

Outcome Monitoring Report

2019 Panel Study



Background

Some 33,000 Syrian refugee families in Lebanon are supported by UNHCR's multi-purpose cash assistance program (MCAP). As part of a global basic needs approach, UNHCR MCAP helps families meet their basic needs with safety and dignity through the provision of cash. Assisted families have access to cash through an ATM card and PIN number that can be used at ATMs across the country. Each month, families receive an SMS that their card has been loaded with an amount equal to US\$ 175.

Using innovative methodologies and ensuring the highest standards of data protection, UNHCR is able to assist the poorest, most socio-economically vulnerable families. An econometric model was developed using data from the annual Vulnerability Assessment of Syrian Refugees (VASyR). Using expenditure as a proxy for poverty, and by applying the model to UNHCR refugee data, refugee families are scored and ranked according to their predicted expenditure. Families that have a monthly expenditure below the Survival Minimum Expenditure Basket (SMEB) of US\$ 87/capita/month are classified as *Severely Vulnerable* and eligible for MCAP. The 2019 VASyR reports that over half the Syrian refugee population in Lebanon are living below the SMEB.

With such a large population in need and with limited resources, UNHCR targets the poorest families in each area of operation in Lebanon (Mount Lebanon, Bekaa, North Lebanon and South Lebanon).

Humanitarian cash actors in Lebanon, including UNHCR, are currently able to support around 40% of the severely vulnerable population leaving a large portion of the eligible population unassisted.

UNHCR outcome monitoring (OM) serves as one of the main methods for monitoring the effects of MCAP on refugee families.

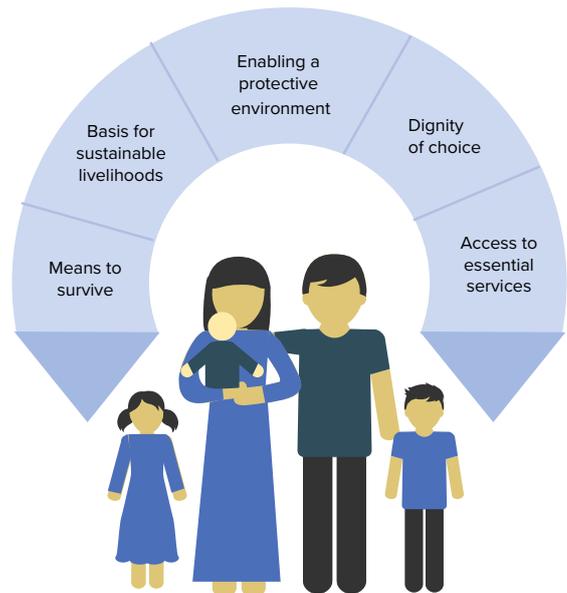


Figure 1: The UNHCR basic needs approach

Methodology

Design and sampling

In 2019, the MCAP OM methodology took the form of a *panel survey* where the same families were visited at two points in time. Families from two groups (assisted and non-assisted) were interviewed prior to the 2019 MCAP cycle and again at the end of the cycle¹. The same families from the following groups were surveyed in October 2018 and again in September 2019, allowing for the tracking of key indicators across time for the same households.

- 1) **Group 1: 332 MCAP assisted families** (2,319 individuals). Families in this group were not receiving MCAP prior to November 2018 upon which they received their first cash transfer from UNHCR. By September 2019 these families had received 11 monthly transfers through UNHCR MCAP.
- 2) **Group 2: 442 Non-assisted families** (2,263 individuals). Families in this group were not receiving MCAP prior to November 2018 and were not included to receive multi-purpose cash assistance from UNHCR or any other cash actor.

To maximize comparability with the assisted group, the non-assisted group is selected from the pool of *severely vulnerable* families. Thus, both groups represent high levels of socio-economic vulnerability as compared to the overall population. Due to their heightened vulnerability, both groups receive food assistance from the World Food Program (WFP) at a rate of US\$ 27/person/month.

Figure 2: Time-line for UNHCR MCAP 2019 cycle and outcome monitoring interviews



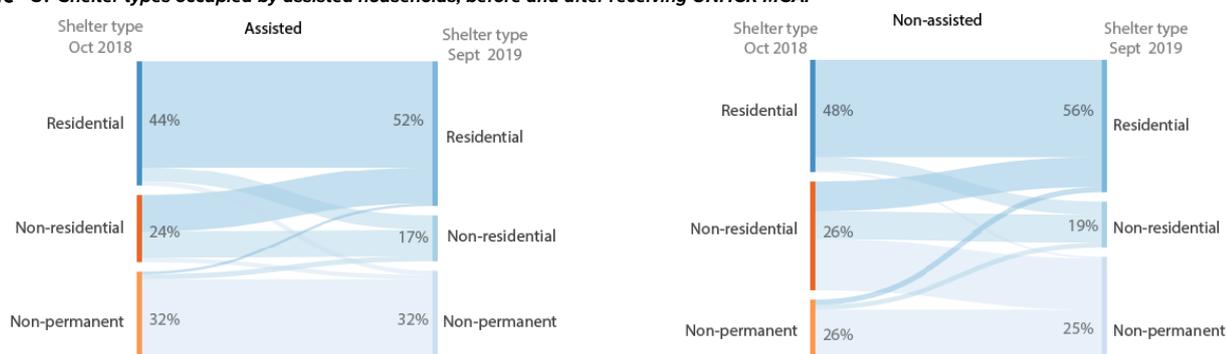
Results

Household Characteristics

Average family size remained stable throughout the year for both groups, with assisted families having a slightly larger family size (7 individuals compared to 5 individuals). The proportion of families headed by a woman was also slightly larger among the assisted group (25% compared to 21%).

A shift from non-residential to residential housing was noted for both groups, which typically have been shown to allow for better living conditions (VASyR 2019). Over the year, 13% of assisted families that were living in non-residential shelters moved to residential housing. A much smaller proportion (6%) moved away from residential housing. There was little movement among families who live in non-permanent shelters, with only 3% moving to either residential or non-residential housing. Similar trends are noted for non-assisted families, with slightly less families moving to residential shelters, shedding light on the complex factors that maybe effecting families' decision around changing shelters.

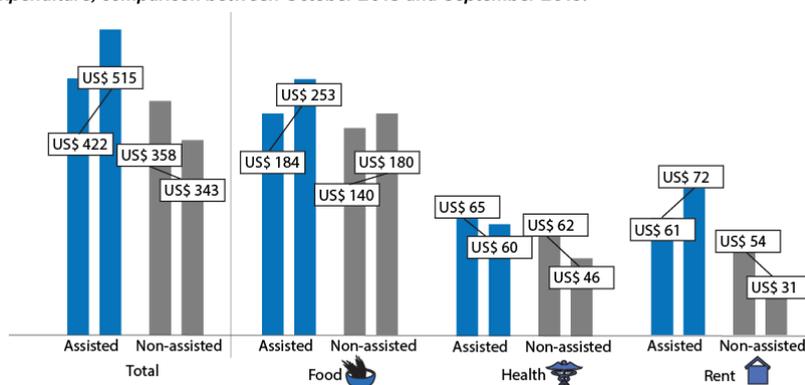
Figure 3: Shelter types occupied by assisted households, before and after receiving UNHCR MCAP



Expenditures

MCAP assisted families increased their monthly expenditure on basic needs such as food, health, rent, among others. **Per capita monthly expenditure increased from US\$ 66 to US\$ 78 by the end of the MCAP cycle.** Per capita monthly expenditure for non-assisted families, on the other hand, decreased from US\$ 78 to US\$ 68. A similar trend is noted when looking at household level expenditure. MCAP assisted families exhibited an increase over time, while the non-assisted monthly household expenditure declined. Compared to the SMEB threshold of US\$ 435/family/month, after receiving MCAP, average monthly expenditure increased above the threshold reaching US\$ 515, allowing families to spend enough, pushing them away from extreme poverty.

Figure 4: Monthly household expenditure, comparison between October 2018 and September 2019.

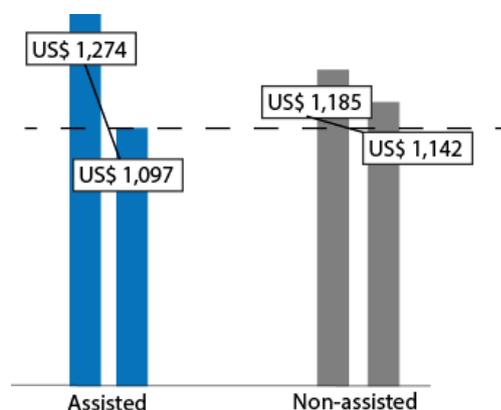


Looking at the top three expenses, food, health and rent, expenditures were higher for assisted households compared to the non-assisted. Possibly due to family size, average expenditure for assisted families was initially higher than the non-assisted. For food, expenditure increased for both groups, likely linked to food assistance provided to these families, allowing for increased spending. Previous research and monitoring has shown that UNHCR MCAP is widely used by a majority of families to secure rent payments. Assisted families were able to increase their monthly spending on rent from US\$ 61 to US\$ 72, while expenditure on rent for non-assisted families decreased from US\$ 54 to US\$ 31. Families are still having to compromise on health expenses. Health expenditure decreased for both groups, with a larger decline for the non-assisted.

Debt

Consistent with previous findings, MCAP, to some degree, alleviates families' reliance on debt. Prior to receiving MCAP, assisted families had slightly higher average debt than those not assisted (US\$ 1,274 vs. US\$ 1,185) possibly linked to their heightened vulnerability. After assisted families had been consistently receiving UNHCR MCAP, average debt decreased to US\$ 1,097 - almost a US\$ 200 decline, while it remained somewhat stable for the non-assisted (US\$ 1,142). It is important to note that the rate of newly incurred debt for assisted households continued to increase with 73% of families reporting to have taken out new debts in September 2019 compared to 63% in October 2018. For non-assisted families, this remained stable at around 70%. The decline in overall average debt could be linked to smaller amounts of debt being incurred by families and increased rates of paying back. Expenditure data showed that assisted families increased monthly spending on debt repayment from US\$ 5 to US\$ 10, while for the non-assisted the rate remained stable at US\$ 4.

Figure 5 Average household debt, comparison between October 2018 and September 2019.



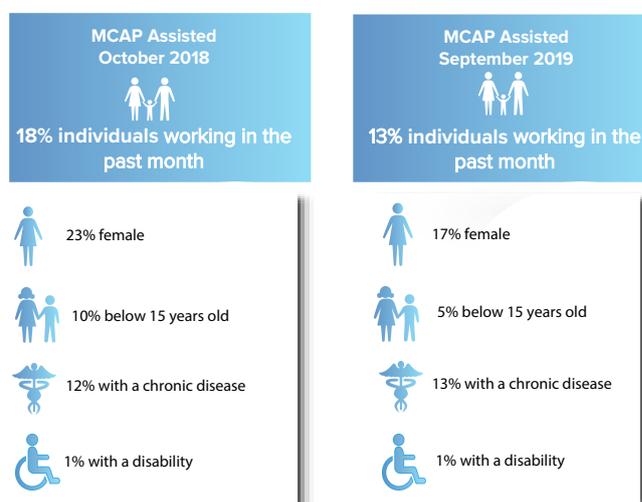
In November 2019, the most common reason for borrowing money was to buy food, although this decreased significantly for both groups from 87% to 64% for the assisted and 91% to 67% for the non-assisted, again likely linked to being recipients of food assistance. The second most common reason for borrowing money was rent and was less prominent among the assisted. Borrowing money for rent decreased from 64% and 67% for the assisted and non-assisted respectively to 40% and 50%. Borrowing money for health and/or medical costs remained stable for both groups with little difference between the two.

Work and income

Understanding the effects of multi-purpose cash assistance on families' on income generation is complex and requires in-depth research, especially considering legal restrictions for Syrian refugees to work in Lebanon. Some hypothesis suggest that families who receive cash assistance may be less inclined to find work while others suggest that it may increase income generation.

Here, behaviors linked to income generating activities remained stable throughout the MCAP cycle, for both groups. While the number of families that had at least one working member decreased from 67% for assisted families and 61% for non-assisted to 50% for both, the amount of income generated by assisted families stayed stable at around US\$ 170. Examining the characteristics of working individuals, the most notable change is with regards to the share of children engaged in labor. **After receiving MCAP, the share of children under the age of 15 and working decreased by half, to 5% from 10%.**

Figure 6: Characteristics of working individuals among MCAP assisted families.

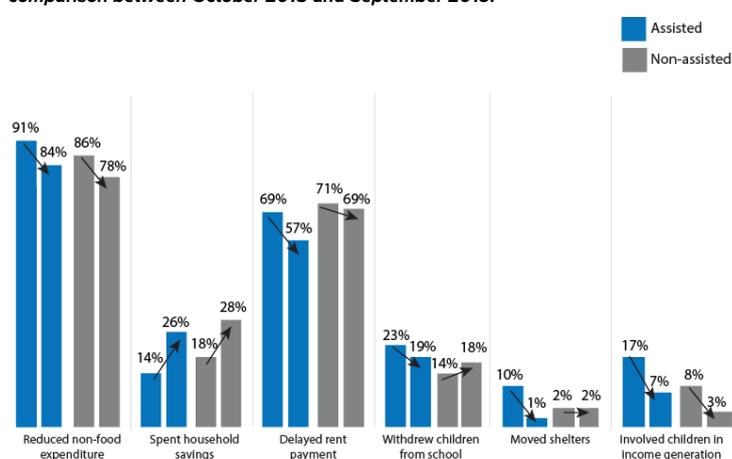


Previous monitoring results have indicated that UNHCR MCAP assisted families have lower income generating capacity than others, given the high levels of vulnerability in this group. When asked why they were not working, only 12% of non-working individuals reported not working due to lack of work opportunities. Other reasons included age and gender considerations, illness, and having other responsibilities at home. This suggests that a majority of individuals in these families are unable to work regardless of the level of work opportunities around them.

Negative Coping Strategies

The majority of families in both groups experienced a shortage of money in the month preceding the interviews (around 93%). However, some **key negative coping strategies were seen to decline among MCAP assisted families**. Reducing expenditure on essential non-food needs like education or health is one of the most common negative coping strategies adopted by families. **The proportion of families that reporting de-prioritizing expenses on health and education decreased significantly from 91% to 84% for assisted families**. As discussed above, assisted families use MCAP, to large degree, to cover rent payments. Since receiving MCAP, fewer families reported that they had delayed rent payments in order to save money for other expenses (69% to 57%). For non-assisted families, the rate of this coping strategy remaining stable at 71% to 69%. **Moving accommodations also decreased significantly for assisted families**. Prior to receiving MCAP, 10% of families reported moving shelters in the past month to save on rent. This figure dropped to just 1% in the period towards the end of the MCAP cycle. **Involving children in income generating activities also decreased substantially for MCAP assisted families from 17% to 7%**.

Figure 7 Rates of negative coping strategies among assisted and non-assisted families, comparison between October 2018 and September 2019.



Findings from the 2019 VASyR showed that 30% of primary and secondary aged children remain out of school and only 11% of older children (15-24 years) were enrolled in school. Rates of families reporting that they had withdrawn children from school remained relatively stable for both groups with a slight decrease for assisted families and a slight increase for the non-assisted. The only negative coping strategy that showed an increase over time, was spending household savings. This behavior increased for both groups. A deeper understanding of families behaviors towards saving money is needed to unpack this issue. Examining whether cash assistance has allowed families to save more money over time, and eventually spent those savings may provide added insight into the true nature of this coping strategy.

Food consumption

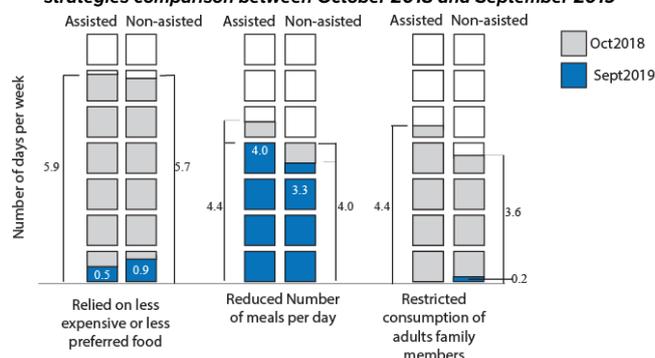
With both groups of families receiving food assistance from the World Food Programme, **positive outcomes related to food consumption are evident**, even more so the non-MCAP assisted. Although a large number of assisted families (88%) still faced challenges meeting food needs, a substantial decrease is noted from the 97% prior to UNHCR MCAP. For non-assisted families the decrease was of a lesser magnitude (97% to 91%).

Significant changes in frequency of adopting three key food related coping strategies was noted. In both groups, families' relied less on having to resort to less preferred food to save money, reducing the number meals eaten per day and restricting consumption of adults in the family.

Food consumption scores were computed and compared across the time span. The food consumption score is calculated based on the frequency of consumed food from major food groups. Using this score, families are categorized as having acceptable, borderline or poor food consumption.

MCAP assisted families exhibit improved food consumption patterns at a higher degree than families that only received food assistance. The proportion of assisted families that had acceptable food consumption scores increased from 44% to 73%. For non-assisted, the increase, although lower, was still significant from 41% to 65%. For both groups, the proportion of families with poor scores decreased to 1% (from 8% and 10% for assisted and non-assisted families respectively).

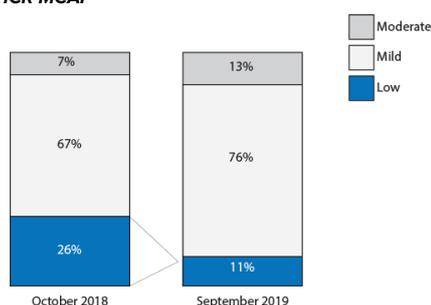
Figure 8: Frequency of resorting to key food related negative coping strategies comparison between October 2018 and September 2019



Wellbeing

The wellbeing index, developed by UNHCR in 2018, aims to measure and regularly monitor refugee wellbeing across four different dimensions: socio-economic, health, environment and hopefulness. Using a series of questions, the wellbeing index classifies a family in to one of four categories of wellbeing: high, moderate, mild or low. Using the index, families can also be categorized on a four-point scale for each of the four dimensions. While there is no universal definition for well-being, there is a movement towards the creation of more perception-based indicators to measure poverty and vulnerability. While still quantitative in nature, UNHCR's wellbeing index draws on a series of perception based questions with the purpose of drawing on the refugees' experience and views on their life. The index was developed specifically with the objective to enhance the monitoring effectiveness with regards to UNHCR MCAP.

Figure 9: Distribution of families across the wellbeing categories, defined by the UNCHR wellbeing index, among assisted families and comparison since receiving UNHCR MCAP



Similar to previous results with the wellbeing index, no family was classified as having a high wellbeing. This highlights the tremendously difficult living conditions of Syrian refugees and the specific vulnerabilities of this group of families within the population. Results from this survey did show that **the proportion of families with a low wellbeing score decreased significantly for MCAP assisted families from 26% to 11%**. For non-assisted, there was also a decrease in the proportion of families with low scores but to a lesser extent (27% to 17%). There was a slight shift from the mild category to the, more positive, moderate category. These findings indicate a shift of refugees perception of their wellbeing towards more positive results, although, as evident, perceptions of positive wellbeing continue to be a challenge in this population.

Access to ATMs, cash withdrawal and feedback mechanisms

No major issues were identified among MCAP assisted families with regards to traveling to and using an ATM to redeem the cash assistance. Almost all, 97% and 99%, of families reported that they did not face any risks reaching an ATM and withdrawing the cash assistance using the card and PIN. For the few families that did, distance to an ATM was the reported challenge. On average, families reported needing 22 minutes to get to an ATM. Most families reported taking a taxi to get to an ATM (41%), 16% take a bus and about a quarter walk. Associated cost to get to an ATM was reported to be around US\$ 4. Three quarters of assisted families reported knowing how to file a complaint or issue and provide feedback related to UNHCR MCAP.

Conclusions

- Overall, families that receive MCAP exhibit positive outcomes over time on key indicators of refugee living conditions, including increased expenditures, lower reliance on debt, increased ability to pay rent, and decreased reliance on some negative coping strategies.
- After receipt of about 9 months of cash assistance through UNHCR MCAP, average household expenditure increased to levels above the Survival Minimum Expenditure Basket, moving out of the extreme poverty threshold and was higher than non-MCAP assisted families.
- Increased ability to pay rent among assisted families is evident through increased expenditure on rent, decreased debt for rent, decreased incidence of delaying rent payment and lower proportions of families reporting to have moved due to rent prices, contributing to better security of tenure.
- A number of key food related and non-food related coping strategies decreased over time for assisted families including restriction of food consumption for adult members, withdrawing children from school and involving children in income generation.
- The relationship between MCAP and work or livelihood behaviors remains complex and unclear. Further in depth research is required to better understand employment opportunities and decision making, given the restrictive context in Lebanon.
- Assisted families were able to safely access ATM and withdraw cash assistance with little to no risk or challenge. The majority of families are aware of UNHCR's complaints and feedback mechanisms related to MCAP.

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