Statistical Analysis:*
 - Descriptive statistics (mean, standard deviation, minimum, maximum, and coefficient of variation) were applied to summarize the scores.
 - Comparisons by country were conducted, and findings were visually presented using graphs in Excel.

Table: Survey questions included in the composite vulnerability scores

Questions included	Demographic profile (Q. 1-13)	LLH-R (Q. 15-23)	MHPWB (Q. 29-36)	CC (Q. 37-45)	GESI (Q. 25-28, Q. 46-48, Q. 72-74)	CWB (Q. 49-71)
1. Year of birth	X					
2. Gender	X					
3. Displacement status	X					
4. Marital status (including child marriage)	X					
5. HH size	X					
6. HH number of children under 18	X					
7. Highest education status	X					
8. Employment status	X					
9. Sources of income	X					
10. Other HH members working	X					
11. HH Debt	X					
12. Housing situation	X					
13. Disability or chronic disease status	X					
14. Disability of chronic disease type	X					
15. Change in HH economic stability since receiving CVA		X				
16. Description of change (improve/worsen) in HH economic stability since receiving CVA		X				
17. Multiple sources of income before CVA		X				

Questions included	Demographic profile (Q. 1-13)	LLH-R (Q. 15-23)	MHPWB (Q. 29-36)	CC (Q. 37-45)	GESI (Q. 25-28, Q. 46-48, Q. 72-74)	CWB (Q. 49-71)
18. Since receiving CVA, there is a tradeoff between meeting basic needs and saving for larger investments		X				
19. Business sustainability post CVA		X				
20. Found and/or retained a job post CVA		X				
21. HH primary economic challenges		X				
22. HH economic challenges same as before receiving CVA		X				
23. Extent to which CVA helped HH overcome economic challenges		X				
25. Woman in HH generating income through a business/ service for the community since receiving CVA					X	
26. Woman's income effect on HH ability to cope and adapt to economic shocks since receiving CVA					X	
27. Woman in HH generating income before CVA					X	
28. Woman's income effect on HH ability to cope and adapt to economic shocks before receiving CVA					X	
29. CVA effect on overall well-being and mental health			X			
30. More secure or less stressed because of assistance			X			

Questions included	Demographic profile (Q. 1-13)	LLH-R (Q. 15-23)	MHPWB (Q. 29-36)	CC (Q. 37-45)	GESI (Q. 25-28, Q. 46-48, Q. 72-74)	CWB (Q. 49-71)
31. Extent to which CVA was useful in alleviating financial stressors			X			
32. Coping mechanisms or support systems used since receiving CVA			X			
33. HH accessibility to MHPSS activities			X			
34. CVA influences confidence in managing daily life and future			X			
36. CVA impacts on your ability to perform daily activities and responsibilities			X			
37. CVA support helped you in fulfilling your roles within your family or community				X		
38. CVA effects on social connections and participation in community activities				X		
39. Change in relationships with community since receiving CVA				X		
40. Relationship with community before receiving CVA				X		
41. Community support before CVA				X		
42. Frequency of interaction with community compared to before CVA				X		
43. Extent to which CVA helps meet social obligations				X		
44. Frequency of meeting social obligations before receiving CVA				X		

Questions included	Demographic profile (Q. 1-13)	LLH-R (Q. 15-23)	MHPWB (Q. 29-36)	CC (Q. 37-45)	GESI (Q. 25-28, Q. 46-48, Q. 72-74)	CWB (Q. 49-71)
45. CVA influence on participation in community activities or meetings				X		
46. Change in HH communications / interactions since receiving CVA					X	
47. Improved HH communications and resolved conflict within the household					X	
48. HH communications / interactions more tense or challenging since receiving CVA					X	
49. HH changes impact on children's well-being since receiving CVA						X
50. Description of CVA benefit on children's well-being						X
51. Extent to which CVA allowed children to attend school more regularly						X
52. Extent to which CVA helped provide additional educational resources						X
53. Extent to which CVA helped HHs afford better healthcare for their children						X
54. Extent to which CVA contributed to healthier food choices for children						X
55. Extent to which children's emotional well-being improved since receiving CVA						X
56. Extent to which CVA helped children feel more secure and less anxious						X

Questions included	Demographic profile (Q. 1-13)	LLH-R (Q. 15-23)	MHPWB (Q. 29-36)	CC (Q. 37-45)	GESI (Q. 25-28, Q. 46-48, Q. 72-74)	CWB (Q. 49-71)
57. Extent to which children feel more hopeful about their future because of CVA						X
58. Extent to which CVA increased children's confidence in pursuing their dreams or ambitions						X
59. Extent to which CVA contributed to an increase in children's confidence in their abilities						X
60. Extent to which children feel more capable of achieving their goals since receiving CVA						X
61. Negative impact of HH changes on children's well-being or education						X
62. Extent to which financial strain caused by CVA affected children's ability to attend school						X
63. Extent to which children missed school or educational opportunities due to financial difficulties						X
64. Extent to which children's health declined due to reduced access to healthcare because of financial strain						X
65. Extent to which financial strain led to difficulties in providing nutritious food for children						X
66. Extent to which children experienced increased stress or anxiety due to financial challenges						X

Questions included	Demographic profile (Q. 1-13)	LLH-R (Q. 15-23)	MHPWB (Q. 29-36)	CC (Q. 37-45)	GESI (Q. 25-28, Q. 46-48, Q. 72-74)	CWB (Q. 49-71)
67. Extent to which children seem less emotionally stable since receiving CVA						X
68. Extent to which children feel less optimistic about their future due to financial difficulties						X
69. Extent to which HH financial stress diminished children's confidence in achieving their goals						X
70. Extent to which HH financial strain caused a decrease in children's self-confidence						X
71. Extent to which children feel less capable of handling challenges due to financial difficulties						X
72. GBV experience perpetrated by family members to hand over the money received through CVA					X	
73. Most common GBV perpetrator					X	
74. Impact of GBV pressure on ability to make decisions about how to use the CVA					X	

Correlation Between Scores

The purpose of conducting a **correlation analysis** is to examine the relationships between the Vulnerability Score and thematic category scores. This analysis helps identify whether and how these variables are associated, providing insights into the strength and direction of their relationships. Understanding these correlations is crucial for interpreting how changes in one variable (e.g., vulnerability) may relate to changes in others, offering valuable information for designing and targeting interventions effectively.

The analysis employed the **Pearson correlation coefficient (denoted as r)**, a statistical measure used to quantify the linear relationship between two continuous variables. This method provides two key indicators:

1. **Strength of the Relationship:** The degree to which data points cluster around a straight line, with a stronger correlation indicating tighter clustering.
2. **Direction of the Relationship:**
 - **Positive Correlation:** Both variables move in the same direction (e.g., as one increases, so does the other).
 - **Negative Correlation:** The variables move in opposite directions (e.g., as one increases, the other decreases).

Interpreting the Results

The value of the Pearson correlation coefficient ranges between -1 and +1:

- **+1:** Represents a perfect positive linear relationship, where an increase in one variable corresponds proportionally to an increase in the other.
- **0:** Indicates no linear relationship; the variables do not influence each other in a predictable linear way.
- **-1:** Denotes a perfect negative linear relationship, where an increase in one variable corresponds proportionally to a decrease in the other.

Correlations are considered statistically significant when the **p-value** is below the predefined margin of error (e.g., $p < 0.05$). Significant correlations reveal meaningful associations between variables, which can guide predictions and interventions. However, it is important to note that correlation does not imply causation.

Regression Analysis

Regression analysis was conducted to build upon the findings of the correlation analysis, providing a more detailed examination of the relationships between independent variables (e.g., thematic category scores) and dependent variables (e.g., the Vulnerability Score). The primary objective was to understand the nature, strength, and direction of these relationships and to determine whether the independent variables have a significant effect on the dependent variable, rather than to develop predictive models.

Types of Regression Analysis Used

1. Simple Linear Regression

- **Definition:** Examines the relationship between one independent variable (predictor) and one dependent variable (outcome). It identifies the best-fitting straight line to represent this relationship.
- **Equation:** $y = b_0 + b_1 \cdot x$
 - y: dependent variable
 - x: independent variable
 - b_0 : y-intercept (value of y when $x=0$)
 - b_1 : slope (change in y for a one-unit change in x)

2. Multiple Linear Regression

- **Definition:** Extends simple regression to include two or more independent variables, allowing for an analysis of how multiple factors influence the dependent variable simultaneously.
- **Equation:** $y = b_0 + b_1x_1 + b_2x_2 + \dots + b_nx_n$
 - y: dependent variable
 - x_1, x_2, \dots, x_n : independent variables
 - b_0 : y-intercept
 - b_1, b_2, \dots, b_n : coefficients representing the effect of each independent variable

Purpose of Using Regression Analysis

- **Relationship Analysis:** To assess the strength and direction of the relationship between variables, identifying which independent variables significantly influence the dependent variable.
- **Control for Confounding Variables:** By including multiple independent variables, the analysis isolates the effect of specific variables while accounting for the influence of others.
- **Understanding Impact:** To determine the specific contribution of each independent variable to the overall outcome.

The purpose of regression analysis in this study is to **examine the relationship between independent and dependent variables**.

Run the Regression in SPSS

Menu Navigation: Analyze > Regression > Linear...

Variable Selection:

- Move the dependent variable into the "Dependent" box.
- Move the independent variable(s) into the "Independent(s)" box.

Interpret the Output

SPSS will generate several tables. Here's how to interpret the key ones:

- Model Summary:
 - R, R Square, Adjusted R Square: These indicate the proportion of variance in the dependent variable explained by the model. Higher values suggest a better fit. Adjusted R Square is more conservative, especially with multiple predictors.
 - Standard Error of the Estimate: A measure of the average distance between the observed data points and the regression line.
- ANOVA:
 - F-statistic and p-value: Test the overall significance of the model. A low p-value (typically < 0.05) indicates that the model is statistically significant, meaning at least one independent variable is a significant predictor.
- Coefficients:
 - B: Unstandardized coefficients. These represent the change in the dependent variable for a one-unit change in the corresponding independent variable, holding other variables constant.
 - Std. Error: The standard error of the coefficient estimate.
 - t: The t-statistic for testing the significance of the coefficient.
 - p-value (Sig.): Indicates the statistical significance of each coefficient. A low p-value suggests that the independent variable is a significant predictor.
 - Confidence intervals: Provide a range of plausible values for the coefficient.

Technical Steps for Working with Nominal Variables

When incorporating nominal variables into regression analysis:

1. Transform categorical data into a numerical format suitable for regression.
2. For a nominal variable with k categories, create $k-1$ dummy variables, with one category as the reference.
3. Each dummy variable is coded as '1' if the observation belongs to that category and '0' otherwise.
4. The coefficients for the dummy variables represent the difference in the dependent variable's average value between the selected category and the reference category, controlling for other variables.



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