Outcome Monitoring Report

2018 Round 2

Assisted families consistently show better diet quality with 70% of assisted families having an acceptable food consumption score, compared to 63% amoung non-assisted.

However, both assisted and non-assisted families are still relying on certain negative coping strategies to manage shortage or lack of food.

MCAP allows families to rely less on debt. A lower proportion of assisted families report taking out debts in the past month (78% vs. 92% of non- assisted families). Assisted families pay off debts at a higher rate.

MCAP allows families to rely less on negative coping strategies to meet their basic needs while non-assisted families more frequently adopt negative coping strategies.

Nine percent of assisted families are not adopting negative livelihood coping strategies (compared to 2% of non-assisted families.

UNHCR MCAP is a main contributer to family income. While non-assisted families have to rely heavily on work and debt. assisted families are able to rely on cash from assistance.

On average, beneficiaries require 21 minutes to travel to an ATM to withdraw the cash assistance. Transportation cost about USD 2. Only 5% of the sample faced challenges reaching an ATM, mainly due to distance. Most families (95%) are aware of the complaints and feedback mechanism in place

Assisted families had more positive perceptions of their overall wellbeing. Using a UNHCR-developed wellbeing index, a smaller proportion of assisted families are found to have a 'low' wellbeing score compared to those not assisted (6% compared to 16%).
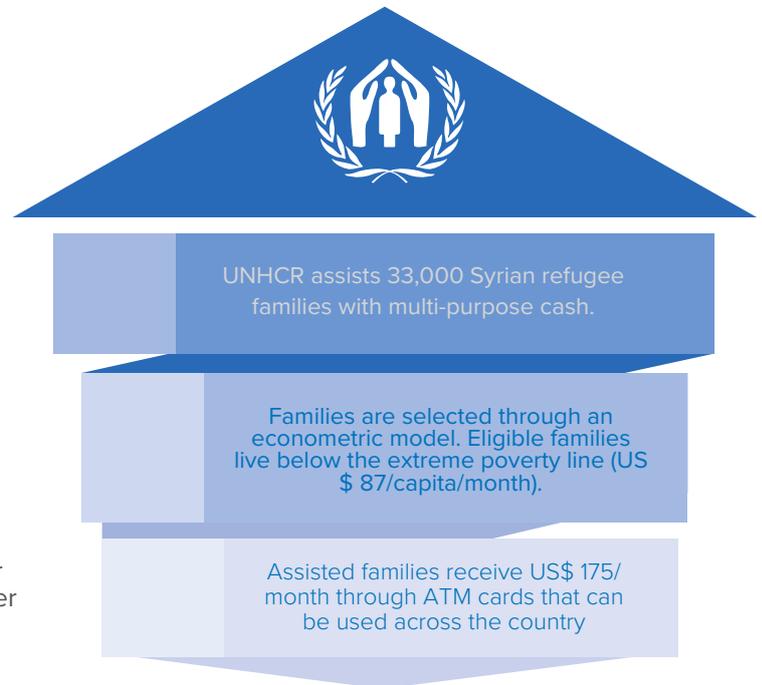
Background

There are approximately 33,000 Syrian refugee families enrolled in UNHCR's multipurpose cash assistance programme (MCAP). Through this large scale delivery of assistance, UNHCR aims to enable vulnerable refugee families to meet their most basic needs in a safe and dignified way. The cash programme is in line with the UNHCR basic needs approach which is designed with the goal to achieve longer term wellbeing and improved socio-economic situation for vulnerable families.

By means of an econometric model, designed through data gathered during the annual vulnerability assessment of Syrian refugees (VASyR), monthly expenditure is predicted for each refugee household. In this way, the population of concern to UNHCR can be ranked according to their socio-economic vulnerability. Families that have a predicted monthly expenditure below the Survival Minimum Expenditure Basket (SMEB) of 87 US$/capita/month are considered to be *Severely Vulnerable* and are targeted for MCAP. To maximize the use of limited resources, UNHCR targets the poorest families (i.e. those with the lowest predicted expenditures) in each area of operation covering Lebanon (Mount Lebanon, Bekaa, North and South Lebanon).

Assisted families are provided with an ATM card and PIN number through which they receive a monthly cash transfer equivalent to US$ 175. This cash transfer complements other sources of income including other types of assistance (namely food assistance from the World Food Programme, WFP) and any income from work. In this way, UNHCR supports poor families to reach expenditures equal to the SMEB and live a dignified life.

Figure 1: Summary of UNHCR's multi-purpose cash assistance programme

UNHCR assists 33,000 Syrian refugee families with multi-purpose cash.

Families are selected through an econometric model. Eligible families live below the extreme poverty line (US$ 87/capita/month).

Assisted families receive US$ 175/month through ATM cards that can be used across the country

Objective and Methodology

The aim of UNHCR MCAP outcome monitoring (OM) is to track key outcomes of the programme by comparing the situation of households that benefit from the assistance (assisted families) to those that do not (non-assisted families). This report presents the findings of an OM exercise conducted on a sample of 763 Syrian refugee families.
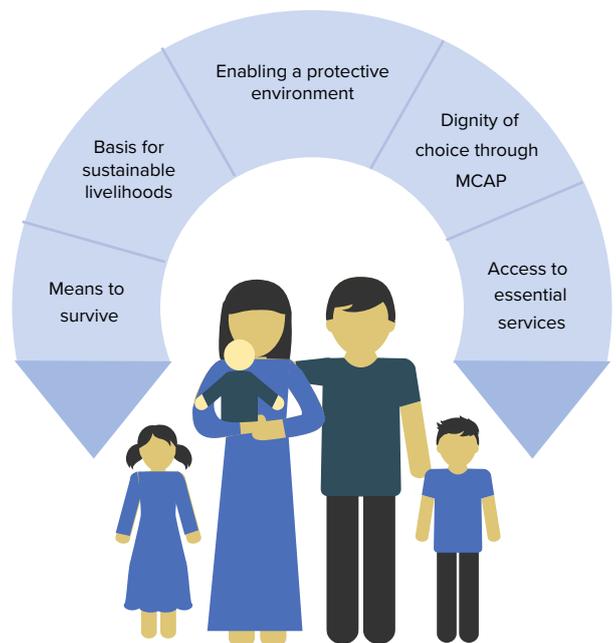
Design and sampling

The following groups were surveyed:

1) **Group 1: 412** families assisted by UNHCR MCAP
2) **Group 2: 351** families not assisted by any MCAP

Both groups were selected from the pool of severely vulnerable families and both groups receive regular food assistance from WFP (US$ 27/person/month). The second group serves as the control group for this analysis. By selecting households within the same vulnerability category as those who are assisted, the effects of the cash programme can be better determined.

The survey took place in the form of face-to-face interviews at beneficiary homes. Data was collected between July and August 2018 by trained enumerators through UNHCR partner agencies across the country.

Figure 2: The UNHCR basic needs approach

Enabling a protective environment

Basis for sustainable livelihoods

Dignity of choice through MCAP

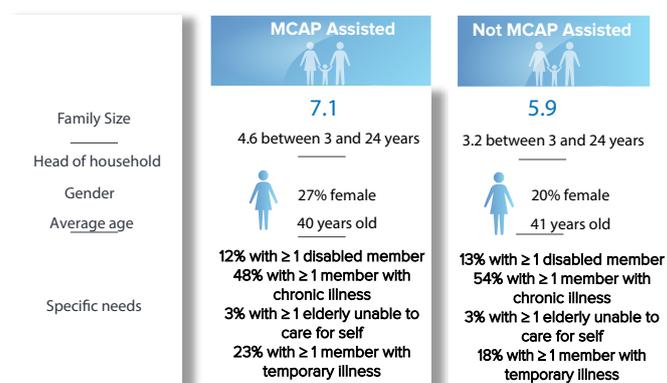Means to survive

Access to essential services

1) UNHCR partners that participated in data collection: World Vision International in the Bekaa; Caritas in North Lebanon; Makhzoumi Foundation in Mount Lebanon; SHEILD in South Lebanon.

Results
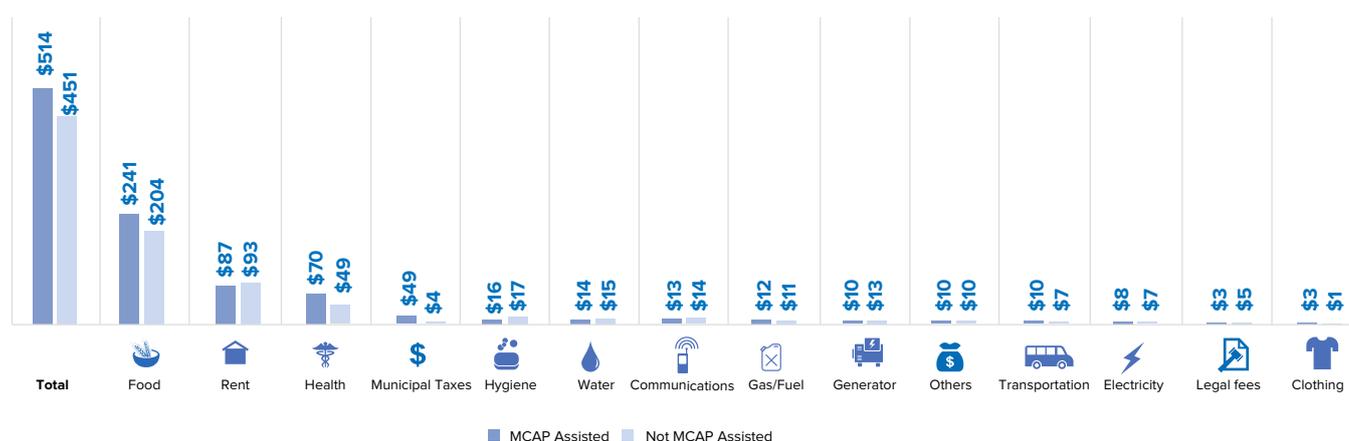
Household Characteristics

Among those assisted, households are composed of 7.1 individuals - significantly larger than those not assisted (5.9). Assisted families have, on average, 4.6 school-aged children/youth (3 to 24 years) compared to 3.2 for those not assisted. There is a larger percentage of female headed households among those assisted (27% vs. 20%). Families are targeted for MCAP through an econometric model which predicts expenditure. Both household size and gender of the head of household are known to influence a family's expenditure and vulnerability. It is not surprising that these differ between the groups. This reflects how the targeting tool is prioritizing families with these specific vulnerabilities.

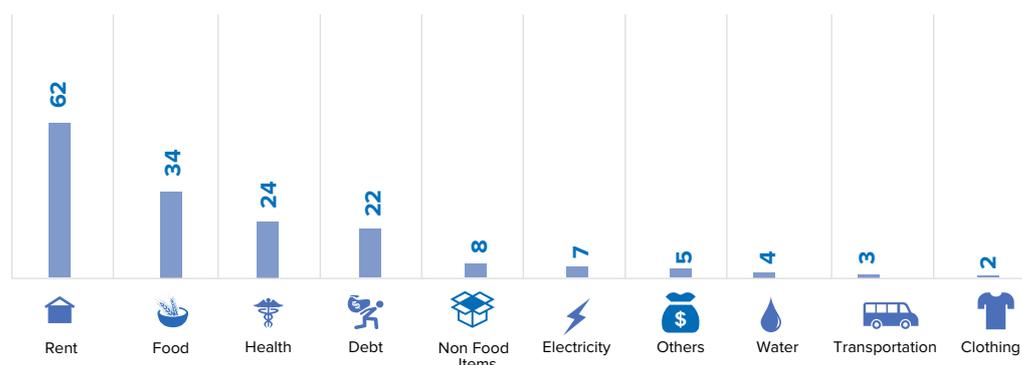|	MCAP Assisted	Not MCAP Assisted
Family Size	7.1	5.9
	4.6 between 3 and 24 years	3.2 between 3 and 24 years
Head of household Gender	27% female	20% female
Average age	40 years old	41 years old
Specific needs	12% with ≥ 1 disabled member	13% with ≥ 1 disabled member
	48% with ≥ 1 member with chronic illness	54% with ≥ 1 member with chronic illness
	3% with ≥ 1 elderly unable to care for self	3% with ≥ 1 elderly unable to care for self
	23% with ≥ 1 member with temporary illness	18% with ≥ 1 member with temporary illness

Expenditure

UNHCR MCAP provides socio-economically vulnerable families with increased access to cash liquidity for expenditure on basic needs. Assisted families have a higher monthly household expenditure by USD 63 compared to non-assisted. Notably, expenditure is higher on food and health/medical expenses. Monthly expenditure on rent was slightly lower among the assisted families, possibly because a larger proportion of assisted families live in non-permanent shelters, where rent is cheaper.

At the individual level, total monthly per capita expenditure is comparable across the two groups (USD 76 for assisted and USD 79 for non-assisted). Given the larger family size among those assisted, MCAP is enabling households to maintain a per capita expenditure similar to less vulnerable (non-assisted) households. The increased household expenditure shows that UNHCR MCAP enables families to increase their expenditure to cover the incremental expenses of additional family members.

Figure 4: Average monthly family expenditure on specific purchases and services (USD)

	Total	Food	Rent	Health	Municipal Taxes	Hygiene	Water	Communications	Gas/Fuel	Generator	Others	Transportation	Electricity	Legal fees	Clothing
MCAP Assisted	$514	$241	$87	$70	$49	$16	$14	$13	$12	$10	$10	$10	$8	$3	$3
Not MCAP Assisted	$451	$204	$93	$49	$4	$17	$15	$14	$11	$13	$10	$7	$7	$5	$1

■ MCAP Assisted   ■ Not MCAP Assisted

Cash assistance priorities

On average, the majority of UNHCR MCAP is spent on rent (USD 62), food (USD 34) and health (USD 24). Families also use the assistance to pay back debts at an average of USD 22/month. The way families prioritize spending the assistance varies geographically. In Mount Lebanon and the South, where rent is known to be higher than other regions, a larger amount of the assistance is spent on rent. Cash assistance spending on health and debt repayment was higher in the Bekaa as compared to the other regions.

Figure 5: Average expenditures from UNHCR MCAP

Rent	Food	Health	Debt	Non Food Items	Electricity	Others	Water	Transportation	Clothing
62	34	24	22	8	7	5	4	3	2

Income

For both groups, cash assistance (from MCAP or food assistance) is cited as the primary income source. Non-assisted families rely on work and debt as secondary income sources while cash from UNHCR MCAP to be main contributor to family income for assisted families.

In line with results from previous monitoring exercises, assisted families have fewer working members than the non-assisted. In this sample, 24% of non-assisted families have no working members, compared to 38% of those assisted. Average monthly income is higher by USD 53 among those not assisted. Assisted families are inherently more vulnerable that those not assisted, thus the difference in working behaviors could be linked to the reduced working capacities of assisted families.

Debt

A significantly lower proportion of assisted families report taking out debt or buying goods on credit in the past month (78% compared to 92%). Also, assisted families have less incurred debt that non-assisted (USD 672 compared to USD 834). On average, families use USD 22 from UNHCR MCAP to pay back debts, UNHCR MCAP is thus allowing families to allocate a larger share of household expenditure to repay debts. Debt repayment makes up 4% of overall monthly expenditure for assisted families compared to 1% for those non-assisted. Additionally, a significantly lower proportion of assisted families report delaying rent payment (54% compared to 64%) further indicating the importance of MCAP in helping families cover rent and avoid debts.

Wellbeing

UNHCR developed and piloted a wellbeing index to regularly monitor refugees wellbeing. The index measures refugee perceptions about different dimensions of everyday life, specifically on socioeconomic wellbeing, health, environment and hopefulness. Using a series of questions and weights, the wellbeing index is a score which then classifies a family as having "high", "moderate", "mild" or "low" wellbeing.

Overall, assisted families display a better perception of their wellbeing compared to those non-assisted. This is true across all four different dimensions: socio-economic, health, environment and hopefulness. That being said, no family, regardless of assistance status, achieved a "high" wellbeing score, possibly due to the inherent high vulnerability of refugees.

The proportion of assisted respondents in the 'low' category is significantly lower as compared to non-assisted families (6% compared to 16%) and higher for the mildly and moderate categories. 60% and 35% of respondents among assisted families are classified as 'mild' and 'moderate' respectively. This is in comparison to 70% among of non-assisted families in the 'mild' category and 15% in the 'moderate' category.

Figure 6: Overall wellbeing index classification

	High	Moderate	Mild	Low
MCAP Assisted	0.00%	34.60%	59.90%	5.50%
Not MCAP Assisted	0.00%	15.00%	68.90%	16.10%

Food Consumption Scores

The food consumption score (FCS) is a composite index that is calculated based on frequency of consumption of major food groups where households are classified as having acceptable, poor or borderline FCS.

Families use a portion of UNHCR MCAP to cover otherwise unmet food needs and the proportion of assisted families with an "acceptable" food consumption score is significantly higher than the non-assisted (70% versus 63%). Also, lower proportions of assisted families have a poor FCS (1% vs. 3% among the non-assisted).

Figure 7: Food consumption score classifications of refugee households

MCAP Assisted

Not MCAP Assisted

1%
29%
70%

3%
34%
63%

■ Acceptable FCS ■ Borderline FCS ■ Poor FCS
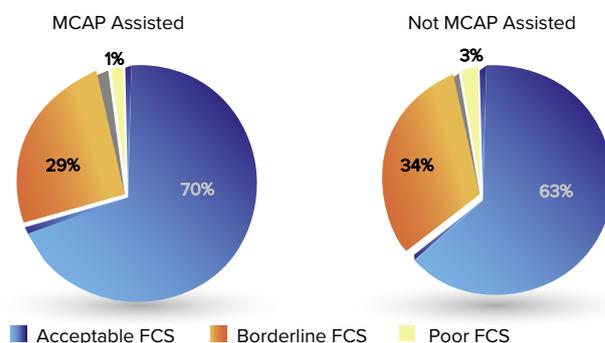
Coping Strategies

In general, many families (84%) are facing challenges in securing enough food for the family. Eighty percent of assisted families stated that they faced a shortage of food in the past week, compared to 88% of those not assisted. While UNHCR MCAP alleviates some of this struggle, assisted families and non-assisted families alike, resort to negative coping strategies. Assisted families report lower frequencies of some food related coping strategies when compared to non-assisted families such as relying on less expensive food, reducing number of meals and decreasing portion size. However, more assisted families report borrowing food, restricting females consumption, sending family members to eat elsewhere or spending a full day without eating.

Figure 8: Frequency and proportion of families resorting to different food related coping strategies.

|	MCAP Assisted		Not MCAP Assisted	
	% of households	Frequency (days/week)	% of households	Frequency (days/week)
Relied on less expensive or less preferred food	100%	5.2	99%	6.0
Borrowed food	57%	1.0	44%	1.0
Reduced number of meals	71%	3.1	83%	4.8
Reduced portion size	67%	2.8	78%	4.6
Spent a day without eating	20%	0.01	14%	0.04
Restricted consumption of adults	64%	3.0	70%	4.3
Sent household members to eat elsewhere	29%	0.2	16%	0.1
Restricted consumption of females	33%	0.3	18%	0.2

Figure 9: Proportion of households resorting to negative coping strategies

Livelihood coping strategies are categorized according to severity into three types: stress, crisis and emergency coping strategies[1] . Assisted families rely less on livelihood coping strategies with 9% not adopting any (compared to 2% of non-assisted families). Also, lower proportions of assisted families resort to crisis and stress coping mecha-nisms. No difference was noted with regards to emergency coping strategies. Assisted families rely less on day to day negative coping strategies like buying food on credit, borrowing money and reducing non-food expenditure. When it comes to more severe coping strategies however, such as selling productive or household assets, the effect of UNHCR MCAP is not particularly pronounced.

MCAP Assisted

5% 9%
19%
67%

Not MCAP Assisted

5% 2%
20%
73%

■ Not Adopting Negative Coping Strategies ■ Stress Coping Strategies ■ Crisis Coping Strategies ■ Emergency Coping Strategies
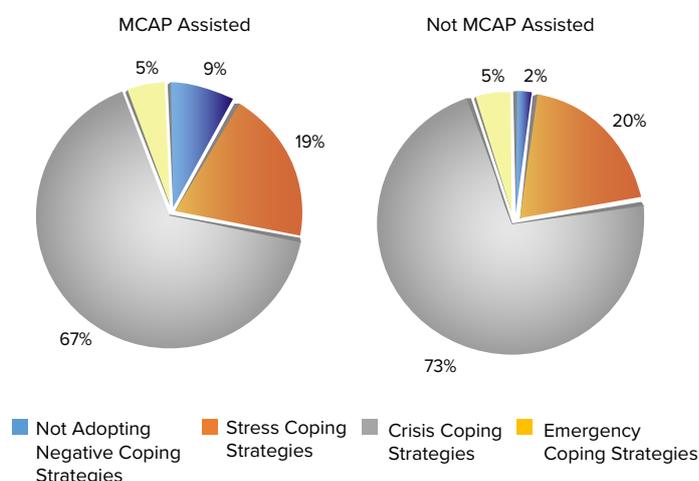
[1]Stress coping strategies: spending savings, selling household goods, buying on credit and incurring debt. Crisis: selling productive assets, withdrawing children from school, reducing non-food expenses, marriage of children under 18 years old. Emergency: Engaging children in work, begging, accepting high risk jobs, selling house or land.

Figure 10: Proportion of households reporting resorting to selected negative livelihood coping strategies.
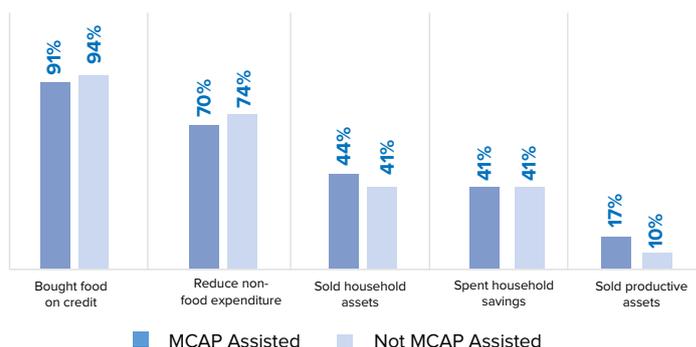
Access to ATMs and Cash Withdrawal

The three most common means of transport to the ATM were taxi (40%), bus (25%) or on foot (27%). Average time and cost to an ATM was 21 minutes and USD 2. Consistently across different monitoring activities, time to reach an ATM has been found to be 18 to 25 minutes, depending on the region and means of transport. The reported cost to reach an ATM was less than 2% of the monthly assistance and thus not subject for concern. Most (94%) families stated making only one monthly trip to the ATM. Travel time is not posing a threat with only 5% of the sample having found distance to an ATM challenging. This is mainly in Bekaa and North Lebanon, the more rural regions, where traveling to ATMs is a challenge for households residing in more remote locations.

Only 7% reported that facing challenges when withdrawing money. Most of these were related to overcrowding and long waiting times at banks in the Bekaa region. While this issue has been noted previously, there is no systematic evidence to suggest that waiting times at banks are posing safety risks to families with only one respondent stating fearing theft at the ATM. For others, security and safety issues were not cited.

Complaints and feedback

Complaints and feedback regarding UNHCR MCAP are gathered through multiple channels. UNHCR, with WFP, has set up a call center in Beirut. Refugee families are primarily told to contact the call center to place a complaint or provide feedback related to assistance, including loss of a card/PIN number, inquiries of eligibility, clarification of received communication, among others. Additionally, each UNHCR field office has a protection hotline that refugees can call. Results from this round of monitoring show that refugees are aware of these systems. Most families (95%) cited the call center as the method by which they would report any issue related to MCAP with only 2% having cited that they are unaware of how they should do so. Only 3% of families stated that they had filed an issue during their enrollment in the program- most of which (94%) stated that the problem was resolved at the time of the interview.

Conclusions

• MCAP enables families to meet their basic needs through increased access to cash. At the household level, assisted families are spending more on the top three expenses: food, rent and health.

• On average, families are spending the largest portion their cash assistance on rent. Additionally, lower proportions of assisted families had to delay their rent payments as compared to non-assisted families. Similarly, assisted families are less likely to take out debt to cover rent costs as compared to non-assisted families.

• Consistently, UNHCR OM shows that MCAP reduces families' reliance on debt. Assisted families have significantly less overall average debt. Also, expenditure patterns show that families are using a portion of the monthly assistance to pay back unpaid debts.

• Assisted families are still have to rely on a number of food related coping strategies to meet their family's food needs. While a significantly higher proportion of assisted families resort to negative livelihood coping strategies- this is not the case for the more severe coping mechanisms.

• Assessing the effects of MCAP on overall refugee wellbeing showed that recipients of MCAP have a better perception of their wellbeing compared to those not assisted. This includes perceptions on socio-economic, health, community and hopefulness dimensions of wellbeing.

• Very few households are reporting facing challenges getting to an ATM and withdrawing assistance. Additionally, refugees are seemingly aware of the complaints/feedback mechanisms in place for UNHCR MCAP.